PROPOSAL #343184
SESSION TITLE: Impact of the Vulnerable Preterm Heart and Circulation on Adult Cardiovascular Disease

Contact: Patrick McNamara University of Iowa
Patrick-mcnamara@uiowa.edu

Objectives
1. Discuss the physiologic vulnerability of premature infants for adverse adult cardiopulmonary health
2. Learn about the impact of prematurity on heart, pulmonary and vascular function in adulthood
3. Discuss investigative strategies to evaluate risk profiles and interventional strategies to improve health in children and young adults

Description: Survival rates for extremely low birth weight infants have improved dramatically over the past 10-15 years. These advances are likely to be multifactorial and relate to increased appreciation of developmental organ vulnerability, improved understanding of disease mechanisms and contributing factors, enhanced diagnostic precision and therapeutic options. Unfortunately, enhanced survival does not guarantee avoidance of neonatal morbidity or adverse long-term health care outcomes. The traditional focus of outcomes research relates to neurodevelopment and cognitive functioning. Recent evidence highlights the relationship between prematurity and increased risk of adverse cardiopulmonary health during early adulthood, even in healthy and more mature premature infants. Unfortunately, data are limited regarding the relationship of heart function or other cardiovascular illness during the perinatal period and these outcomes. There is a critical need to increase awareness of these adverse health care outcomes and establish research teams to investigate risk factors and develop preventative approaches. In this symposium, we will review the developmental vulnerability of the premature infant; discuss the impact of prematurity of right/left ventricular function and vascular performance in the pulmonary/systemic beds and highlight areas for innovation and future research that may provide mechanistic insight and guide treatment approaches.

Time Block: 120 min.
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: Neonatal Hemodynamics club

Additional Comments: (none)
Financial Sponsor? (none)
Society Affiliation: AAP

Chairs: Patrick McNamara (Workshop Leader); Philip Levy (Presenter); Adam Lewandowski (Presenter); Anne-Monique Nuyt (Presenter); Kara Goss (Presenter); Melissa Bates (Presenter)
### Speaker # 1
**Presentation Title**: Developmental Vulnerability of the extremely low Birth Weight Infant
**Speaker/Duration**: Patrick McNamara : c. 15 minutes
**Speaker/Institution**: P.J. McNamara, Pediatrics, University of Iowa, Iowa city, Iowa, UNITED STATES
**Non-Member Justification**: Patrick McNamara : (none)

### Speaker # 2
**Presentation Title**: Moving Beyond Bronchopulmonary Dysplasia: Cardiac phenotyping in premature infants over the first year of age
**Speaker/Duration**: Philip Levy : c. 15 minutes
**Speaker/Institution**: P.T. Levy, Pediatrics, Boston Childrens Hospital, Boston, Massachusetts, UNITED STATES
**Non-Member Justification**: Philip Levy : (none)

### Speaker # 3
**Presentation Title**: Mechanisms of left ventricular changes after preterm birth: Translational experimental studies
**Speaker/Duration**: Anne-Monique Nuyt : c. 15 minutes
**Speaker/Institution**: A. Nuyt, Pediatrics, Université de Montréal - CHU Ste-Justine, Montreal, Quebec, CANADA
**Non-Member Justification**: Anne-Monique Nuyt : (none)

### Speaker # 4
**Presentation Title**: Altered preterm LV phenotype: A look across developmental stages
**Speaker/Duration**: Adam Lewandowski : c. 15 minutes
**Speaker/Institution**: A. Lewandowski, University of Oxford, Oxford, UNITED KINGDOM
**Non-Member Justification**: Adam Lewandowski : International expert

### Speaker # 5
**Presentation Title**: Premature systemic vascular aging in survivors of preterm birth
**Speaker/Duration**: Melissa Bates : c. 15 minutes
**Speaker/Institution**: M. Bates, Physiology, Iowa city, Iowa, UNITED STATES
**Non-Member Justification**: Melissa Bates : Expert on vascular development
Objectives
1) Describe the sex-specific differences in fetal growth. 2) Discuss sex-specific fetal growth and the influence of maternal conditions. 3) Discuss sex differences in nutrition and metabolism in preterm infants. 4) Discuss sex-specific pharmacological effects in neonates. 5) Discuss sex differences in neonatal vulnerability to and recovery from neurologic insult.

Description:
The biological differences between the sexes manifest quite early during fetal life. The crown-rump length is larger in male fetuses compared to females in the first trimester. Placentae of male and female fetuses have different protein and gene expressions, especially in adverse conditions. Even within the intrauterine milieu, the same extracellular micro RNA may show upregulation in females and downregulation in male fetuses. There appears to be a natural survival advantage for females. Maternal glucocorticoids (GC) play an important role in fetal growth and organ maturation. However, excess glucocorticoids can not only affect growth, but the response may be sex-specific and probably mediated through glucocorticoid receptors (GR) in the placenta. Mild pre-eclampsia and asthma are associated with normal growth pattern in males, but in female fetuses, they are associated with a slowing of growth rate without causing IUGR probably as an adaptive response for future adverse events. Thus, female fetuses survive while male fetuses exhibit IUGR, preterm delivery, and even death in the face of another adverse event. There is growing evidence that maternal pre-pregnancy overweight or obesity status is directly associated with a higher risk of obesity in a male child, but not in a female child, at one year of age. It is fascinating that male and female fetuses respond differently to the same intrauterine environment, and this suggests a fundamental biological variation most likely at the cellular and molecular level. It is well-known that weight, length, and head circumferences are greater in male preterm infants at all gestational ages. We have sex-specific growth charts such as Fenton-2013 for the preterm infants starting from 22 weeks of gestation. It is intuitive to wonder if growth rates are different between male and female ELBW infants, then their nutritional requirements would also be different. There is some preliminary clinical evidence suggesting the same. Poindexter et al. in their “early vs. late amino acid initiation study” noted that males in the late amino acid administration group had increased odds of having a suboptimal head circumference at 18 months corrected gestational age. There are sex-specific differences in the outcomes associated with birth asphyxia. Males have poorer neurodevelopmental outcomes for a similar degree of hypoxic-ischemic encephalopathy. Pharmacologic studies in a traumatic brain injury piglet model have shown striking differences between males and females. A subset analysis of the multicenter randomized controlled trial in extremely low-birth-weight infants found that the prophylactic use of indomethacin prophylaxis slightly favored male regarding the development of severe IVH (grades III and IV) and on long-term outcomes. Yet, many large perinatal studies have not explored if there were any sex-specific differences in the outcomes. Caffeine for Apnea of Prematurity trial showed gross motor functions were not different in those exposed caffeine versus controls. Though animal studies...
have shown that neonatal caffeine exposure has sex-specific benefits; However, as the sex-specific analysis not performed, any specific sex-related benefits of therapy may have been masked. We, therefore, believe that bringing the awareness about sex-specific analysis of the data in all the neonatal studies may help us all understand the therapeutic options better in the future. This session involves basic science and animal research scientists, as well as perinatal clinical scientists to discuss the Cross-Disciplinary Spotlight on this hot topic.

<table>
<thead>
<tr>
<th>Time Block:</th>
<th>120 min.</th>
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### Learning Pathway

- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

### Conflicting Sessions

- Plenary sessions, Presidential address,
- Learning Pathway
- Advocacy
- Clinical/Research
- Digital Therapeutics
- Education
- Trainee

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<tr>
<th>Additional Comments:</th>
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<td>Financial Sponsor?</td>
<td>(none)</td>
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<td>Society Affiliation:</td>
<td>AAP</td>
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### Chairs

- Pradeep Alur (Chair);
- Norma Ojeda (Discussant);
- Brenda Poindexter (Moderator);
- Ted Rosenkrantz (Moderator);
- Roslyn Holly Fitch (Discussant)

#### Speaker # 1

<table>
<thead>
<tr>
<th>Presentation Title</th>
<th>Sex Differences in the Developmental Origins of Diseases</th>
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</thead>
<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Norma Ojeda : e. 25 minutes</td>
</tr>
<tr>
<td>Speaker/Institution</td>
<td>N. Ojeda, Pediatrics, University of Mississippi, Jackson, Mississippi, UNITED STATES</td>
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#### Speaker # 2

<table>
<thead>
<tr>
<th>Presentation Title</th>
<th>Sex differences in neonatal vulnerability to and recovery from neurologic insult</th>
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<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Roslyn Holly Fitch : e. 25 minutes</td>
</tr>
<tr>
<td>Speaker/Institution</td>
<td>R. Holly Fitch, University of connecticut health center, Farmington, Connecticut, UNITED STATES</td>
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#### Speaker # 3

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<tr>
<th>Presentation Title</th>
<th>Differences in neonatal response and recovery to therapeutic interventions for hypoxic neurologic injury</th>
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<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Ted Rosenkrantz : e. 25 minutes</td>
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<tr>
<td>Speaker/Institution</td>
<td>T.S. Rosenkrantz, Pediatrics, University of Connecticut School of Medicine, Farmington, Connecticut, UNITED STATES</td>
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If Yes: (none)

### Non-Member Justification:

- Norma Ojeda : (none)
- Roslyn Holly Fitch : (none)
PROPOSAL #343357
SESSION TITLE: Individualized Neonatal Care-Sex-Specific Approach Matters!

Speaker # 4
Presentation Title  Sex Differences in Neonatal Nutrition-What Evidence We have?
Speaker/Duration: pradeep alur : d. 20 minutes
Speaker/Institution: P. alur, University of Mississippi Medical Center, Brandon, Mississippi, UNITED STATES
Non-Member Justification: pradeep alur : (none)

Speaker # 5
Presentation Title  Impact of Gender in Provision of Nutrition to Optimize Growth Outcomes
Speaker/Duration: Brenda Poindexter : e. 25 minutes
Speaker/Institution: B. Poindexter, Pediatric and Newborn Medicine, Cincinnati Children's, Cincinnati, Ohio, UNITED STATES
Non-Member Justification: Brenda Poindexter : (none)
PROPOSAL #343361

SESSION TITLE: Innovative Approaches to Understanding and Treating Preterm Brain Injury.

Contact: Anca Pasca  
Stanford University  
apasca@stanford.edu

Target Audience: The intended audience of this session includes physicians (pediatricians, neonatologists, neurologists etc), physician-scientists and scientists interested in neonatal brain development, disease and therapeutics.

Audience Size: >100

Tracks: Basic Science | Clinical and Translational Research | Neurology | Neonatology

Objectives: At the conclusion of this activity, participants should be able to: (1) understand the current hypotheses about the pathophysiology of fetal and preterm brain injury; (2) understand the challenges and limitations in studying brain injury; (3) learn about novel and innovative approaches aimed at improving our understanding of risk factors and pathophysiology of preterm brain injury and identifying targeted and effective therapeutic interventions.

Description: Survival of extremely preterm infants has improved dramatically but the long-term neuropsychiatric morbidities associated with preterm birth remain a significant challenge. Targeted clinical interventions to prevent or treat brain injury of prematurity are lacking, mostly because of a limited understanding of the pathophysiology of preterm brain injury in humans. This cross-disciplinary session brings together physician-scientists using innovative approaches to understanding and treating brain injury of prematurity. Discussion will focus on new ways to understand developmental processes that are underway in the second half of pregnancy and altered by preterm birth. Topics will include the impact of: placentally secreted factors; breastmilk oxysterols in white matter development; and the role of neurodegenerative pathways newly recognized as neurodevelopmental pathways. State-of-the-art techniques, including disease modeling using human brain organoids in vitro and placental manipulation in vivo, will be highlighted.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Neonatal neurology related topics, both clinical and basic research

Additional Comments: (none)

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

Society Affiliation: APA | AAP | SPR | AAP SoNPM

Chairs: Anna Penn (Chair); Anca Pasca (Chair)
# Innovative Approaches to Understanding and Treating Preterm Brain Injury

**Speaker # 1**
**Presentation Title:** Breast Milk-Associated Oxysterol Reverses Neonatal White Matter Injury Through Gli-Dependent Oligodendrogenesis
**Speaker/Duration:** Eric Benner: e. 25 minutes
**Speaker/Institution:** E.J. Benner, Pediatrics, Duke University, Durham, North Carolina, UNITED STATES
**Non-Member Justification:** Eric Benner: (none)

**Speaker # 2**
**Presentation Title:** Neuroplacentology: placental hormones and brain development
**Speaker/Duration:** Anna Penn: e. 25 minutes
**Speaker/Institution:** A. Penn, Pediatrics/Fetal Medicine, Children's National, Washington, District of Columbia, UNITED STATES
**Non-Member Justification:** Anna Penn: (none)

**Speaker # 3**
**Presentation Title:** The Many Faces of Tau
**Speaker/Duration:** Marco Hefti: e. 25 minutes
**Speaker/Institution:** M.M. Hefti, Pathology, University of Iowa Health Care, Iowa City, Iowa, UNITED STATES
**Non-Member Justification:** Marco Hefti: (none)

**Speaker # 4**
**Presentation Title:** Using Human Brain Organoids to Understand Brain Injury of Prematurity
**Speaker/Duration:** Anca Pasca: e. 25 minutes
**Speaker/Institution:** A.M. Pasca, Pediatrics, Stanford University, Palo Alto, California, UNITED STATES
**Non-Member Justification:** Anca Pasca: (none)
PROPOSAL # 343368
SESSION TITLE: A new look at BPD: Therapeutic guidance based on cardio-respiratory pathophysiology

Contact: Arvind Sehgal
arvind.sehgal@monash.edu

Target Audience: Neonatologists, trainees, pulmonologists, cardiologists, follow up physicians.
Audience Size: 300
Tracks: Pulmonology

Objectives: The objectives of this state-of-the-art session are to present current thought on:
1. Influence of events before and immediately after birth on the potential for lung injury.
2. Summarise functional ECHO information from the right ventricle allowing early prediction and management choices.
3. Focus on the systemic vascular dynamics contributing to the post-capillary component of pulmonary hypertension in BPD infants.
4. Perform formal scoring of recommendations for the care of children with pulmonary hypertension.

Description: Bronchopulmonary dysplasia (BPD) is the most common respiratory consequence of preterm birth. Pulmonary hypertension (PH) is a known complication of severe BPD and is associated with an increased morbidity (longer length of stay and increased duration of respiratory support) together with a higher mortality. Events before and soon after birth may contribute to lung injury and may be early contributors towards later BPD and PH. Echocardiography (ECHO) of the right ventricle is useful in such infants and includes a range of ECHO parameters which may guide management decisions such as the use of pulmonary vasodilators (inhaled nitric oxide and sildenafil). This may provide some rationale to the use of these therapies which are otherwise not FDA approved for such use. However, all infants may not improve (and some might deteriorate) by these treatments aimed at reducing pulmonary vascular resistance and increasing pulmonary blood in-flow. In a paradigm shift, investigators have recently focused on left-sided cardiac and vascular changes which may be relevant to the pathogenesis, diagnosis and the treatment of a subset of infants with BPD. This contribution of the left sided (systemic) circulation, termed as post-capillary pathophysiology, is poorly understood. PH is classified separately in the Panama Classification of Paediatrics Hypertensive Vascular Diseases, and amongst pathophysiology, includes LV diastolic dysfunction. The European Society of Cardiology Guidelines categorizes patients with PH into groups based on the underlying disease process. This classification includes chronic lung diseases and separately, patients with LV systolic/diastolic dysfunction. In this subset of BPD infants, currently prevalent pulmonary vasodilatation strategies may be counterproductive. PH is associated with diverse cardiac, pulmonary, and systemic diseases in neonates, infants, and older children. However, current approaches to caring for pediatric patients with PH have been limited by the lack of consensus guidelines from experts in the field. In a joint effort from the American Heart Association and American Thoracic Society, a panel of experienced clinicians and clinician-scientists reviewed the current literature and made recommendations on the diagnosis, evaluation, and treatment of pediatric pulmonary hypertension. This presentation includes the literature review and formal scoring of recommendations for the care of children with pulmonary hypertension. As part of precision medicine, this session will discuss (a) The pathophysiology of preterm infants failing transition and how positive pressure ventilation can cause not only lung injury, but also adversely affect cardiovascular function. (b) Predictive value of ECHO of the right heart and as a guide to management. (c) Systemic vascular dynamic properties assessed on vascular ultrasound which may generate enough afterload so as to cause pulmonary venous hypertension which overtime leads to pulmonary artery hypertension. (d)
### PROPOSAL #343368

**SESSION TITLE:** A new look at BPD: Therapeutic guidance based on cardio-respiratory pathophysiology

#### Recommendations towards clinical management.

| Time Block: | 120 min. |
| QA: | Yes |
| Audience Polling: | No |
| Sabbath Conflicts: | Both |

#### Additional Comments:

A second room with spill over audience may be required.

#### Financial Sponsor?

- **If Yes:** (none)
- **Society Affiliation:** SPR

#### Chairs:
- Alan Jobe (Chair); Richard Polin (Chair); Stuart Hooper (Presenter); Peter Mourani (Presenter); Arvind Sehgal (Presenter); Steven Abman (Presenter)

#### Speaker # 1

**Presentation Title**  
Introduction to the topic

**Speaker/Duration:** Alan Jobe : a. 5 minutes

**Speaker/Institution:** A.H. Jobe, Pediatrics, Cincinnati Childrens, Cincinnati, Ohio, UNITED STATES

**Non-Member Justification:** Alan Jobe : (none)

#### Speaker # 2

**Presentation Title**  
Respiratory transition in the newborn and the origins of lung disease

**Speaker/Duration:** Stuart Hooper : e. 25 minutes

**Speaker/Institution:** S.B. Hooper, The Ritchie Centre, Monash University, Clayton, Victoria, AUSTRALIA

**Non-Member Justification:** Stuart Hooper : (none)

#### Speaker # 3

**Presentation Title**  
Pulmonary artery hypertension accompanying BPD: New insights into the right heart

**Speaker/Duration:** Peter Mourani : e. 25 minutes

**Speaker/Institution:** P. Mourani, Pedaitrics, University of Colorado Denver, Aurora, Colorado, UNITED STATES

**Non-Member Justification:** Peter Mourani : (none)

#### Speaker # 4

**Presentation Title**  
Vascular mechanics and systemic afterload: A new approach to an old problem

**Speaker/Duration:** Arvind Sehgal : e. 25 minutes

**Speaker/Institution:** A. Sehgal, Monash Children’s Hospital, Melbourne, Victoria, AUSTRALIA

**Non-Member Justification:** Arvind Sehgal : (none)
PROPOSAL # 343368
SESSION TITLE: A new look at BPD: Therapeutic guidance based on cardio-respiratory pathophysiology

Speaker # 5
Presentation Title  Management guidelines and newer therapeutics
Speaker/Duration:  Steven Abman : e. 25 minutes
Speaker/Institution:  S. Abman, Pediatrics, University of Colorado, Denver, Colorado, UNITED STATES|
Non-Member Justification:  Steven Abman : (none)
PROPOSAL # 343375
SESSION TITLE: The Apgar Score – Revise, Replace, Retire or Retain?

Contact: Henry Rozycki
Children’s Hospital of Richmond at VCU
henry.rozycki@vcuhealth.org

Target Audience: Clinicians and scientists interested in newborn care and neonatology with a special interest in delivery room management and resuscitation of newborn infants.

Audience Size: 100
Tracks: General Pediatrics | Neonatology | Well Newborn

Objectives
a. Understand the original purpose of the Apgar Score and how uses have evolved over the decades
b. Recognize the problems and limitations with the current use of the Apgar Score
c. Identify issues that need to be addressed to determine if a newborn score is needed and if so, what would need to be addressed to validate its universal use
d. Specify the parameters that need to be addressed in the design of any project to reassess the Apgar Score and/or test alternatives.

Description: More than half a century ago, Virginia Apgar proposed five parameters with which to score a newborn’s condition, because she “… wanted to find a way to get doctors to pay attention to the baby …”. The Score became accepted world-wide and is nowadays (mis)used for almost everything associated with the care of the newborn infant. However, management of the newborn has changed significantly since the introduction of the Score. Resuscitation has become formalized through the Neonatal Resuscitation Program, which does not use the Apgar Score. There is still no consensus on how to factor interventions on scoring the individual components of the Score, for example, how should oxygen therapy affect the score for color? We are actively resuscitating premature newborns at gestational ages not considered in the 1950s, which can influence the score for muscle tone or reflexes. Inter-observer variability is well-documented. Despite valid criticism, the Apgar continues to be (mis)used clinically to predict or identify potential long term neurological injury.

Several changes to the Apgar score have been suggested during the past decades to address some of these issues, and have been successfully tested in clinical trials but none of these were generally accepted.

To validate any scoring system today, challenges included making them easy to use, applicable across the spectrum of newborn infants, and not only having them accurately describe infant’s condition in the first few minutes of life but also quantify the interventions that were needed to achieve the condition. Most importantly, we need to address whether any kind of assessment like the Apgar Score is not only feasible, but necessary.

To begin to determine if the Apgar Score continues to be useful, or if it needs to be revised, or replaced by another scoring system, or even if scoring babies at birth is worth doing, the following questions will be posed to be debated and discussed during this symposium:

- Why should we score infant’s condition during the first minutes of life?
- What are the most important parameters to describe infant’s postnatal condition?
- How should we factor medical interventions administered post-natal?
- How should a study to test an “optimal score” be designed?

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Neonatology Plenary session (large one), Newborn nursery and its SIG, neonatal neurology

Learning Pathway
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee

Monday, October 7, 2019
**PROPOSAL #343375**  
**SESSION TITLE: The Apgar Score – Revise, Replace, Retire or Retain?**

**Additional Comments:**  Microphones (can be on stands) for audience participation  
**Financial Sponsor?** (none)  
**If Yes:** (none)  
**Society Affiliation:** APA | AAP | AAP SoNPM  
**Chairs:** Henry Rozycki (Chair); Mario Rüdiger (Chair)

| Speaker # 1 | **Presentation Title** | The Apgar Score: Past and Present | **Speaker/Duration:** | Kristi Watterberg : c. 15 minutes | **Speaker/Institution:** | K.L. Watterberg, Pediatrics, University of New Mexico, Albuquerque, New Mexico, UNITED STATES | **Non-Member Justification:** Kristi Watterberg : (none) |
| Speaker # 2 | **Presentation Title** | The ILCOR-evidence for scoring | **Speaker/Duration:** | Myra Wyckoff : c. 15 minutes | **Speaker/Institution:** | M. Wyckoff, Pediatrics, UT Southwestern Medical Center at Dallas, Dallas, Texas, UNITED STATES | **Non-Member Justification:** Myra Wyckoff : (none) |
| Speaker # 3 | **Presentation Title** | Alternatives to the Apgar Score | **Speaker/Duration:** | Henry Rozycki : c. 15 minutes | **Speaker/Institution:** | H. Rozycki, Neonatal Medicine, Children's Hospital of Richmond at VCU, Richmond, Virginia, UNITED STATES | **Non-Member Justification:** Henry Rozycki : (none) |
| Speaker # 4 | **Presentation Title** | What should a Score tell us and how to design a study for a new Apgar? | **Speaker/Duration:** | Mario Rüdiger : c. 15 minutes | **Speaker/Institution:** | M. Rüdiger, Neonatology and Pediatric Intensive Care Unit, Technical University Dresden, Dresden, GERMANY | **Non-Member Justification:** Mario Rüdiger : (none) |
PROPOSAL #343393
SESSION TITLE: Advances in Management of Moderate to Severe Atopic Dermatitis in Children and Adolescents

Contact: Amy Khalil
akhalil@integrityce.com

Target Audience: This educational initiative has been designed for pediatricians, family physicians, nurse practitioners, and physician assistants involved in the management of children and adolescents with AD.

Audience Size: 75

Tracks: Children with Chronic Conditions | Community Pediatrics | Education

Objectives
• Accurately diagnose and assess severity of disease in children and adolescents with AD
• Utilize guidelines to design treatment plans for patients with AD based on disease severity
• Identify patients with AD who are inadequately controlled on topical therapy and are candidates for treatment with biologic therapy
• Discuss efficacy and safety of biologic therapies for the management of patients with AD

Description: Atopic dermatitis (AD) and its associated comorbidities represent a significant healthcare burden due in large part to gaps in care and unmet medical needs pertaining to its diagnosis, assessment and treatment. Difficulties associated with physician-patient-caregiver interaction that impacts patient adherence are common. Clinicians frequently assume that the information given during an office visit will be carried out appropriately. However, the use of a shared decision-making model has been stressed by the US Institute of Medicine in the clinical setting. The identified limitations of physician communication with patients and caregivers, combined with the fact that families do not routinely feel comfortable with the management of their children’s skin disease highlights a critical gap in care of children and adolescents with AD. Improving clinician-patient-caregiver communication is critical to ensure improved outcomes in AD. This program will provide strategies to engage patients in their care, including the use of a written action plan for AD. It will also review updated guidelines, recommendations, and recent clinical evidence to inform treatment decisions to alleviate symptom burden of AD and its severity.

Time Block: 90 min.

QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A

Conflicting Sessions: Atopic Dermatitis, Dermatology

Additional Comments: (none)
Financial Sponsor? (none)
Society Affiliation: Other/No Affiliation

Chairs: Amy Khalil (Contact Person)
PROPOSAL #343393
SESSION TITLE: Advances in Management of Moderate to Severe Atopic Dermatitis in Children and Adolescents

Speaker # 1
Presentation Title  We will not have a speaker until a date and time is set
Speaker/Duration: Peter Lio : i. 90 minutes
Speaker/Institution:  P. Lio, Pediatrics, Feinberg School of Medicine, Chicago, Illinois, UNITED STATES |
Non-Member Justification: Peter Lio : (none)
PROPOSAL # 343396
SESSION TITLE: Cross Disciplinary Care of the Neonate with Severe Renal Malformations

Contact: Olga Charnaya
Johns Hopkins University
ocharna1@jhmi.edu

Objectives
- Review current ongoing clinic trials for in-utero interventions in children with bilateral renal agenesis and lower urinary tract obstruction (LUTO)
- Review challenges and emerging evidence for the clinical management of pulmonary hypoplasia in neonates with anhydramnios
- Review emerging evidence, clinical practice experience and solutions for fluid and electrolyte management in neonate with ESRD
- Discuss practical approaches to providing dialysis care in neonate with severe renal malformations
- Describe the urological interventions, both acute and long-term in management of neonates with renal and bladder agenesis, and LUTO
- Discuss the ethical considerations regarding in-utero fetal interventions

Description: Panel discussion session to discuss the cross-disciplinary care required for treating neonates with severe renal anomalies. The discussion would focus on the need to interaction and collaboration from fetal intervention to postnatal management. Discussion would include current progress of the RAFT trial for prenatal interventions in renal agenesis, ethics of prenatal intervention as well as postnatal cross-disciplinary care needed of pulmonary, renal and urologic complications.

Time Block: 120 min.

QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A

Confronting Sessions: Dialysis, neonatal pulmonary hypoplasia

Additional Comments: (none)

Financial Sponsor? (none)
Society Affiliation: AAP | ASPN

Chairs: Olga Charnaya (Moderator); Donna Claes (Moderator)

Speaker # 1
Presentation Title: Prenatal Interventions for Fetal Bilateral Renal Agenesis
Speaker/Duration: Eric Jelin: 20 minutes
Speaker/Institution: E. Jelin, Surgery, Johns Hopkins University, Baltimore, Maryland, UNITED STATES

Non-Member Justification: Eric Jelin: Pediatric surgeon that is the PI for the RAFT trial at Johns Hopkins.
**PROPOSAL #343396**

**SESSION TITLE:** Cross Disciplinary Care of the Neonate with Severe Renal Malformations

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<thead>
<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>Speaker/Duration</th>
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<tbody>
<tr>
<td><strong>Amaris Keiser</strong></td>
<td>Pulmonary Management of the Neonate with Anhydramnios</td>
<td>d. 20 minutes</td>
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<tr>
<td><strong>A.M. Keiser, Pediatrics, Johns Hopkins Medical Institute, Baltimore, Maryland, UNITED STATES</strong></td>
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<th>Speaker # 3</th>
<th>Presentation Title</th>
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<tbody>
<tr>
<td><strong>David Askenazi</strong></td>
<td>Management of the Neonate with Renal Failure</td>
<td>d. 20 minutes</td>
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<tr>
<td><strong>D. Askenazi, Pediatric Nephrology, University of Alabama at Birmingham, Birmingham, Alabama, UNITED STATES</strong></td>
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<td><strong>Non-Member Justification:</strong></td>
<td>David Askenazi : (none)</td>
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<th>Speaker # 4</th>
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<th>Speaker/Duration</th>
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<tbody>
<tr>
<td><strong>Heather Di Carlo</strong></td>
<td>Urologic Management of Neonates with Renal Agenesis and Lower Urinary Tract Obstruction</td>
<td>d. 20 minutes</td>
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<tr>
<td><strong>H. Di Carlo, Urology, Johns Hopkins University, Baltimore, Maryland, UNITED STATES</strong></td>
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<td><strong>Non-Member Justification:</strong></td>
<td>Heather Di Carlo : (none)</td>
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<tr>
<th>Speaker # 5</th>
<th>Presentation Title</th>
<th>Speaker/Duration</th>
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<tbody>
<tr>
<td><strong>Michael Freeman</strong></td>
<td>Ethical Issues in Prenatal Interventions</td>
<td>d. 20 minutes</td>
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<tr>
<td><strong>M. Freeman, Pediatrics and Humanities, Penn State College of Medicine, Hershey, Pennsylvania, UNITED STATES</strong></td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Michael Freeman : (none)</td>
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PROPOSAL #343450
SESSION TITLE: Interdisciplinary Approaches to Addressing the New Morbidities: Cross-Sector Data Integration and Partnerships

Contact: Jeffrey Yaeger
         University of Rochester School of Medicine and Dentistry
         jeffrey_yaeger@urmc.rochester.edu

Target Audience: General pediatricians, sub-specialists, advanced practice practitioners, researchers, health system administrators, health policy and child advocacy experts

Audience Size: 200

Tracks: Clinical and Translational Research | Advocacy Pathway | School and Community Health | Social Determinants/Health Disparities | Medical Informatics/Data Science | Public Health | Health Services Research | Hospitalists | General Pediatrics | Health Equity/Social Determinants

Objectives
1. Define an integrated, cross-sector data system.
2. Discuss the practical components of implementing an integrated, cross-sector data system, including problems to be solved, as well as the scope, key stakeholders, challenges, and implications.
3. Compare how the national research enterprise and the surveillance economy utilize cross-sector big data, identifying opportunities and challenges for research initiatives.
4. Explain how integrated cross-sector data systems can more completely address social needs and social determinants, including informing value-based payment models, research initiatives, legislation and policies, and mitigation of disparities through systems change.

Description:
We live and work in a data-rich world, particularly in health care, which comprises ~30% of the world’s data. Every day, tools are being developed to utilize these “big data” in innovative ways to improve health outcomes. However, these tools have inherent limitations. First, although the Affordable Care Act was instrumental in moving health care into the digital age, the lack of an integrated approach to merge electronic health records across health systems and across human service and education communities has restricted the impact of this landmark legislation. Second, it is well-established that social determinants are largely responsible for health, wellness and educational outcomes. Healthy People 2020 includes these social determinants of health as important issues to address to ensure health equity and promote healthy development. However, because of the absence of data-sharing across the health, education, and human services sectors, the provision of care and child outcomes have remained siloed, resulting in persistently fragmented services and an unfulfilled promise of big data in systems that serve children and families.<br/>

To overcome these limitations and to effectively achieve the mission of the American Academy of Pediatrics to “attain optimal physical, mental, and social health and well-being for all” children, clinicians, researchers, health systems, schools, and communities must harness and operationalize cross-sector data. Only then can we directly examine the influence that social determinants have on children and families, consistent with the biopsychosocial model and over the life course. With key stakeholder engagement and input, these approaches could be systematically implemented in communities. Outcomes, including return-on-investment, could be tracked through a process of rapid and continuous quality improvement, culminating in evidenced-based practices and a persuasive business model for meaningful systems change and legislative policies to improve child/family outcomes and to mitigate disparities. This cross-disciplinary presentation will attract a diverse audience as it is relevant for those interested in the Digital Therapeutics, Clinical/Research, and Advocacy Pathways, providing an illustrative example as well as guidance about leveraging data to produce legislative action. For this presentation, Congressman Joseph Morelle will first describe his experience in leading a regional cross-sector data integration enterprise, the Systems Integration Project, including the motivation and challenges encountered. Second, we will describe and define cross-sector integrated
PROPOSAL # 343450
SESSION TITLE: Interdisciplinary Approaches to Addressing the New Morbidities: Cross-Sector Data Integration and Partnerships

data systems, using examples from pediatric clinical care that illustrate the importance of integrating data to improve outcomes and mitigate disparities. Third, we will compare and contrast the current research infrastructure surrounding big data with key elements of the surveillance economy (such as Google, Facebook, or Amazon) that has effectively mobilized big data for commercial gains. We will also discuss the opportunity to capitalize on existing data-sharing systems, such as the NIH NCATS Accrual to Clinical Trials Network, to move these data-sharing research programs forward. Last, we will discuss the Systems Integration Project in more detail, including its scope, development, current state, implementation, and challenges, as well as the implications it will have for population health, research initiatives, and legislative policies in the future.

Time Block: 120 min.
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A

Learning Pathway
☑ Advocacy  ☑ Digital Therapeutics
☑ Clinical/Research  ☐ Education  ☐ Trainee

Conflicting Sessions: 1. Keynote speakers or presidential plenaries; 2. Other sessions in the Advocacy pathway; 3. Other sessions in the Digital Therapeutics pathway

Additional Comments: Due to Congressman Morelle's schedule, we kindly request that, if accepted, this session be scheduled for Saturday, May 2 or Sunday, May 3. Thank you for your consideration.

Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: AAP|APA
Chairs: Jeffrey Kaczorowski (Chair); Jeffrey Yaeger (Chair)

Speaker # 1
Presentation Title  Introduction
Speaker/Duration: Patrick Brophy : a. 5 minutes
Speaker/Institution: P.D. Brophy, Pediatrics, University of Rochester, Rochester, New York, UNITED STATES
Non-Member Justification: Patrick Brophy : (none)

Speaker # 2
Presentation Title  Why I Care About Pediatric Research
Speaker/Duration: Joseph Morelle : c. 15 minutes
Speaker/Institution: J.D. Morelle, U.S. House of Representatives, Rochester, New York, UNITED STATES
Non-Member Justification: Joseph Morelle : ssman Morelle is a leader in advocating for children and developing legislation to improve child outcomes. He also led the Systems Integration Project initiative, securing funding and establishing important collaborators throughout the lo
PROPOSAL # 343450
SESSION TITLE: Interdisciplinary Approaches to Addressing the New Morbidities: Cross-Sector Data Integration and Partnerships

Speaker # 3
Presentation Title: Using Cross-Sector Data Integration to More Comprehensively Address the New Morbidities
Speaker/Duration: Jeffrey Yaeger: c. 15 minutes
Speaker/Institution: J.P. Yaeger, Pediatrics, University of Rochester School of Medicine and Dentistry, Rochester, New York, UNITED STATES
Non-Member Justification: Jeffrey Yaeger: (none)

Speaker # 4
Presentation Title: The Surveillance Economy: Lessons for Research Programs
Speaker/Duration: Lawrence Hanrahan: d. 20 minutes
Speaker/Institution: L. Hanrahan, Family Medicine and Community Health, University of Wisconsin, Madison, Madison, Wisconsin, UNITED STATES
Non-Member Justification: Lawrence Hanrahan: Dr. Hanrahan has over 13 years of experience in the development of big data and linking electronic health records with census data to improve population health and clinical outcomes.

Speaker # 5
Presentation Title: Systems Integration Project
Speaker/Duration: A. Hightower: c. 15 minutes
Speaker/Institution: A.D. Hightower, Children’s Institute, Rochester, New York, UNITED STATES
Non-Member Justification: A. Hightower: Dr. Hightower is a renowned leader in childhood education and development. He has started, evaluated, published, and implemented many evidence-based practices toward the goal of ensuring all children are growing appropriately and are develop

Speaker # 6
Presentation Title: Application and Implementation of the Systems Integration Project
Speaker/Duration: Jeffrey Kaczorowski: c. 15 minutes
Speaker/Institution: J.M. Kaczorowski, Pediatrics, University of Rochester, Rochester, New York, UNITED STATES
Non-Member Justification: Jeffrey Kaczorowski: (none)

Speaker # 7
Presentation Title: Closing Remarks
Speaker/Duration: Joseph Morelle: a. 5 minutes
Speaker/Institution: J.D. Morelle, U.S. House of Representatives, Rochester, New York, UNITED STATES
Non-Member Justification: Joseph Morelle: Congressman Morelle is a leader in advocating for children and developing legislation to improve child outcomes. He also led the Systems Integration Project initiative, securing funding and establishing important collaborators throughout...
**Session Title: Non-Invasive Respiratory Support in Neonates: Current Recommendations**

**Contact:** Vineet Bhandari  
Drexel University College of Medicine  
vineet.bhandari@drexel.edu

**Target Audience:** Neonatologists, Pediatric Pulmonologists, Fellows, Residents, Respiratory Therapists

**Audience Size:** 500

**Tracks:** Clinical and Translational Research | Academic and Research Skills | Neonatology | Pulmonology | Critical Care

**Objectives**
1. To synthesize the latest information about NIPPV, NIV-NAVA, NCPAP and HFNC use in neonates.
2. To provide information about the various methods of providing NCPAP.
3. To recommend the use of the various non-invasive respiratory support in specific clinical scenarios in the NICU.

**Description:**
This will be a state-of-the-art symposium with 4 experts discussing the 4 common modalities of non-invasive respiratory support in neonates. The speakers will summarize the latest information about each of the modalities of non-invasive respiratory support in neonates, and provide practical recommendations for its use in this population.

**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** Yes

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** Neonatology Clinical Trials; any clinical sessions on BPD; any clinical session on ventilation in neonates.

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**Society Affiliation:** APS | AAP SoNPM | SPR

**Chairs:** Vineet Bhandari (Moderator); Hany Aly (Moderator)

### Speaker # 1

<table>
<thead>
<tr>
<th>Presentation Title</th>
<th>Speaker/Duration</th>
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<tbody>
<tr>
<td>NIPPving AT THE HEELS OF SUCCESSFUL EXTUBATIONS</td>
<td>Vineet Bhandari : e. 25 minutes</td>
</tr>
</tbody>
</table>

**Speaker/Institution:** V. Bhandari, Pediatrics, Drexel University College of Medicine, Philadelphia, Pennsylvania, UNITED STATES

**Non-Member Justification:** Vineet Bhandari : N/A

### Speaker # 2

<table>
<thead>
<tr>
<th>Presentation Title</th>
<th>Speaker/Duration</th>
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<tr>
<td>NIV-NAVA: EVIDENCE-BASED CLINICAL GUIDELINES</td>
<td>Howard Stein : e. 25 minutes</td>
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</tbody>
</table>

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

**Non-Member Justification:** Howard Stein : N/A
PROPOSAL #343503
SESSION TITLE: NON-INVASIVE RESPIRATORY SUPPORT IN NEONATES: CURRENT RECOMMENDATIONS

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<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>Hany Aly : N/A</th>
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<tbody>
<tr>
<td>NCPAP: WHICH, WHEN and HOW to USE IT</td>
<td>Speaker/Duration: Hany Aly : e. 25 minutes</td>
<td>Speaker/Institution: H. Aly, Neonatology, Cleveland Clinic Children's Hospital, Cleveland, Ohio, UNITED STATES</td>
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<td>Non-Member Justification: Hany Aly : N/A</td>
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<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>B Yoder : N/A</th>
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<tr>
<td>EBB and FLOW: RECOMMENDATIONS ON NASAL CANNULA USE IN THE NICU</td>
<td>Speaker/Duration: B Yoder : e. 25 minutes</td>
<td>Speaker/Institution: B.A. Yoder, Pediatrics, University of Utah, Salt Lake City, Utah, UNITED STATES</td>
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<tr>
<td>Non-Member Justification: B Yoder : N/A</td>
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PROPOSAL #343504
SESSION TITLE: Integrating families and caregivers as partners in care for infants in hospitals – what does the evidence tell us and how can we accomplish this?

Contact: Nicole van Veenendaal OLVG
n.r.vanveenendaal@olvg.nl

Target Audience: healthcare professionals (including physicians) and researchers
Audience Size: 50

Tracks: Health Services Research|Advocacy/Public Policy|Neonatology|Quality Improvement/Patient Safety|Leadership and Business Training|Clinical/Research Pathway|Clinical and Translational Research

Objectives
To get insight in associated health benefits (for parents and infants) on family involvement in infant care
To learn and get insight in changing NICU environment towards more family centered approaches
To gain a broader perspective on how humanization of care can be accomplished
To get insight in how parents can pay an active role in NICU culture change
To gain insight into helpful resources, limitations and practical application strategies for low and high resource settings in implementing family integrated care policies

Description:
The physical and emotional closeness between infants and their parents is usually impaired as the infants are cared for in highly technological NICU environments. Parents are often perceived as visitors, and nurses, physicians and healthcare professionals take on a leading role in the care of the infants and hospital policy. This occurs despite the substantial evidence that parents involvement in providing direct care for their infants in the NICU is essential for the infant development. Although the concepts of family-centred care and shared-decision making have been widely promoted, most NICUs neither integrate parents as part of the care team nor provide parents support to participate in infant care. There are also many barriers to engaging parents as partners at the organizational level in NICU’s and at the hospital level to help us improve care delivery. Why aren’t these practices standard of care based on the evidence?
Physicians and other NICU healthcare professionals can perceive barriers to the implementation of family centered care practices. For instance, some staff perceive family centered rounds as a barrier to efficiency of their daily work, or deem the consideration of privacy issues as the priority in open bay NICUs. Many NICU teams are divided about the benefits of single room versus open bay design on the health of parents and their infants. What do the data actually show about the effectiveness of family-centered rounds and single family room NICUs?
For effective implementation and future sustainability of NICUs it is important and necessary for physicians and all healthcare professionals to work together with families in co-designing NICU and hospital-level policies and processes that support family partnership in care. Questions remain about best practices:
This session is aimed at healthcare professionals and researchers who are interested in changing NICU environment towards more family centered approaches. It is especially important for NICU or pediatric physician leaders and emerging leaders to gain a broader perspective on how the humanization of care can be accomplished, what associated health benefits are, and get insight in how parents can pay an active role in this process. Participants will gain insights into helpful resources, limitations and very practical application strategies for low and high resource settings after attending this session. The presenters will include a parent, nurse and physicians.

Panel Discussion

Target Audience: healthcare professionals (including physicians) and researchers

Monday, October 7, 2019
for parents and their infants. This presentation will also show how active involvement can be achieved on the unit level and which results (specifically health benefits) can be accomplished.<br /> 2) We will elaborate on the associated health benefits for parents and infants when building and planning a new NICU. We will elaborate and discuss the evidence on the single family room design for NICUs.<br /> 3) A veteran parent will give a presentation on the influence of engagement in care and her experience as a veteran parent and a mother to have participated in the FICare program. She will be able to tell the audience which role a (veteran)parent can have during hospital stay and after (veteran parent council). She will discuss the role of parents in helping guide changes in care practices in the NICU. Concrete examples will be given on how physicians can benefit from involving parents in care and in quality improvements in their hospital.<br /> 4) We will give insights and evidence on different roles professionals can have in empowering parents during NICU stay and how traditional roles of professionals are altered when implementing a FICare program. We will go in-depth into the barriers perceived by professionals on providing and implementing different care models in a NICU. We will provide strategies for team culture change and we will discuss strategies for quality improvement for NICUs to evaluate progress in family partnership.<br /> During this session we will invite the audience to discuss and relate with each other on the implementation of family partnership in the care of infants in their hospitals and the health benefits associated with this approach. We invite those who have examples of medical leadership in changing NICU culture towards greater family partnership to share their experiences. Audience members who are able to provide insight into the daily challenges of family centered/integrated care will be invited to actively contribute to the discussion.

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<th>Learning Pathway</th>
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<tr>
<td>☑ Advocacy</td>
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<td>☐ Digital Therapeutics</td>
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<td>☑ Clinical/Research</td>
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<td>☐ Education</td>
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<td>☐ Trainee</td>
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**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** Yes

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** None

**Additional Comments:** (none)

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

**Society Affiliation:** Other/No Affiliation

**Chairs:** Karel O'Brien (Chair); Nicole van Veenendaal (Contact Person); Linda Franck (Chair)

**Speaker # 1**

**Presentation Title**  What does the evidence tell us on the associated health benefits of family involvement in infant care?

**Speaker/Duration**  Karel O'Brien : d. 20 minutes

**Speaker/Institution**  K. O'Brien, Paediatrics, Mount Sinai Hospital, Toronto, Ontario, CANADA

**Non-Member Justification**  Karel O'Brien : (none)
**PROPOSAL # 343504**

**SESSION TITLE:** Integrating families and caregivers as partners in care for infants in hospitals – what does the evidence tell us and how can we accomplish this?

<table>
<thead>
<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>Health benefits for parents and infants when building and planning a new NICU - the evidence of single family room design for NICUs.</th>
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<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Nicole van Veenendaal : c. 15 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>N.R. van Veenendaal, Neonatology, OLVG, Amsterdam, NETHERLANDS</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Nicole van Veenendaal : (none)</td>
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<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>Experiences of a veteran parent - The influence of engagement in care and roles a (veteran)parent can have during and after hospital stay.</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Fabiana Bacchini : d. 20 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>F. Bacchini, Canadian Premature Babies Foundation, Toronto, Ontario, CANADA</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Fabiana Bacchini : (none)</td>
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<tr>
<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Roles professionals can have in empowering parents during NICU stay - strategies for team culture change</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Linda Franck : d. 20 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>L.S. Franck, Family Health Care Nursing, University of California, San Francisco, San Francisco, California, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Linda Franck : (none)</td>
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PROPOSAL #343509
SESSION TITLE: Cognoa Storytime: An Interactive Mobile App for Remote Collection of Speech and Language Data for Children at Risk for Developmental Delays

Contact: Yao Du
University of California, Irvine
yaod7@uci.edu

Objectives
1. List at least two challenges in the diagnostic evaluation of communication skills among children who are at risk for developmental delays
2. List at least two potential risks and benefits of utilizing mobile health tools for collecting, analyzing, and tracking children’s communication skills

Description: Background: Delays in speech and language development are one of the most common hallmark characteristics in young children with developmental delays such as autism [1]. Traditional diagnostic testings typically rely on parent-reported questionnaires and in-person assessment by speech-language pathologists (SLPs), which can be delayed due to waitlists during physician referral and inaccessible to families living in rural areas. Since these testings are administered using paper-based forms by clinicians with individual variations in patterns of communication, the procedure can be inconsistent, prone to errors, and time-consuming.<br /> Objectives: To improve the precision and accessibility in diagnostics for young children with developmental delays, we designed Cognoa Storytime, a mobile application consists of stories and picture description tasks to elicit speech and language production from children while requiring minimal assistance from parents. The goal of this study is to evaluate the feasibility and usability of using Storytime to collect children’s speech and language data in order to develop machine learning algorithms for feature extraction and automatic diagnostic evaluation. Design/Methods: Using the Wizard of Oz protocol [2], we first conducted an IRB-approved proof-of-concept testing to investigate children’s interaction with a virtual character in Cognoa Storytime among 71 children between 4 and 6 years old (65 typically developed children, 11 children with speech and language impairment). Next, using AVAudioEngine, CoreML and Vision, we developed an iOS mobile application that automatically detects children’s speech to pause and resume and also collects a video of children’s facial features through the built-in camera on the iPad. We then conducted a usability testing with six parent-child dyads to evaluate usability issues (e.g., parent instruction, navigation, activity selection) and appropriateness of the automatic parameters for Cognoa Storytime. Results: The initial proof-of-concept testing indicates that all 71 children with and without impairments successfully participated in Cognoa Storytime by actively listening and verbally interacting with the virtual character. The usability testing further revealed that while all six children participated in the automated Cognoa Storytime interaction, the video quality of their facial expressions was impacted by the distance and orientation of the iPad device held by children. This can be improved by revising the app layout and giving parents additional instructions for device set up to ensure the successful participation of Storytime and adequate quality of videos can be collected among children. Conclusion: Our initial feasibility study and usability testing suggest that Cognoa Storytime has the potential to become a mobile health tool for collecting interactive video and speech and language data for children at risk for developmental delays in a remote setting. Future work will focus on establishing a normalized population sample with a large number of participants and develop a gold standard for automatic scoring and analysis of these data. Upon validation, tools such as Cognoa Storytime can accelerate the existing process of diagnostic screening for communication skills among young children, and enable multiple stakeholders (e.g., parents, SLPs, and pediatricians) and researchers with critical
SESSION TITLE: Cognoa Storytime: An Interactive Mobile App for Remote Collection of Speech and Language Data for Children at Risk for Developmental Delays

speech and language data for children. These will expedite the current state of research through establishing linguistic profiles and monitoring of the ongoing language development trajectory for children at risk for developmental delays [3].


Time Block: Either
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: none

Additional Comments: none
Financial Sponsor? (none) If Yes: (none)
Society Affiliation: Other/No Affiliation

Chairs: Yao Du (Presenter); Sharief Taraman (Presenter); Halim Abbas (Contact Person)

Speaker # 1
Presentation Title: Data Science Consultant
Speaker/Duration: Yao Du: a. 5 minutes
Speaker/Institution: Y. Du, Cognoa, Palo Alto, California, UNITED STATES
Non-Member Justification: Yao Du: (none)

Speaker # 2
Presentation Title: Chief Medical Officer
Speaker/Duration: Sharief Taraman: b. 10 minutes
Speaker/Institution: S. Taraman, Cognoa, Palo Alto, California, UNITED STATES
Non-Member Justification: Sharief Taraman: (none)
PROPOSAL # 343588

SESSION TITLE: Perfecting the Art of Extubation in Extremely Preterm Infants

Contact: Wissam Shalish
McGill University Health Centre
wissam.shalish@mail.mcgill.ca

Target Audience: Neonatologists
Audience Size: 500
Tracks: Critical Care | Clinical/Research Pathway | Neonatology

Objectives
1- To highlight the current challenges associated with extubation in extremely preterm infants
2- To review the optimal methods for weaning from mechanical ventilation in extremely preterm infants
3- To critically appraise the various predictors and assessment tools of extubation readiness used in extremely preterm infants
4- To review the optimal strategies for maximizing the chances of successful extubation in extremely preterm infants

Description:
In the modern era of neonatology, an increasingly smaller and more immature population is exposed to mechanical ventilation. With the known complications associated with mechanical ventilation, every effort is made to extubate extremely preterm infants as early as possible. However, a large proportion of these infants fail their extubation attempt and require reintubation, which in itself may increase morbidities. Currently, the extubation process in extremely preterm infants remains primarily guided by clinical judgment. Decisions related to weaning, assessment of extubation readiness and post-extubation respiratory support are highly variable and devoid of strong evidence to guide practices. Nevertheless, recent work in the field has shed some light into this challenging process. In this panel discussion, we will review the latest evidence regarding the optimal methods for weaning from mechanical ventilation, assessment of extubation readiness, and maximizing the chances of success.

Speaker 1: Dr. Guilherme Sant'Anna
Title: The Dilemmas Surrounding Extubation
Content: Introducing the challenges surrounding the extubation process and presenting an overview of the objectives of this session
Duration: 15 minutes

Speaker 2: Dr. Martin Keszler
Title: Weaning from Mechanical Ventilation
Content: Reviewing the best-available evidence for weaning from mechanical ventilation (assist control ventilation, volume-guarantee ventilation etc...)
Duration: 20 minutes

Speaker 3: Dr. Wissam Shalish
Title: Assessment of Extubation Readiness and the APEX study
Content: Overview of the limitations of clinical judgment for the assessment of extubation readiness, critical appraisal of predictors used to evaluate extubation readiness (including SBTs), and results of the Automated Prediction of Extubation Readiness (APEX) multicenter prospective study.
Duration: 30 minutes

Speaker 4: Dr. Peter Davis
Title: Interventions to Improve Chances of Successful Extubation
Content: Critical appraisal of evidence-based interventions to improve the likelihood of successful extubation (caffeine, non-invasive respiratory support, postnatal steroids etc...)
Duration: 20 minutes

Speaker 5: Dr. Eduardo Bancalari
Title: Perfecting the Extubation Process in the Modern Era
Content: Wrap-up of the session with an expert-based summary of when to extubate, how to assess extubation readiness, and future directions.
Duration: 15 minutes
PROPOSAL #343588
SESSION TITLE: Perfecting the Art of Extubation in Extremely Preterm Infants

| Time Block: | 120 min. |
| QA: | Yes |
| Audience Polling: | No |
| Sabbath Conflicts: | N/A |
| Conflicting Sessions: | none |
| Additional Comments: | (none) |
| Financial Sponsor? | (none) |
| Society Affiliation: | Other/No Affiliation |

**Chairs:** Guilherme Sant Anna (Chair); Wissam Shalish (Contact Person)

**Speaker # 1**
**Presentation Title**  The Dilemmas Surrounding Extubation
**Speaker/Duration:**  Guilherme Sant Anna: c. 15 minutes
**Speaker/Institution:**  G. Sant Anna, Pediatrics, McGill University Health Centre, Montreal, Quebec, CANADA |
**Non-Member Justification:**  Guilherme Sant Anna: (none)

**Speaker # 2**
**Presentation Title**  Weaning from Mechanical Ventilation
**Speaker/Duration:**  Martin Keszler: d. 20 minutes
**Speaker/Institution:**  M. Keszler, Pediatrics, Brown University, Providence, Rhode Island, UNITED STATES |
**Non-Member Justification:**  Martin Keszler: (none)

**Speaker # 3**
**Presentation Title**  Assessment of Extubation Readiness and the APEX study
**Speaker/Duration:**  Wissam Shalish: f. 30 minutes
**Speaker/Institution:**  W. Shalish, Pediatrics, McGill University Health Centre, Montreal, Quebec, CANADA |
**Non-Member Justification:**  Wissam Shalish: Neonatologist and graduating PhD student presenting results of thesis published in high-impact journals

**Speaker # 4**
**Presentation Title**  Interventions to Improve Chances of Successful Extubation
**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)
PROPOSAL # 343588
SESSION TITLE: Perfecting the Art of Extubation in Extremely Preterm Infants

Speaker # 5
Presentation Title  Perfecting the Extubation Process in the Modern Era
Speaker/Duration: Eduardo Bancalari : c. 15 minutes
Speaker/Institution:  E. Bancalari, Pediatrics, University of Miami, Miami, Florida, UNITED STATES]
Non-Member Justification: Eduardo Bancalari : (none)
PROPOSAL #343682
SESSION TITLE: Congenital Diaphragmatic Hernia: Current Care & Controversies

Contact: B Yoder
University of Utah
Bradley.Yoder@hsc.utah.edu

Target Audience: Neonatologists, Pediatric Surgeons, Pediatric Critical Care Physicians, Fellows, Residents, Respiratory Therapists

Audience Size: 800

Tracks: Cross-Disciplinary Spotlight | Academic and Research Skills | Pulmonology | Neonatology | Critical Care | Clinical and Translational Research

Objectives
1. To synthesize current evidence on approaches to initial respiratory support in CDH.
2. To describe the role of impaired left ventricular growth and function in CDH.
3. To review current approaches to pulmonary hypertension in CDH babies.
4. To contrast the systemic and pulmonary vascular effects of inotropic agents.
5. To discuss issues with clinical trial design and Registry based evidence for improving CDH care.
6. To present current and proposed fetal-based trials targeting improved outcome for high risk fetal CDH.

Description: This will be a multi-disciplinary state-of-the-art symposium with 6 experts discussing 6 key aspects in the perinatal/peri-operative management of congenital diaphragmatic hernia (CDH). This session will summarize the latest information related to fetal interventions, pre-operative cardiorespiratory care management and discuss issues related to clinical trials and evidenced based care.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Neonatology Clinical Trials; any clinical sessions on CDH; any clinical session on ventilation in neonates.

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: AAP|APS|SPR|AAP SoNPM

Chairs: B Yoder (Moderator); Satyan Lakshminrusimha (Moderator)

Speaker # 1
Presentation Title: It’s all about the lungs! What Vent, What FiO2, What Parameters?
Speaker/Duration: B Yoder: c. 15 minutes
Speaker/Institution: B.A. Yoder, Pediatrics, University of Utah, Salt Lake City, Utah, UNITED STATES

Non-Member Justification: B Yoder: (none)
### Speaker # 2
**Presentation Title**  It's not just about the lungs! What about the heart?
**Speaker/Duration:** Neil Patel : c. 15 minutes
**Speaker/Institution:** N. Patel, Neonatology, Royal Hospital for Children, Glasgow, Glasgow, Scotland, UNITED KINGDOM
**Non-Member Justification:** Neil Patel : International expert

### Speaker # 3
**Presentation Title**  Pulmonary hypertension: What do iNO? Approach to managing PPHN
**Speaker/Duration:** John Kinsella : c. 15 minutes
**Speaker/Institution:** J.P. Kinsella, Pediatrics, University of Colorado School of Medicine / Children's Hospital Colorado, Highlands Ranch, Colorado, UNITED STATES
**Non-Member Justification:** John Kinsella : (none)

### Speaker # 4
**Presentation Title**  Blood pressure management: Are you under pressure to increase pressure?
**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 # 5
**Presentation Title**  Trial design & the role of registries: How can we get better "evidence"?
**Speaker/Duration:** Kevin Lally : c. 15 minutes
**Speaker/Institution:** K.P. Lally, Pediatric Surgery, Univ Texas HSC Houston, Houston, Texas, UNITED STATES
**Non-Member Justification:** Kevin Lally : Director, Congenital Diaphragmatic Hernia Study Group Registry

### Speaker # 6
**Presentation Title**  Fetal intervention for CDH – What’s in gestation? What’s deliverable?
**Speaker/Duration:** Anthony Johnson : c. 15 minutes
**Speaker/Institution:** A. Johnson, Maternal-Fetal Medicine, Univ Texas HSC Houston, Houston, Texas, UNITED STATES
**Non-Member Justification:** Anthony Johnson : (none)
PROPOSAL # 343859
SESSION TITLE: Gender Equity in the Scientific Workforce: What is Current State in Pediatrics in 2020?

Contact: Tamara Simon Seattle Childrens
Tamara.Simon@seattlechildrens.org

Target Audience: junior, mid-career, and senior faculty; generalists and subspecialists
Audience Size: 200
Tracks: Academic and Research Skills | Diversity and Inclusion | Leadership and Business Training | Education Pathway | Cross-Disciplinary Spotlight | Career Development

Objectives
1. Describe the importance of gender equity in the scientific workforce.
2. Identify approaches that have proven efficacy in enhancing equity in the scientific workforce.

Description:
In the 2014 NIH Physician Scientist Workforce Working Group report, diversity in the scientific workforce was identified as a major concern. For instance, women make up only ~25% of physician-scientists who are NIH grant awardees. Greater numbers of women in medicine have not resulted in more women achieving senior positions (Carr PL, Gunn C, Raj A, et al., Recruitment, Promotion, and Retention of Women in Academic Medicine: How Institutions Are Addressing Gender Disparities. Women's Health Issues 27-3 (2017) 374–381.) This session addresses a number of timely questions in the pediatric scientific workforce: What is the evidence that gender equity is important? Are there proven strategies that work for improving gender equity? What can individuals do to address unconscious bias? What can institutions do to help promote gender equity at the interpersonal and institutional levels? What work can be done in the academic community and/or policy levels? What steps can we take to promoting gender equity in hiring, promoting, retaining, and supporting a diverse workforce in research? This session will feature 4 speakers with leadership experience in helping to create and promote gender equity in the scientific environment and will include a question and answer session.

Time Block: Either
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A

Learning Pathway
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee

Conflicting Sessions: APS-sponsored invited science session with Dr. Spector

Additional Comments: We are seeking a fourth speaker on the policy level from the Scientific Workforce Diversity (SWD) Office at NIH.

Financial Sponsor? (none)
Society Affiliation: SPR

Chairs: Tamara Simon (Chair); Nancy Spector (Discussant); Stephen Daniels (Discussant); Elena Fuentes-Afflick (Discussant)
PROPOSAL #343859
SESSION TITLE: Gender Equity in the Scientific Workforce: What is Current State in Pediatrics in 2020?

Speaker # 1
Presentation Title: Academic community changes
Speaker/Duration: Nancy Spector: c. 15 minutes
Speaker/Institution: N.D. Spector, Pediatrics, Drexel University College of Medicine and Executive Leadership in Academic Medicine, Wynnewood, Pennsylvania, UNITED STATES
Non-Member Justification: Nancy Spector: APS. SPR, APA, AAP

Speaker # 2
Presentation Title: Institutional support
Speaker/Duration: Stephen Daniels: c. 15 minutes
Speaker/Institution: S. Daniels, University of Colorado, Denver, Colorado, UNITED STATES
Non-Member Justification: Stephen Daniels: APS. SPR, APA, AAP

Speaker # 3
Presentation Title: Individual and Interpersonal support
Speaker/Duration: Elena Fuentes-Afflick: c. 15 minutes
Speaker/Institution: E. Fuentes-Afflick, Pediatrics, UCSF, San Francisco, California, UNITED STATES
Non-Member Justification: Elena Fuentes-Afflick: APS. SPR, APA, AAP
PROPOSAL #343990
SESSION TITLE: Bringing Clarity to the Gray Zone: Decision Making and Treatment Options in Necrotizing Enterocolitis Totalis

Contact: Abigail Martin
Nemours/A.I. duPont Hospital for Children
Abigail.Martin@nemours.org

Target Audience: Neonatologists, Gastroenterologists, Ethicists, Pediatric Surgeons, Palliative Care

Audience Size: 150

Tracks: Cross-Disciplinary Spotlight | Neonatology | Gastroenterology and Nutrition | Ethics/Bioethics

Objectives
At the end of this presentation learners should be able to:
1. Describe the difficulties in using the term "NEC Totalis"
2. Present accurate information about the prognosis of babies with NEC Totalis to parents
3. Discuss how the ethical spectrum of "impermissible-permissible-obligatory" treatment options applies to cases of NEC Totalis
4. Understand how "Palliative Paternalism" can be used to help parents make appropriate decisions in cases of NEC Totalis.

Description: Fulminant necrotizing enterocolitis that leads to NEC totalis presents unique challenges for medical teams caring for neonates due to the rapid deterioration of these infants and the profound implications the diagnosis has for the babies and families. In the worst case scenario, a baby with NEC totalis experiences irreversible sepsis and multisystem organ failure leading to death. In the best case scenario, the baby survives but is then dependent on long-term TPN, with all of the repercussions this has for the family caring for this baby. We present a case study of NEC totalis and attempt to provide guidance from a multidisciplinary perspective of what therapeutic and palliative options are appropriate to offer families in the era of the possibility of long term TPN as a means for these babies to survive but remain technology dependent.

In the moment that parents are faced with the possible impending death of their baby from NEC totalis, they can often only concentrate on whether their child will live or die, unable to comprehend the consequences that accompany survival with resulting short bowel syndrome. This manifests in requests to “do everything” or “just save my baby.” In the absence of other significant comorbidities, we propose that at the time of initial operative exploration in which NEC totalis is confirmed, surgeons and neonatologists consider whether it is possible to delay a definitive decision about resection versus comfort care only by 12-48 hours by closing the abdomen but continuing full medical care. Giving the parents 12-48 hours to reflect on the true implications of short bowel syndrome and long term TPN may allow them to more fully reflect on what their true goals of care are in regards to quality of life for their baby, rather than focusing solely on the question of life versus death. Furthermore, should the family decide to proceed with resection at the time of a second operation, ongoing discussions regarding quality of life on long term TPN are appropriate and should be encouraged. We propose that it is ethically permissible for parents to revisit their decision and later withdraw TPN if on further reflection they determine that long term TPN is not compatible with what they believe to be in the best interests of their baby.

Our panel consists of specialists from Neonatology; Pediatric Surgery; Intestinal Failure and Transplantation; Ethics; and Palliative Care. Each speaker will approach the problem of how to assist families make such a complicated decision from the perspective of their specialty. We plan to close with a question and answer session to allow for open discussion of this topic.
PROPOSAL # 343990

SESSION TITLE: Bringing Clarity to the Gray Zone: Decision Making and Treatment Options in Necrotizing Enterocolitis Totalis

Time Block: 120 min.
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: Ethics presentations, Neonatology presentations, Gastroenterology presentations

Additional Comments: (none)
Financial Sponsor? (none)
Society Affiliation: NASPGHAN|AAP|APA|AAP SoNPM

Chairs: Abigail Martin (Organizer)

Speaker # 1
Presentation Title: Moderator
Speaker/Duration: Charles Vinocur : b. 10 minutes
Speaker/Institution: C. Vinocur, Surgery, Nemours/ A.I. duPont Hospital for Children, Wilmington, Delaware, UNITED STATES|
Non-Member Justification: Charles Vinocur : AAP

Speaker # 2
Presentation Title: Case Presentation
Speaker/Duration: Kevin Sullivan : c. 15 minutes
Speaker/Institution: K.M. Sullivan, Pediatrics/Neonatology, A.I duPont Hospital for Children/Thomas Jefferson University, Wilmington, Delaware, UNITED STATES|
Non-Member Justification: Kevin Sullivan : AAP SoNPM

Speaker # 3
Presentation Title: NEC-Totalis Literature Review
Speaker/Duration: Katerina Dukleska : c. 15 minutes
Speaker/Institution: K. Dukleska, Pediatric Surgery, Connecticut Children's Medical Center, Hartford, Connecticut, UNITED STATES|
Non-Member Justification: Katerina Dukleska : AAP

Speaker # 4
Presentation Title: The Intestinal Rehabilitation Perspective
Speaker/Duration: Abigail Martin : c. 15 minutes
Speaker/Institution: A.E. Martin, Surgery, Nemours/A.I. duPont Hospital for Children, Wilmington, Delaware, UNITED STATES|
Non-Member Justification: Abigail Martin : AAP
PROPOSAL # 343990
SESSION TITLE: Bringing Clarity to the Gray Zone: Decision Making and Treatment Options in Necrotizing Enterocolitis Totalis

**Speaker # 5**
**Presentation Title**  NEC-Totalis: Ethical Perspective  
**Speaker/Duration:** Jonathan Miller : d. 20 minutes  
**Speaker/Institution:**  J.M. Miller, Pediatrics/Ethics, Nemours/A.I. duPont Hospital for Children, Wilmington, Delaware, UNITED STATES  |  
**Non-Member Justification:** Jonathan Miller : AAP

**Speaker # 6**
**Presentation Title**  The Palliative Care Perspective  
**Speaker/Duration:** Carly Levy : d. 20 minutes  
**Speaker/Institution:**  C. Levy, Pediatrics/Palliative Care, Nemours/A.I. duPont Hospital for Children, Wilmington, Delaware, UNITED STATES  |  
**Non-Member Justification:** Carly Levy : AAP
PROPOSAL #344309
SESSION TITLE: Decreasing severe ROP without increasing mortality - oxygen saturation targets and other strategies

Contact: Talkad Raghuveer
University of Kansas School of Medicine at Wichita
raghuveer.talkad3@gmail.com

Target Audience: Neonatologists, Neonatology fellows, Pediatric Residents, Ophthalmologists, Neonatal nurse practitioners, Respiratory therapists, Pediatric Nutritionist, Researchers

Audience Size: 500 to 1000

Tracks: Children with Chronic Conditions | Academic and Research Skills | Neonatology | Cross-Disciplinary Spotlight | Epidemiology | Basic Science | Developmental Biology | Developmental Biology | Core Curriculum for Fellows | Clinical and Translational Research

Objectives
1. Understand the incidence of severe Retinopathy of prematurity
2. Understand the pathogenesis of the two phases of retinopathy of prematurity
3. Understand the current evidence regarding oxygen saturation targets that can decrease severe retinopathy without increasing mortality in extremely preterm infants
4. Based on current evidence, summarize therapies and oxygen saturation targets that can help to decrease the risk of ROP

Description:
There is a trend of an increasing incidence of retinopathy of prematurity (ROP) at many centers in the US. This may be due to increasing survival of extremely preterm infants. The five randomized clinical trials of low versus high oxygen saturation target ranges found increased mortality in the low oxygen saturation target group and an increased incidence of ROP in the high oxygen saturation target group. The American Academy of Pediatrics recommends using an oxygen saturation target range of 90% to 95% in extremely low birth weight infants. The change of practice to target a higher oxygen saturation range of 90% to 95%, may be contributing to the increasing incidence of severe ROP in extremely preterm infants. To decrease the incidence of ROP without increasing mortality, two new cohort trials suggest gradually increasing oxygen saturation targets as preterm infants mature. There is evidence that human milk, Vitamin A and omega-3 fatty acids can help, in addition to continuous oxygen saturation monitoring, to decrease the risk of ROP.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: none

Additional Comments: large enough room to accommodate 500 to 1000 people

Financial Sponsor? (none)

Society Affiliation: AAP | AAP SoNPM | AAP SoNPM | AAP SoNPM | AAP | AAP

Chairs: Talkad Raghuveer (Moderator); Barry Bloom (Discussant); Lois Smith (Discussant); Satyan Lakshminrusimha (Moderator); Rangaswamy Ramanathan (Discussant); Jonathan Klein (Discussant)
### Speaker # 1
**Presentation Title:** Introduction  Role of Human Milk, Vitamin A and Omega-3 fatty acid in decreasing the incidence of Retinopathy of Prematurity  
**Speaker/Duration:** Talkad Raghuv: b. 10 minutes  
**Speaker/Institution:** T.S. Raghuv, Pediatrics/Neonatology, University of Kansas School of Medicine at Wichita, Wichita, Kansas, UNITED STATES|  
**Non-Member Justification:** Talkad Raghuv: (none)

### Speaker # 2
**Presentation Title:** Incidence of Retinopathy of Prematurity  
**Speaker/Duration:** Barry Bloom: b. 10 minutes  
**Speaker/Institution:** B. Bloom, Pediatrics, University of Kansas School of Medicine at Wichita, Wichita, Kansas, UNITED STATES|  
**Non-Member Justification:** Barry Bloom: (none)

### Speaker # 3
**Presentation Title:** Pathogenesis of Retinopathy of Prematurity  
**Speaker/Duration:** Lois Smith: f. 30 minutes  
**Speaker/Institution:** L. Smith, Harvard University, Boston, Massachusetts, UNITED STATES|  
**Non-Member Justification:** Lois Smith: Expert in the field

### Speaker # 4
**Presentation Title:** Randomized controlled trials of oxygen saturation targets  
**Speaker/Duration:** Satyan Lakshminrusimha: d. 20 minutes  
**Speaker/Institution:** S. Lakshminrusimha, Pediatrics, UC Davis, Sacramento, California, UNITED STATES|  
**Non-Member Justification:** Satyan Lakshminrusimha: (none)

### Speaker # 5
**Presentation Title:** Cohort Trial of graded oxygen saturation targets  
**Speaker/Duration:** Rangaswamy Ramanathan: d. 20 minutes  
**Speaker/Institution:** R. Ramanathan, University of Southern California, Los Angeles, California, UNITED STATES|  
**Non-Member Justification:** Rangaswamy Ramanathan: (none)

### Speaker # 6
**Presentation Title:** Cohort Trial of increasing oxygen targets  
**Speaker/Duration:** Jonathan Klein: d. 20 minutes  
**Speaker/Institution:** J.M. Klein, University of Iowa, Iowa City, Iowa, UNITED STATES|  
**Non-Member Justification:** Jonathan Klein: (none)
PROPOSAL #344353

SESSION TITLE: An Immature Science: Caring for Infants Born at ≤23 Weeks’ Gestation

Contact: Matthew Rysavy
University of Iowa
matthew-rysavy@uiowa.edu

Target Audience: Clinicians, clinical researchers, basic scientists, and policy makers interested in the care and outcomes of extremely premature infants. The exploration of international similarities and differences in care makes PAS an ideal setting.

Audience Size: 150-200

Tracks: Clinical and Translational Research | Ethics/Bioethics | Neonatology | Health Services Research | International and Global Health

Objectives
1. Describe the changing clinical landscape for the care and outcomes of infants born ≤23 weeks’ gestation
2. Highlight research supporting approaches to care for these infants from around the world, including data from centers in Sweden, Germany, Japan, and the United States
3. Identify important areas of uncertainty in the care of infants born ≤23 weeks’ gestation that require further research

Description:
Since 2014, active treatment of infants born at 22 weeks’ gestation in the U.S. has nearly doubled (from 26% to 47% of livebirths). The clinical landscape continues to change around the world, with growing interest in lay media and debates about the benefits, costs, and ethics of providing intensive care for these patients. Less frequently discussed is how to provide care. In many areas of clinical management, including cardiorespiratory support, skin care, fluid maintenance, and nutrition, infants born at ≤23 weeks’ gestation are unlike more mature infants. Concerns have been raised that increasing rates of intensive care without recognition of the unique characteristics of this patient group may result in substantial harm.

In this interactive setting, clinicians from four groups with among the highest published rates of survival at 22 weeks (>50% of inborn live births) will present the science of caring for pediatrics' youngest patients. Discussants will describe approaches from Sweden, Germany, Japan, and the United States and the clinical, translational, and basic science that supports them -- both what is known and what requires further study. The session is designed to facilitate discussion and audience participation.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Neonatal Clinical Trials I, Neonatal Clinical Trials II

Additional Comments: Propose to utilize audience response technology, if available.

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP SoNPM | SPR | JPS

Chairs: Matthew Rysavy (Contact Person); Edward Bell (Chair); Erik Normann (Chair)
PROPOSAL #344353
SESSION TITLE: An Immature Science: Caring for Infants Born at ≤23 Weeks’ Gestation

Speaker # 1
Presentation Title  Introduction: The Changing Landscape of Care, Survival, and Neurodevelopmental Outcomes at ≤23 Weeks’ Gestation
Speaker/Duration: Matthew Rysavy : b. 10 minutes
Speaker/Institution: M.A. Rysavy, Pediatrics, University of Iowa, Iowa City, Iowa, UNITED STATES|
Non-Member Justification: Matthew Rysavy : Member of SPR

Speaker # 2
Presentation Title  Skin Immaturity, Fluids and the Care Environment
Speaker/Duration: Johan Agren : c. 15 minutes
Speaker/Institution: J. Agren, Women's and Children's Health, Uppsala University, Uppsala, SWEDEN|
Non-Member Justification: Johan Agren : Member of SPR

Speaker # 3
Presentation Title  Delivery Room Management of Infants ≤23 Weeks’ Gestation
Speaker/Duration: Angela Kribs : c. 15 minutes
Speaker/Institution: A. Kribs, Uniklinik Köln, Köln, GERMANY|
Non-Member Justification: Angela Kribs : Expert at resuscitation practices and leader of important research related to births at 22-23 weeks. Her center, in Cologne, Germany, reports among the best outcomes at these gestations (see JAMA Pediatr. 2016;170:671-7).

Speaker # 4
Presentation Title  Knowns and Unknowns of Extremely Premature Cardiac Adaptation: A Japanese Perspective
Speaker/Duration: Satoshi Kusuda : c. 15 minutes
Speaker/Institution: S. Kusuda, Maternal and Perinatal Center, Tokyo Women’s Medical University, Tokyo, Shinjuku, JAPAN|
Non-Member Justification: Satoshi Kusuda : Member of JPS, attends annually

Speaker # 5
Presentation Title  Caring for the Most Immature Lungs
Speaker/Duration: Jonathan Klein : c. 15 minutes
Speaker/Institution: J.M. Klein, Pediatrics, University of Iowa, Iowa City, Iowa, UNITED STATES|
Non-Member Justification: Jonathan Klein : Member of SPR

Speaker # 6
Presentation Title  Summary: Critical Unanswered Questions
Speaker/Duration: Carl Backes : b. 10 minutes
Speaker/Institution: C. Backes, Nationwide Children's Hospital, Columbus, Ohio, UNITED STATES|
Non-Member Justification: Carl Backes : Member of SPR
PROPOSAL # 344353
SESSION TITLE: An Immature Science: Caring for Infants Born at ≤23 Weeks’ Gestation

Speaker # 7
Presentation Title: Panel Discussion
Speaker/Duration: Matthew Rysavy: c. 15 minutes
Speaker/Institution: M.A. Rysavy, Pediatrics, University of Iowa, Iowa City, Iowa, UNITED STATES
Non-Member Justification: Matthew Rysavy: Member of SPR
PROPOSAL #344401
SESSION TITLE: Not all NAS is NOWS: The Global Dilemma of Newborn Drug and Alcohol Exposure.

Contact:  Ju Lee Oei  
Royal Hospital for Women  
j.oei@unsw.edu.au

Target Audience:  Neonatologists, Healthcare Finance experts, Intensivists, Pediatricians, Policy makers

Audience Size:  400

Tracks:  Epidemiology | Advocacy/Public Policy | Social Determinants/Health Disparities | Neonatology | Public Health | Health Services Research | Health Equity/Social Determinants of Health-ACEs/Social Justice | International and Global Health | General Pediatrics | Community Pedi

Objectives  
To review:  1. The global epidemiology of newborn drug and alcohol exposure  2. The long-term health and neurodevelopmental implications of prenatal drug and alcohol exposure  3. The impact of prenatal use of legal agents on the child including alcohol, nicotine, marijuana, and prescription drugs  4. Potential mechanisms of harm to the newborn and older children from exposure to drugs of addiction and alcohol including impact on neurodevelopment, epigenetic changes, and social outcomes  5. International collaborative efforts and trials to mitigate harm and to treat children affected by prenatal drug and alcohol exposure

Description:  
The scope of maternal drug use is staggering. In Western societies, at least 1 in 3 children under the age of 14 are estimated to live with a parent or caregiver using some form of drug of dependency. This accounts for more than 9 million children in the USA alone. Enormous attention has been placed on the consequences of maternal opioid use which can result in the Neonatal Opioid Withdrawal Syndrome (NOWS) or Neonatal Abstinence Syndrome (NAS), one of the fastest growing and costly public health epidemics in the world. Mothers, however, use many other drugs besides opioids and their newborns can be affected by all of them. These drugs can be illegal (e.g. cocaine, methamphetamines), some are essential for maternal health (e.g. prescription medications), and others are an almost ubiquitous element of society (e.g. alcohol, tobacco, marijuana). The adverse consequences of these drugs are extensive, pervasive, and enduring. Not only is the individual child affected, but the family, society and even subsequent generations can be impacted by maternal drug use. At a societal level, maternal drug use is inextricably intertwined with profound economic, intergenerational, and perpetuating burden and harm. On an individual level, the drug-exposed infant is not only at risk of withdrawal but also of teratogenicity, epigenetic change, neurocognitive impairment, and poor adult outcomes (dependent on both prenatal exposures and postnatal environmental influences). Efforts to minimize harm from parental drug use requires global, coordinated, and continuing efforts. This is especially true with regard to translation of research and practice to policies that have considerable potential to influence individuals, families, and whole communities around the globe. In this session, international clinical, research and policy experts will discuss the latest evidence and knowledge gaps in this area. We will discuss contemporary evidence from randomized controlled studies and observational and cohort studies, particularly focusing on NOWS and other drugs of addiction that may not cause classical signs of abstinence such as cannabis, cocaine and methamphetamines. We will also examine the rationale behind decision-making at clinical and policy levels for the care of children affected by parental drug use in the USA and around the world. We will discuss the long-term and including epigenetic and non-withdrawal implications of prenatal drug exposure and also the legal, societal and health implications of legal drugs of addiction such as alcohol, nicotine and prescription medications. This session will emphasize the necessity of international collaboration and the consideration of other drugs besides opioids in the quest for
**PROPOSAL #344401**  
**SESSION TITLE:** Not all NAS is NOWS: The Global Dilemma of Newborn Drug and Alcohol Exposure.

Improving the lives of children affected by maternal drug use.

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<tr>
<th>Time Block:</th>
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<tr>
<td>QA:</td>
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<td>Sabbath Conflicts:</td>
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**Learning Pathway**
- ☐ Advocacy
- ☐ Digital Therapeutics
- ☐ Clinical/Research
- ☐ Education
- ☐ Trainee

| Conflicting Sessions: | NIL |

**Additional Comments:** (none)

**Financial Sponsor?** (none)

| Society Affiliation: | AAP|ASPR |

**Chairs:** Susan McCune (Chair); Ju Lee Oei (Contact Person)

**Speaker # 1**
**Presentation Title** Opening Remarks: the global burden of maternal drug use

**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 : FDA

**Speaker # 2**
**Presentation Title** Clinical pharmacotherapy trials: is all NOWS the same?

**Speaker/Duration:** Jonathan Davis : d. 20 minutes

**Speaker/Institution:** J.M. Davis, Tufts Medical Center, Boston, Massachusetts, UNITED STATES|

**Non-Member Justification:** Jonathan Davis : AAP

**Speaker # 3**
**Presentation Title** Prenatal drug exposure: not only neonatal and not only withdrawal. The long-term implications of maternal drug use for children

**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 : International

**Speaker # 4**
**Presentation Title** Alcohol is still a major problem affecting newborns and children

**Speaker/Duration:** Elizabeth Elliott : d. 20 minutes

**Speaker/Institution:** E. Elliott, Children's Hospital Westmead, Westmead, New South Wales, AUSTRALIA|

**Non-Member Justification:** Elizabeth Elliott : International
PROPOSAL # 344401
SESSION TITLE: Not all NAS is NOWS: The Global Dilemma of Newborn Drug and Alcohol Exposure.

Speaker # 5
Presentation Title  Marijuana, cocaine, methamphetamines: enduring drugs of abuse
Speaker/Duration: Emmalee Bandstra : d. 20 minutes
Speaker/Institution: E. Bandstra, University of Miami, Miami, Florida, UNITED STATES|
Non-Member Justification: Emmalee Bandstra : AAP

Speaker # 6
Presentation Title  FDA and other global regulatory policies impacting pregnant women and newborns
Speaker/Duration: Gerri Baer : d. 20 minutes
Speaker/Institution: G. Baer, Office of Pediatric Therapeutics, Food and Drug Administration, Silver Spring, Maryland, UNITED STATES|
Non-Member Justification: Gerri Baer : AAP

Speaker # 7
Presentation Title  Panel Discussion
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 : AAP

Speaker # 8
Presentation Title  Closing remarks
Speaker/Duration: Jonathan Davis : a. 5 minutes
Speaker/Institution: J.M. Davis, Tufts Medical Center, Boston, Massachusetts, UNITED STATES|
Non-Member Justification: Jonathan Davis : (none)
PROPOSAL #344411
SESSION TITLE: A new translational approach to preterm birth - A March of Dimes Symposia

Contact: Kelle Moley
March of Dimes
kmoley@marchofdimes.org

[session spec] Hot Topic Symposia

Target Audience: General Pediatricians, Neonatologist
Audience Size: Last year we had about 75-100

Tracks: Basic Science | Academic and Research Skills | Cross-Disciplinary Spotlight | Social Determinants/Health Disparities | Neonatology

Objectives: To educate Pediatricians on the newest translational and clinical research in the area of preterm birth-causes and prevention

Description: Three physician scientists from the March of Dimes Prematurity Research Centers will present updates of their ongoing research efforts focused on causes and prevention of Preterm Birth.

Time Block: 90 min.

QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: none

Additional Comments: (none)
Financial Sponsor? (none)

Society Affiliation: MOD

Chairs: Kelle Moley (Chair)

Speaker # 1
Presentation Title: A new translational approach to preterm birth
Speaker/Duration: Kelle Moley: b. 10 minutes
Speaker/Institution: K. Moley, March of Dimes, Arlington, Virginia, UNITED STATES
Non-Member Justification: Kelle Moley: (none)
PROPOSAL #344473

SESSION TITLE: Leading the way: Diversity, child health, and leadership

Contact: Elena Fuentes-Afflick  
UCSF  
elena.fuentes-afflick@ucsf.edu

Audience Size: 100

Tracks: Academic and Research Skills | Diversity and Inclusion | Leadership and Business Training | Career Development

Objectives
1. To review temporal trends in gender and racial/ethnic diversity among leaders in academic medicine and academic pediatrics.
2. To highlight strategic and programmatic efforts to increase diversity among leaders in academic medicine and analyze the impact of such efforts.
3. To identify new strategies to increase diversity among leaders in academic medicine.

Description: Over the last forty years, the diversity of medical school matriculants has increased dramatically. In the US, women represent half of medical students and the ethnic diversity of medical students has increased, but much more slowly. However, women are underrepresented among leaders who hold leadership roles such as Professor, Department Chair, and Dean. The relative lack of women and underrepresented people in leadership roles may be related to factors including lack of opportunity, lack of mentoring, discrimination, and personal preference. During this session, influential leaders in academic pediatrics and academic medicine will share insights and lessons learned, including review of the most recent data on the representation of women and diverse individuals in leadership roles and highlight programs and efforts to increase diversity among leaders. Building on institutional examples shared by the panelists, we will engage in a discussion to identify new strategies to increase diversity among leaders in academic pediatrics.

Learning Pathway

- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: Both

Conflicting Sessions: APS Presidential Plenary

Additional Comments: (none)

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

Society Affiliation: APS

Chairs: Elena Fuentes-Afflick (Chair)

Speaker # 1

Presentation Title Framing our discussion of leadership, academic pediatrics, and diversity

Speaker/Duration: Elena Fuentes-Afflick: c. 15 minutes

Speaker/Institution: E. Fuentes-Afflick, Pediatrics, UCSF, San Francisco, California, UNITED STATES

Non-Member Justification: Elena Fuentes-Afflick: (none)
PROPOSAL #344473
SESSION TITLE: Leading the way: Diversity, child health, and leadership

Speaker # 2
Presentation Title: Diversity in academic medicine and academic pediatrics
Speaker/Duration: David Acosta : d. 20 minutes
Speaker/Institution: D. Acosta, Association of American Medical Colleges, Washington, District of Columbia, UNITED STATES
Non-Member Justification: David Acosta : Dr. Acosta is a family physician who is an AAMC leader on topics of workforce diversity. He brings a unique national perspective that will inform and enrich our presentation.

Speaker # 3
Presentation Title: Strategies to increase diversity among leaders in academic medicine
Speaker/Duration: Nancy Spector : d. 20 minutes
Speaker/Institution: N.D. Spector, Pediatrics, Drexel University College of Medicine and Executive Leadership in Academic Medicine, Wynnewood, Pennsylvania, UNITED STATES
Non-Member Justification: Nancy Spector : (none)

Speaker # 4
Presentation Title: New approaches to increase diversity among leaders in academic medicine
Speaker/Duration: Lisa Robinson : d. 20 minutes
Speaker/Institution: L. Robinson, Pediatrics, University of Toronto, Toronto, Ontario, CANADA
Non-Member Justification: Lisa Robinson : (none)
PROPOSAL #344517


Contact: [session spea

Target Audience: General pediatric providers and pediatric subspecialty providers involved in prenatal and postnatal care of children with Trisomy 13 and 18. Providers involved in resolution of ethical dilemmas in pediatric care settings.

Audience Size: 30-50

Tracks: Cardiology|Neonatology|Ethics/Bioethics|Critical Care |Children with Chronic Conditions

Objectives
1. Provide a historical and contemporary context of the care of infants and children with Trisomy 13 and 18 through a review of the literature.
2. Describe the evolution of methods of prenatal testing and subsequent choices available to expectant parents of children with the diagnosis of Trisomy 13 and 18.
3. Discuss how pediatric cardiologists and surgeons must balance family requests for cardiac surgical repair with the ethical tenet of do no harm.
4. Illustrate how to incorporate palliative care along the continuum of care for these complex children.

Description: Our session will navigate the complex and shifting moral landscape of the emotionally charged care of children with trisomy 13 and 18. Historically, these were the only children who heart surgeons would refuse to operate on given their almost certain mortality. Evolving practice has challenged this dogma, and more and more parents are requesting aggressive medical intervention for children with this diagnosis, with some of these children surviving longer. In our world today, should a pediatric surgeon be able to refuse placing a gastrostomy tube? Should the medical team consider a parent’s request for EXIT or ECMO? Would pediatricians support a family who chose to pursue hospice and provide no feeds? Our session will begin by providing some historical context and review of the current literature. We will then describe and explore the array of options available to families today, and how to balance physician and parental autonomy, while the world continues to debate what is actually in a child's best interest. Our panelists include a neonatologist, a pediatric cardiologist, and pediatric ICU/palliative care physician with experience navigating these complex conversations. Panelists will provide a framework for how to approach these decisions and conversations at varying stages, from prenatal diagnosis to death or life after hospital discharge. Ethical questions and management decisions will be framed in the context of a real case. The moderator will then lead a robust question and answer/discussion session between the audience and panelists with a focus on ethical and professional principles which guide our approach to infants with this diagnosis.

Time Block: 90 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Bioethics interest group

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: Other/No Affiliation

Chairs: Marin Arnolds (Moderator); Kelly Nelson Kelly (Panelist); Rupali Gandhi (Panelist); Sarah Hoehn (Panelist)
PROPOSAL #344517


Speaker #
Presentation Title
Speaker/Duration:
Speaker/Institution:
Non-Member Justification:
SESSION TITLE: Meeting Psychotropic Medication Prescribing Needs in Primary Care: Interprofessional Collaboration Involving Pediatricians, Psychiatrists, and Psychologists

Contact: Jeffrey Shahidullah University of Texas-Austin Dell Medical School jeff.shahidullah@austin.utexas.edu

Objectives
1) Improve knowledge and awareness of the current state of training and practice for psychotropic medication prescribing to children in primary care
2) Learn about innovative collaborative care models using psychiatrists and psychologists to improve the standard of pediatrician prescribing of psychotropic medications
3) Learn about how this interprofessional consultation and practice around psychotropic prescribing improves pediatrician comfort and confidence in medication management

Description: Primary care physicians are often tasked with prescribing psychotropic medications for pediatric patients, but training, time, and reimbursement issues can hamper best practice. Psychiatrists and psychologists embedded in the medical home can enhance care via collaborative medication-related roles. This presentation aims to present data from innovative medication consultation models involving psychiatrists and psychologists. Mixed-method approaches provide qualitative and quantitative data regarding improved access to psychotropic medication management for patients and families, improved standard of care and adherence to prescribing guidelines and algorithms, and improved training and learning enhancement for prescribing physicians. The innovative medication consultation models using interprofessional approaches will be described in detail and incorporate audience feedback and discussion. This cross-disciplinary spotlight presentation targets real-world skills that clinicians can incorporate into their practices.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Interprofessional collaboration, primary care, psychologists

Learning Pathway

- ☑ Advocacy
- ☑ Digital Therapeutics
- ☑ Clinical/Research
- ✔ Education
- ☐ Trainee

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: APA | AAP | SPR | APS | SDBP | APPD

Chairs: Jeffrey Shahidullah (Chair); Cody Hostutler (Presenter); Paul Kettlewell (Presenter); Kathryn DeHart (Presenter); Cori Green (Discussant); Lisa Ramirez (Presenter); Elizabeth Wallis (Presenter); Terry Stancin (Presenter); Stephen Hersey (Presenter); Jage
**PROPOSAL # 344550**

**SESSION TITLE:** Meeting Psychotropic Medication Prescribing Needs in Primary Care: Interprofessional Collaboration Involving Pediatricians, Psychiatrists, and Psychologists

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**PROPOSAL # 344550**

**SESSION TITLE:**  Meeting Psychotropic Medication Prescribing Needs in Primary Care: Interprofessional Collaboration Involving Pediatricians, Psychiatrists, and Psychologists

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<th><strong>Speaker # 6</strong></th>
<th><strong>Presentation Title</strong></th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Cori Green</td>
<td>d. 20 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>C. Green, General Academic Pediatrics, Weill Cornell Medical College, New York, New York, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Cori Green</td>
<td>(none)</td>
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PROPOSAL #344554
SESSION TITLE: Medical Education Dogmas: Things Educators Do For No Reason

Contact: Jimmy Beck  
njimmy.beck@seattlechildrens.org

Objectives  
1) Describe five medical education dogmas  
2) Incorporate proven educational alternatives to above non-evidenced-based dogmas  
3) Identify a process for investigating dogmas in medical education

Description:  
Webster’s Dictionary defines a “dogma” as a settled opinion, principle, or maxim. When concepts become rigid dogmas, creative thinking is obstructed. This further impedes the development and incorporation of innovative approaches and ideas. Increasingly, attention has been given to clinical practices or “dogmas” that may not be evidence-based. This investigative approach to widely held clinical practices has been promoted through the lauded Choosing Wisely campaign and the “Things We Do For No Reason” series in the Journal of Hospital Medicine. Yet, within education, much like the clinical realm, we have adopted certain widely accepted educational strategies and practices that are potentially futile, or even harmful, for educators and learners rather than being evidence-based or even “best practice”. During our session, we will review well-known educational approaches that have become common parts of educators’ teaching toolboxes but that have little evidence to support them and provide little educational value to our learners. These will include topics pertinent to those working with learners of varying levels, and in a variety of settings: UME/GME, classroom settings and clinical settings. The session will begin with a brief history of dogmas in general. Then, each panelist will present one medical education dogma that lacks robust evidence for 10 minutes, followed by 5 minutes of audience questions and comments. Panelists will also share alternative evidence-based teaching practices that audience members can use in place of the dogma. Finally, we will solicit from audience members other widespread teaching practices that are difficult to justify based on current evidence. Our goal is for this session to assist educators in realizing that not all educational approaches, including “best practices,” have evidence. We hope this session will serve as a starting place for increased research, further investigation into the suggested dogmas and active discussions amongst educators. Participants will leave the session with a handout that will include a list of our dogmas, suggested alternative approaches as well as useful references.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Pediatric Hospital Medicine Lunch Club

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: APA | AAP

Chairs: Jimmy Beck (Contact Person)
PROPOSAL #344554
SESSION TITLE: Medical Education Dogmas: Things Educators Do For No Reason

Speaker # 1
Presentation Title  Introductions
Speaker/Duration: Barrett Fromme : c. 15 minutes
Speaker/Institution: B. Fromme, Pediatrics, University of Chicago, Chicago, Illinois, UNITED STATES
Non-Member Justification: Barrett Fromme : (none)

Speaker # 2
Presentation Title  Dogma
Speaker/Duration: Whitney Browning : c. 15 minutes
Speaker/Institution: W. Browning, Pediatrics, Vanderbilt University Medical Center, Nashville, Tennessee, UNITED STATES
Non-Member Justification: Whitney Browning : (none)

Speaker # 3
Presentation Title  Dogma
Speaker/Duration: Eric Zwemer : c. 15 minutes
Speaker/Institution: E. Zwemer, Pediatrics, University of North Carolina, Chapel Hill, North Carolina, UNITED STATES
Non-Member Justification: Eric Zwemer : (none)

Speaker # 4
Presentation Title  Dogma
Speaker/Duration: Benjamin Kinnear : c. 15 minutes
Speaker/Institution: B. Kinnear, University of Cincinnati, Cincinnati, Ohio, UNITED STATES
Non-Member Justification: Benjamin Kinnear : (none)

Speaker # 5
Presentation Title  Dogma
Speaker/Duration: Natalie McKnight : c. 15 minutes
Speaker/Institution: N.G. McKnight, Pediatrics, Inova Children's Hospital, Washington, District of Columbia, UNITED STATES
Non-Member Justification: Natalie McKnight : (none)
PROPOSAL # 344557

SESSION TITLE: Controversies in the Diagnosis and Management of Urinary Tract Infection in the <2 month old Infant

Contact: Marie Wang Stanford University
marie.wang@stanford.edu

Target Audience: General pediatricians, hospitalists, emergency medicine physicians, infectious diseases physicians, neonatologists, pediatrics residents and fellows

Audience Size: 200

Tracks: Clinical/Research Pathway | Emergency Medicine | Neonatology | Infectious Diseases | General Pediatrics | Hospitalists

Objectives: This session will provide an evidence-based multidisciplinary discussion regarding the controversies in UTI diagnosis and management in the <2 month old population. Our objectives are to: 1. Examine various definitions of UTI, including the role of colony count, urinalysis results and collection method. 2. Analyze the evidence regarding duration of parenteral therapy for UTI with and without bacteremia. 3. Review evidence-based approaches to routine imaging following first febrile UTI. 4. Evaluate the evidence regarding routine vs. targeted lumbar puncture in infants with a positive urinalysis.

Description: Urinary tract infection (UTI) is one of the most common bacterial infections in infants, and occurs in up to 10% of febrile infants <2 months old. Young febrile infants with UTI are commonly encountered in outpatient and inpatient settings and across specialties such as general pediatrics, emergency medicine, hospital medicine, neonatology, and infectious diseases. Current AAP UTI Guidelines address diagnosis and management for 2-24 month olds but do not provide guidance for infants younger than 2 months of age. Consequently, there is uncertainty and variability in diagnosis and management of UTI in the <2 month age group. This session will use case vignettes to provide an engaging review of the latest evidence and multidisciplinary discussion of the following topics: 1) Different definitions of UTI and the role of colony count, urinalysis results and collection method, 2) Duration of parenteral therapy for UTI with and without bacteremia, 3) Imaging following first febrile UTI, and 4) Routine vs. targeted lumbar puncture in infants with a positive urinalysis.<br />A panel of experts on urinary tract infection in febrile young infants representing diverse fields (general pediatrics, hospital medicine, emergency medicine, and infectious diseases) will discuss these topics in a moderated format. The session will begin with a brief review of the AAP UTI Guidelines and reasons for special considerations in the <2 month age group. Each topic will begin with a case vignette with audience response polling to assess current practice related to that topic. A focused review of relevant pediatric literature will be provided, followed by a moderated panel discussion to discuss various perspectives. There will be 25 minutes allotted for each of the 4 topics (15 min presentation followed by 10 min discussion and audience question-and-answer session). Audience members will be able to submit questions continuously through the audience response system. The moderator will select from the audience questions and facilitate a 10-minute question and answer session per topic, allowing for a total of 40 minutes of attendee-driven discussion to promote in-depth conversations about current controversies. The session will conclude with an overview of future directions for research. Attendees will gain a strong evidence base from which to manage UTI in the <2 month population.
PROPOSAL #344557
SESSION TITLE: Controversies in the Diagnosis and Management of Urinary Tract Infection in the <2 month old Infant

Time Block: 120 min.
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: Hospital medicine and emergency medicine platform sessions, APA Pediatric Hospital Medicine Special Interest Group, and sessions on febrile infant management
Additional Comments: (none)
Financial Sponsor? (none) If Yes: (none)
Society Affiliation: APA | AAP | PIDS | PHM

Chairs: Marie Wang (Chair)

Speaker # 1
Presentation Title  Overview of AAP UTI Guidelines and Special Considerations for <2 month old infants
Speaker/Duration: Marie Wang : b. 10 minutes
Speaker/Institution: M.E. Wang, Pediatrics, Stanford University, Sunnyvale, California, UNITED STATES |
Non-Member Justification: Marie Wang : Dr. Wang is a pediatric hospital medicine and infectious diseases physician and a clinical assistant professor of pediatrics at Stanford. She has led and worked with national collaboratives to study resistant urinary tract infections in child

Speaker # 2
Presentation Title  Defining a “Gold Standard” for UTI Diagnosis: Role of the Urinalysis, Urine Culture, and Method of Collection
Speaker/Duration: Thomas Newman : e. 25 minutes
Speaker/Institution: T. Newman, Epidemiology & Biostatistics, UCSF, San Carlos, California, UNITED STATES |
Non-Member Justification: Thomas Newman : Dr. Newman is a general pediatrician and a professor of pediatrics, biostatistics and epidemiology at UCSF. He has published widely on the topic of urinary tract infections in infants and served as a lead author for the Pediatric Research

Speaker # 3
Presentation Title  Duration of Parenteral Therapy for UTI with and without Bacteremia
Speaker/Duration: Alan Schroeder : e. 25 minutes
Speaker/Institution: A. Schroeder, Stanford, Palo Alto, California, UNITED STATES |
Non-Member Justification: Alan Schroeder : Dr. Schroeder is a pediatric hospital medicine and critical care physician and a clinical professor of pediatrics at Stanford. He has published multiple studies on urinary tract infections in infants, especially with regard to duration of
**PROPOSAL # 344557**

**SESSION TITLE:** Controversies in the Diagnosis and Management of Urinary Tract Infection in the <2 month old Infant

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<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Routine imaging following first febrile UTI</th>
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<tr>
<td>Speaker/Duration:</td>
<td>Pearl Chang : e. 25 minutes</td>
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<tr>
<td>Speaker/Institution:</td>
<td>P.W. Chang, Seattle Children's Hospital, Seattle, Washington, UNITED STATES</td>
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<td>Non-Member Justification:</td>
<td>Pearl Chang : Dr. Chang is an assistant professor of pediatrics at University of Washington/Seattle Children’s Hospital and a pediatric hospital medicine physician. She has published studies regarding urinary imaging and bacteremic UTI in infants, and is</td>
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<th>Speaker # 5</th>
<th>Presentation Title</th>
<th>Routine vs. selective lumbar puncture in infants with a positive urinalysis</th>
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<tr>
<td>Speaker/Duration:</td>
<td>Paul Aronson : e. 25 minutes</td>
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<tr>
<td>Speaker/Institution:</td>
<td>P.L. Aronson, Pediatrics and Emergency Medicine, Yale School of Medicine, Guilford, Connecticut, UNITED STATES</td>
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<td>Non-Member Justification:</td>
<td>Paul Aronson : Dr. Aronson is a pediatric emergency medicine physician and an associate professor of pediatrics at Yale. He has led several multicenter collaboratives studying the evaluation and management of febrile young infants.</td>
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PROPOSAL #344558
SESSION TITLE: Top Articles in Medical Education 2019: Applying the Current Literature to Educational Practice and Scholarship

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

Target Audience: Faculty, Fellows, Residents, Medical Educators
Audience Size: 150-200
Tracks: Education|Education Pathway

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 2019
- Formulate approaches to incorporating medical education innovations into their own practice.

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. How in our fourth year presenting this Symposium, we will present and synthesize the most relevant and practice-changing articles in medical education from the year 2019. 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 2020, and we will be able to provide more specific titles and topics in time for the final program. This is the fourth year for submitting this session, and the last two years have had standing-room only audiences of more than 150 attendees.

Time Block: 120 min.
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: None yet
Additional Comments: (none)
Financial Sponsor? (none) If Yes: (none)
Society Affiliation: APA|AAP|APPD
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<td></td>
<td>Top Articles in Medical Education: Topic 1</td>
<td>Donna D'Alessandro : c. 15 minutes</td>
<td>D.M. D'Alessandro, Pediatrics, University of Iowa, Iowa City, Iowa, UNITED STATES</td>
<td>Donna D'Alessandro : (none)</td>
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<td>Top Articles in Medical Education: Topic 2</td>
<td>Jody Huber : c. 15 minutes</td>
<td>J. Huber, Pediatric Critical Care, University of South Dakota Sanford School of Medicine, Sioux Falls, South Dakota, UNITED STATES</td>
<td>Jody Huber : (none)</td>
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<td>Top Articles in Medical Education: Topic 3</td>
<td>Nicholas Potisek : c. 15 minutes</td>
<td>N.M. Potisek, Pediatrics, Wake Forest School of Medicine, Winston-Salem, North Carolina, UNITED STATES</td>
<td>Nicholas Potisek : (none)</td>
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<td>Top Articles in Medical Education: Topic 4</td>
<td>Traci Wolbrink : c. 15 minutes</td>
<td>T. Wolbrink, Critical Care, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES</td>
<td>Traci Wolbrink : (none)</td>
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<td></td>
<td>Top Articles in Medical Education: Topic 5</td>
<td>Tai Lockspeiser : c. 15 minutes</td>
<td>T. Lockspeiser, Pediatrics, University of Colorado, School of Medicine, Aurora, Colorado, UNITED STATES</td>
<td>Tai Lockspeiser : (none)</td>
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<td>Top Articles in Medical Education: Topic 6</td>
<td>Michael Ryan : c. 15 minutes</td>
<td>M.S. Ryan, Virginia Commonwealth University, Richmond, Virginia, UNITED STATES</td>
<td>Michael Ryan : (none)</td>
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PROPOSAL #344561

SESSION TITLE: PRO: Hypoglycemia in critically ill children should make everyone break out into a cold sweat!
CON: Hypoglycemia in critically ill children - much ado about nothing!

Contact: Vijay Srinivasan
The Children’s Hospital of Philadelphia
srinivasan@email.chop.edu

[session spea Debate/Pro-Con Discussion]

Target Audience: Pediatric intensivists, pediatric endocrinologists, (pediatric neonatologists)
Audience Size: 50

Tracks: Clinical and Translational Research | Critical Care | Quality Improvement/Patient Safety | Endocrinology

Objectives
1. Define hypoglycemia thresholds in critically ill children
2. Discuss various monitoring modalities to detect hypoglycemia in critically ill children
3. Describe impact of hypoglycemia on neuro-cognitive and other clinical outcomes in the critically ill pediatric patient

Description: This pro-con debate will review the problem of hypoglycemia detection and monitoring in critically ill children admitted to the pediatric intensive care unit with impact on neuro-cognition and other outcomes. There is not quite enough evidence for harm, but the data is mounting. While data from neonates is more convincing for harm from hypoglycemia, the evidence is not so clear in older critically ill children. Recent trials of tight glucose control in this population of critically ill children did not observe any convincing benefit from such a strategy, but all trials uniformly observed variable increase in hypoglycemia rates. More concerning, many critically ill children may have hypoglycemia even in the absence of tight glucose control and detection is often difficult due to the inability to discern symptoms. However, it remains unclear if hypoglycemia is transient or sustained due to current intermittent sampling methods with implications for detection and impact on outcomes.

Time Block: 90 min.

QA: Yes
Audience Polling: No
Sabbath Conflicts: Saturday
Conflicting Sessions: N/A

Additional Comments: (none)

Financial Sponsor? (none) If Yes: (none)
Society Affiliation: Other/No Affiliation | AAP

Chairs: Michael Agus (Panelist); Vijay Srinivasan (Contact Person)

Speaker # 1
Presentation Title: PRO: Hypoglycemia in critically ill children should make everyone break out into a cold sweat!
Speaker/Duration: Vijay Srinivasan: g. 45 minutes
Speaker/Institution: V. Srinivasan, Anesthesiology and Critical Care Medicine, The Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES

Non-Member Justification: Vijay Srinivasan: (none)
PROPOSAL #344561

SESSION TITLE: PRO: Hypoglycemia in critically ill children should make everyone break out into a cold sweat!
CON: Hypoglycemia in critically ill children - much ado about nothing!

Speaker # 2
Presentation Title: CON: Hypoglycemia in critically ill children - much ado about nothing!
Speaker/Duration: Michael Agus : g. 45 minutes
Speaker/Institution:  M. Agus, Division of Medicine Critical Care, Department of Medicine, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES
Non-Member Justification: Michael Agus : (none)
Objectives

1. Discuss the use of three innovative analytic methods to more completely harness both clinical and non-clinical data to improve child health outcomes.
2. Illustrate the implications that each method could have across disciplines and sub-specialties to improve child and population health outcomes.
3. Identify steps to implement these methods in other settings and disciplines, including how to overcome challenges encountered.

Description:

Seasoned baseball scouts are experts at identifying talented prospects just as experienced clinicians are experts at diagnosing and managing patients’ medical conditions. Although both scouts and clinicians may be correct most of the time, mistakes can be costly, millions of dollars for baseball franchises and potentially preventable morbidity in the health care setting. Over the last 15 years, baseball executives have sought to guard against such mistakes by largely embracing the use of advanced analytic tools to identify those baseball prospects with the most potential for success. Termed “Moneyball,” and immortalized in a film of the same name, advanced analytics have revolutionized the sport as athletes are now throwing harder and hitting more home runs than ever before.

Health care, on the other hand, has lagged behind. Although we know that health outcomes are largely influenced by behaviors, social circumstances, and physical surroundings, this information is rarely collected and used in diagnosis or medical decision-making. Tools to collect and methods to analyze this important information have not yet been robustly developed, nor adequately applied in healthcare settings to improve outcomes. But this is about to change. With the use of advanced technologies such as geospatial analysis, machine learning, and natural language processing, we are now developing tools to not only improve the identification of clinical, but also social and environmental risk factors, and to incorporate this information into clinical decision-making at the point-of-care. Like in baseball, these methods, when fully implemented, represent important strategies of enhancing delivery of high-value care. Indeed, clinicians, researchers, communities, and health systems that can harness the vast quantities of clinical, community, education, and government data will be well-positioned to improve child health outcomes, mitigate disparities, and optimize the value of care. With its focus on utilizing cutting-edge technologies to develop data-driven improvement in outcomes, this presentation aligns well with the PAS Meeting’s Strategic Plan. The speakers will describe examples of research programs and quality improvement initiatives that have capitalized on each of these three advanced analytic methods. They will discuss how such approaches can be applied across disciplines and sub-specialties. Specific examples will be used. PAS attendees across a multitude of disciplines will be interested in this presentation as it is relevant for those interested in Digital Therapeutics, Clinical/Research, and Advocacy Pathways.

Using the revolution of baseball analytics as an analogy, the first speaker will set the stage, describing the gap between current analytic capabilities and how pediatricians currently make clinical decisions.
The speakers will then focus their discussion on a description of a particular methodology (geospatial analysis, machine learning, and natural language processing), their specific motivation, challenges encountered, how barriers were overcome, and outcomes achieved. They will also discuss future implications of their work and how principles can be applied across disciplines. An audience response system will be used throughout the presentations to more fully inform the depth of each presentation. A 20‐minute Q&A session will follow the three presentations, allowing audience members to engage with the speakers. Audience members will leave the session with a clear understanding of the capabilities of these technologies and how they might be able to implement them with their own work at their institution.

| Time Block: | 90 min. |
| QA: | Yes |
| Audience Polling: | Yes |
| Sabbath Conflicts: | N/A |
| Conflicting Sessions: | None |

**Learning Pathway**

- ☑ Advocacy
- ☑ Digital Therapeutics
- ☑ Clinical/Research
- ☐ Education
- ☐ Trainee

**Chairs:** Jeffrey Yaeger (Chair)

**Speaker # 1**

**Presentation Title:** What is Moneyball and What Does It Have To Do With Kids?

**Speaker/Duration:** Jeffrey Yaeger : b. 10 minutes

**Speaker/Institution:** J.P. Yaeger, Pediatrics, University of Rochester School of Medicine and Dentistry, Rochester, New York, UNITED STATES |

**Non-Member Justification:** Jeffrey Yaeger : (none)

**Speaker # 2**

**Presentation Title:** Using Geospatial Analytics to Inform Patient- and Population-Level Care Delivery

**Speaker/Duration:** Andrew Beck : d. 20 minutes

**Speaker/Institution:** A.F. Beck, Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES |

**Non-Member Justification:** Andrew Beck : (none)
PROPOSAL #344567
SESSION TITLE: Bringing Moneyball to Child Health

Speaker # 3
Presentation Title  Predicting Unplanned Medical Visits among Youth with Diabetes: Development and Implementation of a Predictive Algorithm
Speaker/Duration: Arielle Selya : d. 20 minutes
Speaker/Institution: A. Selya, Sanford Research, Sioux Falls, South Dakota, UNITED STATES|
Non-Member Justification: Arielle Selya: Dr. Selya is an expert in the use of advanced analytic methods, including machine learning. Her presence would substantially enhance the nature and content of the session.

Speaker # 4
Presentation Title  Development of a Natural Language Processing Algorithm to Identify a Sample of Febrile Infants
Speaker/Duration: Jeffrey Yaeger : d. 20 minutes
Speaker/Institution: J.P. Yaeger, Pediatrics, University of Rochester School of Medicine and Dentistry, Rochester, New York, UNITED STATES |
Non-Member Justification: Jeffrey Yaeger : (none)
PROPOSAL #344637
SESSION TITLE: The Exposome as a Framework to Comprehensively Consider the Impact of the Environment on Children’s Health

Contact: Carmen Marsit Emory University
carmen.j.marsit@emory.edu

Target Audience: Researchers, Neonatologists, Epidemiologists, Clinicians

Audience Size: 150

Tracks: Advocacy/Public Policy | Academic and Research Skills | Social Determinants/Health Disparities | Public Health | Obesity/Metabolism | Neonatology | Genomics | Medical Informatics/Data Science | Epidemiology | Environmental Health | Basic Science

Objectives
Attendees will (1) be made aware of the exposome concept and its application to children’s environmental health research; (2) understand why comprehensive approaches to defining the environment can provide insight into health and disease mechanisms; (3) describe how multiple stressors can result in functional changes in target organs; (4) appreciate the application of metabolomic technologies to define exposures, biological responses to the environment, and individual differences in those responses; (5) recognize the promises and limitations of direct-to-consumer exposome products and how their results can be interpreted and used.

Description:
The exposome is a conceptual framework for research which proposes to examine the cumulative impact of environmental influences across the lifespan, and can include exposures from the environment, diet, behavior, and even endogenous metabolism. The exposome concept aims to change the research paradigm around the etiologic contributors of health and disease from studies of single factors to more holistically examine how multiple contributors act synergistically and cumulatively to affect health and disease outcomes. Applying this research approach to children’s health is particularly relevant, as there are opportunities to begin to quantify the comprehensive environment during in-utero development or even preconception and into childhood, and to utilize these inclusive approaches to provide insights and opportunities to intervene and improve health outcomes.

Application of the exposome concept to children’s health research has relied upon new developments in tools and technology to measure environmental exposures, such as high-throughput targeted and untargeted analysis tools and the use of geospatial modelling of exposures. In addition, efforts to better define the biological response to these environmental cues, through advances in metabolomic and genomic technologies, is proving to be critical for better defining exposures as well as delineating the contribution that individual differences, based on genetic variation or environmental context, have in disease risk and health trajectory. Importantly, direct-to-consumer technologies to define the exposome are now available and pediatric clinicians may be facing patient questions and concerns regarding the results of such tools.

Dr. Marsit will open the session with a 5 minute introduction to the concept for the exposome and then three researchers, who are employing innovative exposomic approaches to address their research questions in children’s health, will each speak for 18 minutes, allowing for 5 minutes of questions following presentations and a panel discussion of 15 minutes at the end of the symposium where questions can be posed about their research, the approaches taken, and the future application of the exposome concept to aspects of pediatric environmental health research. Potential speakers, all of whom have agreed to participate, span the disciplines of, molecular and environment epidemiology, exposure science, and molecular toxicology and include the speakers listed below.

Carmen Marsit, PhD (Emory University Rollins School of Public Health) is Director of the Emory HERCULES Exposome Research center, which provides comprehensive research resources and services to environmental health focused investigators to implement the concept of the
exposome into their research questions.<br /><br />Maya Deyssenroth, PhD (Columbia University Mailman School of Public Health), utilizes cutting edge statistical approaches to integrate data on a panel of toxic metals with whole transcriptome RNA sequencing data and genome-wide genetic variation information in the human placenta to identify relevant and common environmental exposures and potential novel mechanisms through which these exposures impact newborn health through impacts on placental function.<br /><br />Donghai Liang, PhD (Emory University Rollins School of Public Health), will discuss his application of high-resolution metabolomics to examine associations between prenatal exposures to traffic-related air pollution, maternal metabolic perturbations and adverse birth outcomes in a socio-economically diverse, exceptionally phenotyped African American maternal-child cohort. His approaches include exposure assessment through external traffic emission exposure modeling linked with internal metabolomics data, which aims to identify potential mechanisms underlying how maternal traffic exposures shape the child health disparities in the womb and how they affect birth outcomes.<br /><br />Megan Romano, PhD (Dartmouth College Geisel School of Medicine) is utilizing novel individual sensor technology in the form of silicone wristbands, which allow for the non-invasive, simultaneous measurement of over 1500 chemicals found in our environment. These exposures include chemicals found in personal care products, pesticides, flame retardants, and pharmacologic agents, among others. Her work investigates patterns of exposures measured by silicone wristbands among pregnant women in the New Hampshire Birth Cohort Study and comparisons of measurements of key toxicants obtained from silicone wristbands versus paired biological samples.
PROPOSAL # 344637

SESSION TITLE: The Exposome as a Framework to Comprehensively Consider the Impact of the Environment on Children's Health

<table>
<thead>
<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>Integrating Genomics and Exposure Data to Understand the Placenta's Role in Newborn Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker/Duration:</td>
<td>Maya Deyssenroth</td>
<td>d. 20 minutes</td>
</tr>
<tr>
<td>Speaker/Institution:</td>
<td>M. Deyssenroth, Mount Sinai School of Medicine, New York, New York, UNITED STATES</td>
<td></td>
</tr>
<tr>
<td>Non-Member Justification:</td>
<td>Maya Deyssenroth : Researcher using genomics techniques in children's health research.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>Using High-Resolution Metabolomics to Understand the Mechanisms of Air Pollution Exposures on Child Health in an African-American Birth Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker/Duration:</td>
<td>Donghai Liang</td>
<td>d. 20 minutes</td>
</tr>
<tr>
<td>Speaker/Institution:</td>
<td>D. Liang, Emory University, Atlanta, Georgia, UNITED STATES</td>
<td></td>
</tr>
<tr>
<td>Non-Member Justification:</td>
<td>Donghai Liang : Expert in exposure assessment and metabolomics research</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Wearable Technologies to Comprehensively Characterize the Exposome in Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker/Duration:</td>
<td>Megan Romano</td>
<td>d. 20 minutes</td>
</tr>
<tr>
<td>Speaker/Institution:</td>
<td>M. Romano, Dartmouth Geisel School of Medicine, Hanover, New Hampshire, UNITED STATES</td>
<td></td>
</tr>
<tr>
<td>Non-Member Justification:</td>
<td>Megan Romano : Molecular Epidemiologist with expertise in wearable sensor technology for non-invasive exposure monitoring</td>
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</tbody>
</table>
**PROPOSAL # 344991**

**SESSION TITLE: Fostering Mental, Emotional and Behavioral Development to Create Vibrant and Healthy Kids**

**Contact:** James Perrin  
MassGeneral Hospital for Children; Harvard Medical School  
JPERRIN@mgh.harvard.edu

**Target Audience:** General and subspecialty pediatricians; health policy experts

**Audience Size:** 100

**Tracks:** Diversity and Inclusion | Advocacy/Public Policy | Health Services Research | Social Determinants/Health Disparities | Health Equity/Social Determinants of Health-ACEs/Social Justice | Cross-Disciplinary Spotlight | Community Pediatrics | Advocacy Pathway

**Objectives**
1) To review recent science in early brain and child development  
2) To outline a roadmap to achieve better early child health and development  
3) To present and explain recommendations for human capital investment, parent/family support, health care, and early education and community interventions  
4) To describe needed and developing changes in the health care system, including growth of team care and new payment arrangements, with a particular focus on communities of concentrated disadvantage

**Description:**
Twenty-five years ago, the National Research Council and Institute of Medicine published the first broad message on the importance of health promotion and prevention on child development and mental health. Five years later, their landmark report, From Neurons to Neighborhoods, documented how early life experiences, including influences from family and community, had dramatic impact on early brain development. Since that time, research has greatly enhanced our understanding of underlying mechanisms of early brain development and critical periods of plasticity, the role of early life experiences on other body systems – especially immune and endocrine, and the connectedness of individuals and environment. Much evidence from other disciplines has also shown the importance of a nurturing environment that includes healthy caregivers, early education, financial wellbeing, healthy nutrition, and adequate housing, interacting with the genome and biome at multiple levels. Responding to this markedly expanding evidence base, the National Academies of Sciences, Engineering, and Medicine updated both reports. The new update of the 2000 report on early child development, entitled, *Vibrant and Healthy Kids*, explored what this new developmental evidence means for policies, programs, and systems. A 14-member committee came to consensus about needed changes in human capital investment, parent/family support, health care, and early child education, as well as cross-sector collaboration. The persistence of major disparities in health calls for substantial changes and improvement in health care and other sectors. The companion report on public strategies to strengthen mental and behavioral health among children and youth entitled, *Fostering Mental, Emotional and Behavioral Development*, underscores the marked growth in research on promotion and prevention policies and programs that could improve the trajectory of child MEB outcomes to transform society. In addition, it outlines federal activities needed to achieve that trajectory. This session brings members from different disciplines to describe briefly the committee processes, present some of the underlying evidence, and explain the reports’ specific recommendations, as well as consideration of the means for implementing those recommendations. The committees developed a roadmap to change, which will guide the session.
**PROPOSAL #344991**

**SESSION TITLE:** Fostering Mental, Emotional and Behavioral Development to Create Vibrant and Healthy Kids

**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** No

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** Social determinants of health; health policy; payment reform

**Additional Comments:** (none)

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

**Society Affiliation:** AAP | APA | APS

**Chairs:** James Perrin (Moderator)

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**Speaker # 1**

**Presentation Title**  How can effective early childhood education program enhance child health and development?  

**Speaker/Duration:**  Senior Director : d. 20 minutes

**Speaker/Institution:**  S.P. Director, Alliance for Early Success, Washington, District of Columbia, UNITED STATES |

**Non-Member Justification:**  Senior Director : Mr Wat is senior policy director for the Alliance for Early Success and has had major role in development, standard setting, and expansion of early childhood education programs in California and nationally

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**Speaker # 2**

**Presentation Title**  New Science Calls for Radical Reorganization of Health Care Structure and Content  

**Speaker/Duration:**  Michael Lu : d. 20 minutes

**Speaker/Institution:**  M.C. Lu, Public Health, University of California Berkeley, Berkeley, California, UNITED STATES |

**Non-Member Justification:**  Michael Lu : Dr Lu is former director of the Federal Maternal and Child Bureau and currently dean of the School of Public Health at Berkeley. An obstetrician, he brings substantial program and policy experience to restructuring of health care

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**Speaker # 3**

**Presentation Title**  Building National Efforts for Children’s Mental, Emotional, and Behavioral Health  

**Speaker/Duration:**  Kelly Kelleher : d. 20 minutes

**Speaker/Institution:**  K. Kelleher, Center for Innovation in Pediatric Practice, Nationwide Children's Hospital, Columbus, Ohio, UNITED STATES |

**Non-Member Justification:**  Kelly Kelleher : (none)

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**Speaker # 4**

**Presentation Title**  Roadmap to the Future: Programs and Policies  

**Speaker/Duration:**  James Perrin : c. 15 minutes

**Speaker/Institution:**  J. Perrin, Pediatrics, MassGeneral Hospital for Children; Harvard Medical School, Boston, Massachusetts, UNITED STATES |

**Non-Member Justification:**  James Perrin : (none)
**PROPOSAL #345111**

**SESSION TITLE:** The role of pediatricians in the management of Functional Disorders

<table>
<thead>
<tr>
<th>Contact:</th>
<th><a href="#">session spea</a></th>
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<tbody>
<tr>
<td><strong>Target Audience:</strong></td>
<td>Pediatric clinicians</td>
</tr>
<tr>
<td><strong>Audience Size:</strong></td>
<td>200</td>
</tr>
<tr>
<td><strong>Tracks:</strong></td>
<td>General Pediatrics</td>
</tr>
<tr>
<td><strong>Objectives</strong></td>
<td>Increase awareness of pediatric clinicians of established means of identifying and treating functional disorders. Provide means for treating functional disorders.</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>Treatment of functional disorders often gets short shrift when scientific sessions focus on exciting science of physical medicine. Major new information has been published in treating a disabling disorder, the Habit Cough Syndrome, previously known as a tic or psychogenic disorder. Progress in medical hypnosis and other forms of suggestion therapy has enabled none pharmacologic treatment of Habit Cough, Vocal Cord Dysfunction, irritable bowel, headaches, and other functional disorders. Increased awareness of these unique behavioral modalities supported by clinical research publications is important.</td>
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<tr>
<td><strong>Time Block:</strong></td>
<td>Either</td>
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<tr>
<td><strong>QA:</strong></td>
<td>Yes</td>
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<tr>
<td><strong>Audience Polling:</strong></td>
<td>Yes</td>
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<tr>
<td><strong>Sabbath Conflicts:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Conflicting Sessions:</strong></td>
<td>none</td>
</tr>
<tr>
<td><strong>Additional Comments:</strong></td>
<td>projection for PowerPoint and audiovideo</td>
</tr>
<tr>
<td><strong>Financial Sponsor?</strong></td>
<td>(none)</td>
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<tr>
<td><strong>Society Affiliation:</strong></td>
<td>AAP</td>
</tr>
<tr>
<td><strong>Chairs:</strong></td>
<td>Miles Weinberger (Chair)</td>
</tr>
</tbody>
</table>

**Learning Pathway**

- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

**Non-Member Justification:**
PROPOSAL #345131
SESSION TITLE: SpatialRX: The Integration of Geomarkers into Pediatric Research and Medicine

Contact:

Target Audience: Health Professionals, Trainees, Researchers
Audience Size: 50

Tracks: Academic and Research Skills | Advocacy/Public Policy | Medical Informatics/Data Science | Social Determinants/Health Disparities | Health Services Research | General Pediatrics | Health Equity/Social Determinants of Health-ACEs/Social Justice | Epidemiology | Environment

Objectives
1. To learn the foundations of geospatial research
2. To discuss special considerations in patient confidentiality and privacy inherent in this research
3. Exposure to software for integrating this technology into practice
4. To learn how geospatial research is being applied in clinical research and practice

Description:
Just as a biomarker is a biological marker used to predict disease, a geomarker is a place-based risk factor that can be used to predict or influence the incidence of outcome or disease. By complementing biology with geography, we are able to tap into health-relevant data that generally exists in isolation from clinical care. This workshop will teach the foundations of geospatial exposure science and understand how this powerful technology can be implemented into pediatric research and medicine.

Time Block: 120 min.

QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A

Additional Comments: (none)

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

Society Affiliation: APA | AAP

Chairs: Marissa Hauptman (Workshop Co-Leader); Cole Brokamp (Workshop Co-Leader); Jeffrey Yaeger (Workshop Speaker); Andrew Beck (Workshop Co-Leader)

Learning Pathway
☐ Advocacy    ☐ Digital Therapeutics
☑ Clinical/Research ☐ Education    ☐ Trainee

Monday, October 7, 2019
SESSION TITLE: Human Factors Engineering Principles and Approaches in Pediatric Patient Safety: Lessons from Successful Multidisciplinary Teams

Contact: Heather Tubbs Cooley  The Ohio State University College of Nursing
tubbscooley.1@osu.edu

[session speech] Panel Discussion

Target Audience: patient safety researchers, quality improvers, multiple types of clinicians interested in developing partnerships with human factors researchers

Audience Size: 75

Tracks: Academic and Research Skills | Health Services Research | Quality Improvement/Patient Safety

Objectives
1. Apply fundamental human factors engineering concepts and frameworks to pediatric patient safety in research and operational contexts.
2. Compare the benefits and limitations of different models for pediatric patient safety collaboration between clinicians, researchers, and human factors engineers.
3. Consider strategies for building successful multidisciplinary research teams to tackle complex and interrelated patient safety problems.
4. Appraise the potential value that human factors engineers can add to a hospital’s operational patient safety team.

Description:
This panel session brings together experts from medicine, nursing, and engineering to discuss successful multidisciplinary patient safety research and operational initiatives rooted in human factors frameworks and principles. Human factors engineering (HFE) is concerned with the design and interaction of work system components (tools, tasks, physical environment, organization, and individual), taking into account human capabilities, with joint goals of optimizing human well-being and system performance. Human factors is an established and recognized discipline for patient safety research and, increasingly, a critical component of a comprehensive operational patient safety programs. The overall session objective is to highlight characteristics of successful multidisciplinary research and operational collaborations at the intersection of human factors and patient safety.

During the 90-minute session attendees will learn from research and operational teams about HFE concepts and frameworks, models of collaborative team configuration, strategies for building successful multidisciplinary teams to address complex safety problems, and the value of HFE integration in routine clinical operations. Panelists include clinicians and researchers with established success in building highly productive multidisciplinary teams at the intersection of patient safety and human factors:

- From Children’s Hospital of Philadelphia and University of Pennsylvania: James Won, PhD, human factors engineer and Program Manager for Human Factors in the Center for Healthcare Quality, Safety, and Analytics, Chris Bonafide, MD, MSCE, physician and patient safety researcher, and Ron Keren, MD, physician, Vice President of Quality, and Chief Quality Officer.
- From Johns Hopkins University: Ayse P Gurses, PhD, MS, MPH, Director, Armstrong Institute Center for Health Care Human Factors and patient safety researcher collaborating with several clinicians including Heather Tubbs Cooley, PhD, RN, FAAN, nurse and patient safety researcher at the Ohio State University and Nationwide Children’s Hospital (session chair).

Time Block: 90 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: patient safety, health services research, quality improvement

Learning Pathway
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee
PROPOSAL #345134
SESSION TITLE: Human Factors Engineering Principles and Approaches in Pediatric Patient Safety: Lessons from Successful Multidisciplinary Teams

Additional Comments: (none)  
Financial Sponsor? (none)  
If Yes: (none)  
Society Affiliation: Other/No Affiliation  

Chairs: Heather Tubbs Cooley (Chair)

Speaker # 1
Presentation Title  Human Factors in Patient Safety: The SEIPS Model and Beyond  
Speaker/Duration: Ayse Gurses : d. 20 minutes  
Speaker/Institution: A.P. Gurses, Armstrong Institute and Anesthesiology and Critical Care, Johns Hopkins University, Baltimore, Maryland, UNITED STATES|  
Non-Member Justification: Ayse Gurses : (none)

Speaker # 2
Presentation Title  Developing a Patient Safety Research Laboratory  
Speaker/Duration: Chris Bonafide : d. 20 minutes  
Speaker/Institution: C. Bonafide, CHOP, Penn Valley, Pennsylvania, UNITED STATES|  
Non-Member Justification: Chris Bonafide : (none)

Speaker # 3
Presentation Title  Working at the Intersection of Patient Safety Research and Operations: A Human Factors Engineering Perspective  
Speaker/Duration: James Won : d. 20 minutes  
Speaker/Institution: J. Won, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|  
Non-Member Justification: James Won : (none)

Speaker # 4
Presentation Title  Human Factors in the Quest for Best Outcomes  
Speaker/Duration: Ron Keren : d. 20 minutes  
Speaker/Institution: R. Keren, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|  
Non-Member Justification: Ron Keren : (none)
PROPOSAL #345198
SESSION TITLE: Newborn Microbiome, Perinatal Antibiotics and Childhood Health

Contact: Sagori Mukhopadhyay CHOP
mukhopadhs@email.chop.edu
[session spea] Hot Topic Symposia

Target Audience: Obstetricians, Pediatricians, Neonatologists, Infectious Disease Specialists, Microbiome researchers

Objectives
1. To review currently known factors that contribute to neonatal microbiome origin and development
2. To discuss the evidence for perinatal antibiotics effect on the neonatal microbiota and childhood health
3. To discuss the need for and the potential approaches to minimizing neonatal microbiota perturbation

Description: Maternal microbiota at the time of delivery has a multi-faceted role in determining the neonatal outcome: it may be a driver in the premature onset of labor, it may lead to life-threatening infection of the fetus/newborn and, in the vast majority of pregnancies, it will provide the pioneer colonizers for the newborn's microbiome. This early microbiome plays an active part in interacting with the neonatal immune system and establishing the path for future health outcomes. While interventions that alter maternal microbiota such as perinatal antibiotics have significantly reduced adverse outcomes for mothers and neonates, this health gain has required widespread use. Half of women delivering in United States will be administered antibiotics prior to delivery either as surgical prophylaxis or for prevention of neonatal infection from pathogens such as group B streptococcus. What, if any, are the unintended consequences of interrupting the mother to child microbiota transmission? Research from our and other groups presented at PAS 2019 demonstrated the association of excess weight gain in children at 5 years from group B streptococcal prophylaxis exposure. This Hot topic symposia will bring together neonatal care providers, perinatologists, policy-makers and researchers interested in early life microbiome development. We will discuss determinants of neonatal microbiome, specifically, maternal microbiome in pregnancy and effect of perinatal antibiotics, and review the evidence for association of early life antibiotics with altered microbiota and adverse health outcomes. We will end with a discussion on emerging thoughts on alternate solutions and mitigation of potential risks.

Time Block: 120 min.
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: March of Dimes Symposium

Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: Other/No Affiliation

Chairs: Sagori Mukhopadhyay (Chair); Heather Burris (Moderator)
PROPOSAL #345198
SESSION TITLE: Newborn Microbiome, Perinatal Antibiotics and Childhood Health

Speaker # 1
Presentation Title  Maternal microbiome: Role in neonatal health and disease.
Speaker/Duration: Heather Burris : c. 15 minutes
Speaker/Institution: H.H. Burris, Pediatrics, Children's Hospital of Philadelphia, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification: Heather Burris : (none)

Speaker # 2
Presentation Title  Influencers of the neonatal microbiome
Speaker/Duration: Kyle Bittinger : c. 15 minutes
Speaker/Institution: K. Bittinger, Department of Gasteroenterology, University of Pennsylvania, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification: Kyle Bittinger : Dr Bittinger is an informatician and is not a clinician. He is Asst Professor in gasteroenterology

Speaker # 3
Presentation Title  Why early-life antibiotics matter: The age-dependent effects of microbiome disruption
Speaker/Duration: Mark Underwood : c. 15 minutes
Speaker/Institution: M. Underwood, Pediatrics, University of California Davis, Sacramento, California, UNITED STATES|
Non-Member Justification: Mark Underwood : (none)

Speaker # 4
Presentation Title  Association of perinatal antibiotics and childhood outcomes
Speaker/Duration: Sagori Mukhopadhyay : c. 15 minutes
Speaker/Institution: S. Mukhopadhyay, Pediatrics, CHOP, Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification: Sagori Mukhopadhyay : (none)

Speaker # 5
Presentation Title  Emerging concepts to mitigate altered mother-to-child microbiome transmission
Speaker/Duration: Noel Mueller : c. 15 minutes
Speaker/Institution: N. Mueller, Epidemiology, Johns Hopkins, Bloomberg School of Public Health, Baltimore, Maryland, UNITED STATES|
Non-Member Justification: Noel Mueller : (none)

Speaker # 6
Presentation Title  Perinatal Antibiotics: Where we are and where we want to be
Speaker/Duration: Karen Puopolo : c. 15 minutes
Speaker/Institution: K.M. Puopolo, Neonatology, Children's Hospital of Philadelphia, Swarthmore, Pennsylvania, UNITED STATES|
Non-Member Justification: Karen Puopolo : (none)
PROPOSAL # 345238

SESSION TITLE: The stakeholder revolution: a cross-disciplinary spotlight of parent, patient and family important outcomes after extremely preterm birth

Contact:

Target Audience: Pediatricians, neonatologists, neonatal follow-up physicians, neurologists, researchers (including students and trainees)

Audience Size: At least 200 (there are many senior researchers in this panel)

Tracks:
- Academic and Research Skills
- Clinical/Research Pathway
- Trainee Pathway
- Quality Improvement/Patient Safety
- Social Determinants/Health Disparities
- Neонatology
- Health Services Research
- General Pediatrics
- Ethics/Bioethics
- Education
- Epidemiology
- Developmental

Objectives
1. Describe the history and rationale of the “standard” classification system of neurodevelopmental outcomes (non-impaired, severe, moderate and minor impairments).
2. Present patient, parent and family important outcomes and analyze the contrast (similarities and differences) between parents’ and clinician’s important outcomes.
3. Explore the phenomenon of resilience and its emergence in empiric investigations in Neonatology.
4. Discuss the ethical dimension of neonatal follow-up and the transdisciplinary initiatives in large clinical and research networks.

Description:

With improvement in obstetric and neonatal care, research have moved beyond survival statistics and focused on neurodevelopmental outcomes, with a classification system of disabilities based on scientists’ perspective of what is ‘normal’, mild, moderate, and severe. Predicting outcomes of extremely preterm infants is now routine. Indeed neonatal follow-up programs are able to systematically provide information on neurodevelopmental outcome categories for several reasons: 1) to inform parents and assist with decision making, 2) to select babies for early intervention, 3) to enable benchmarking for quality assurance and quality improvement, 4) for research purposes. Yet, validation of this classification system has never been performed among those who are the most concerned: the parents and the patients themselves. Furthermore, empiric investigations demonstrate that parents and families do not always share the same values as physicians and researchers. The current measured outcomes do not necessarily predict future functional abilities, quality of life, nor the resilience of the parents and family. Data obtained at neonatal follow-up or during large clinical trials may not entirely capture other meaningful outcomes for parents, such as growth, sleep, or ‘mild’ neurological dysfunction, behavioral outcomes or adverse parental outcomes (anxiety, post traumatic depression) that may equally impact the child and family. The optimal timing and duration of neonatal follow-up is also rarely questioned: the initial visit may be too late and the 18-24 month visit may not be an appropriate “golden standard”.

In this cross-disciplinary spotlight panel including a parent, NICU follow-up pediatricians, neonatologists-researchers, and a clinical ethicist, we will:
1) Review the strengths and limitations of clinical outcomes chosen to describe long-term outcomes after preterm birth;
2) describe parent/family/patient important outcomes and methodological research innovations to obtain stakeholders’ perspectives;
3) examine current original patient-oriented interdisciplinary research initiatives, including family important outcomes and;
4) explore new avenues to help parents and families, such as involving stakeholders in clinical, research and teaching initiatives.

The overview of the agenda for this panel session:
Annie Janvier (chair): Introduction
Rebecca Pearce (parent representative): A family’s experience: why are we measuring my kid?
Betty Vohr: The strengths and limitations of neonatal follow-up
Anne Synnes: The Canadian Parent Integrated Evidence -based Practice to Improve Quality Study: Giving
Families a Voice<br/> <b>Thuy Mai Luu</b>: Glass half full: parent, family and patient important outcomes after extremely preterm birth<br/> <b>Susan Hintz</b>: The missing link: investigating parents’ psychological outcomes to improve comprehensive care to families<br/> <b>Annie Janvier</b>: Harnessing resilience in NICU families with the involvement of veteran resource patients and parents<br/> <br/> At the end of the presentations, there will be a 30 minute question period to interact with the audience

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Neonatal clinical trials

Additional Comments: We are an interdisciplinary group of senior speakers who attend PAS every year. The room is usually full for our panel presentations, with many participants not being able to attend. A large auditorium would be necessary.

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

Society Affiliation: AAP|Other/No Affiliation|SPR|APS

Chairs: Annie Janvier (Chair); Thuy Mai Luu (Panelist); Susan Hintz (Panelist); Betty Vohr (Panelist); Anne Synnes (Panelist); Rebecca Pearce (Panelist)
PROPOSAL #345261
SESSION TITLE: The residency Match is out of control: Effects on applicants and program directors

Contact: Alison Holmes
Dartmouth
alison.v.holmes@hitchcock.org

Target Audience: Medical students, medical school leaders, medical student advisors, residency program directors

Audience Size: 150

Tracks: Education|Trainee Pathway|Education Pathway

Objectives
1. Review the trends in increasing residency applications per student, increasing numbers of MD and DO graduates, and how this places stress on the system and the individuals on all sides
2. Discuss current hot topics in residency selection including application inflation, overreliance on licensing examination scores, applicant-program communication controversies, and loss of the final year of the medical school curriculum to the residency application process
3. Explore potential solutions to the current situation including potential changes to USMLE score reporting, methods to limit application numbers, new databases to help students select in-range programs, a unified interview offer schedule, and limits on post-interview communication.

Description: Over the last five years, graduating medical students have been applying to more residency programs per applicant. There has not been a significant increase in program number. Senior students from U.S. allopathic schools applying for pediatric residencies now submit an average of 36 applications and attend 13 of 17 offered interviews. Program directors are reviewing an average of over 500 applications just from U.S. MD graduates, plus those submitted by graduates of osteopathic and international schools. It can be difficult for program directors to discern which applicants have true interest in the program, and assess applicant quality due to things like pass/fail grading. Managing interview offers, cancellations and larger interview days is taxing for residency program offices. The current state of affairs also leads to substantial anxiety and a large financial burden for senior medical students.

Students place much importance on Step 1 studying, as they know that many programs will only look at applicants that achieve above a threshold score. Students complete an increasing number of visiting audition rotations in an attempt to impress their favorite programs. They pay attention to their email inbox, at the expense of everything else, between September and mid-November, lest they not respond to an interview offer in minutes—they know there are programs that offer out more interview slots than they can truly accommodate. Post interview communications between programs and applicants has become a cacophony of often misleading declarations of true intent that skirt on the edge of the rules that govern the Match.

Our panel will share perspectives on the match from the point of view of applying students, their advising deans, residency programs, the governing body of the Match and the National Board of Medical Examiners. We will propose promising approaches to mitigating “Match Frenzy” through potential changes in USMLE score reporting, databases for students such as AAMC’s Residency Explorer and UT Southwestern’s TexasSTAR, tiered application systems that could decrease total application numbers, standardized interview offer calendars, and restrictions on post-interview communication. We will be certain there is sufficient time for audience questions.
**PROPOSAL #345261**

**SESSION TITLE:** The residency Match is out of control: Effects on applicants and program directors

| Time Block: | 120 min. |
| QA: | Yes |
| Audience Polling: | Yes |
| Sabbath Conflicts: | N/A |
| Conflicting Sessions: | APA Medical Student Education SIG, other sessions dealing with the NRMP Match |
| Additional Comments: | We can do the session without polling but if we can have it that would be nice |
| Financial Sponsor? | (none) |
| If Yes: | (none) |
| Society Affiliation: | AAP|APA|APPD |
| Chairs: | Alison Holmes (Moderator) |

### Speaker # 1
**Presentation Title**  A view from the NRMP--is there match frenzy or not?
**Speaker/Duration:** Carol Berkowitz : b. 10 minutes  
**Speaker/Institution:** C.D. Berkowitz, Member, Board of Directors, NRMP, Washington, District of Columbia, UNITED STATES |
**Non-Member Justification:** Carol Berkowitz : (none)

### Speaker # 2
**Presentation Title**  Changing USMLE Reporting: Is it time to take that Step?  
**Speaker/Duration:** Michael Barone : b. 10 minutes  
**Speaker/Institution:** M. Barone, Vice-President of Licensure Programs; National Board of Medicine Examiners, Philadelphia, Pennsylvania, UNITED STATES |
**Non-Member Justification:** Michael Barone : (none)

### Speaker # 3
**Presentation Title**  My Inbox is on overdrive: Placing reasonable limits on post-interview communication  
**Speaker/Duration:** Julie Byerley : b. 10 minutes  
**Speaker/Institution:** J.S. Byerley, Executive Vice Dean for Education and Chief Education Officer for the UNC School of Medicine, Chapel Hill, NC, North Carolina, UNITED STATES |
**Non-Member Justification:** Julie Byerley : (none)

### Speaker # 4
**Presentation Title**  Fourth year curriculum: Managing interview offers, travelling and spending money  
**Speaker/Duration:** Angela Mihalic : b. 10 minutes  
**Speaker/Institution:** A. Mihalic, Dean of Medical Students and Associate Dean for Student Affairs at UT Southwestern Medical School; Founder, TexasSTAR, Dallas, Texas, UNITED STATES |
**Non-Member Justification:** Angela Mihalic : (none)
PROPOSAL # 345261
SESSION TITLE: The residency Match is out of control: Effects on applicants and program directors

Speaker # 5
Presentation Title  5,000 applications for 20 spots: A view from the program directors office
Speaker/Duration:  Caroline Rassbach: b. 10 minutes
Speaker/Institution:  C. Rassbach, Pediatrics, Residency Program Director, Stanford, Stanford, California, UNITED STATES
Non-Member Justification:  Caroline Rassbach: (none)
PROPOSAL # 345269
SESSION TITLE: Newer Diagnostic & Therapeutic modalities to treat Retinopathy of Prematurity (ROP)

Contact: Prem Shekhawat Case Western Reserve University, MetroHealth Hospital
pshekhawat@metrohealth.org

Target Audience: Neonatologists, Pediatric Ophthalmologists, Developmental Biologists, Fellow trainees.

Audience Size: 500

Tracks: Cross-Disciplinary Spotlight|Basic Science|Neonatology|Developmental Biology|Core Curriculum for Fellows|Clinical and Translational Research

Objectives 1. Discuss current clinical indications, appropriate dose, timing and duration of use for VEGF-R blockage therapy. Summarize results of published studies and what we have achieved so far with this therapy in comparison to laser photo-coagulation and what the future entails for this therapy. 2. Discuss role of "tele-ROP" in diagnosis and management of ROP and compare outcomes using tele-ROP with standard tertiary care hospital care. 3. Describe role of Hypoxia inducible factors in fetal vascular growth and how HIF stabilization using several new agents is now close to clinical trials as a new therapy for primary prevention of ROP and discuss their systemic effects in other organs like the liver, brain and lungs with potential for improving outcomes not only in ROP but also BPD and other conditions. 4. Discuss current and future imaging modalities for ROP and how "Optical coherence Tomography" (OCT) and OCT angiography has revolutionized visualization and assessment of ROP progress and treatment with demonstration of patient case histories and discuss universal use of this technique in ROP assessment and follow up.

Description: Retinopathy of prematurity (ROP) remains a significant morbidity in extremely low gestational age preterm neonates (ELGAN) and associated with adverse long term neurodevelopmental outcomes despite major advances in care of these infants. The incidence of severe ROP is highest among infants born between 22-24 weeks gestational age with long term vision problems. Abnormalities of blood vessel growth witnessed in retina also reflect similar abnormalities in other organs like the lung and brain contributing to the overall morbidity. The purpose of this hot topic symposium is to provide state-of-the-art knowledge in this area and bring together cross-disciplinary experts in neonatology, developmental biology/pediatrics and pediatric ophthalmology and create a learning pathway for the future. We will summarize evidence from recent clinical trials and discuss new modes of diagnosis, treatment and follow up of infants with ROP.<br /> The session will begin with a 5-minute introduction by Prof Graham Quinn, MD, pediatric Ophthalmologist from Children's Hospital of Philadelphia on Epidemiology of ROP and how it has changed with improved survival of ELGAN's and describe some of the challenges faced by Ophthalmologists in taking care of this infants in the short and long term. This will be followed by a 25-minute presentation by Prof G Baker Hubbard, MD from Emory University who will summarize current status of VEGF-R blocker (Avastin) treatment, outcomes witnessed and discuss appropriate low dose therapy to avoid systemic side effects and what the future entails for this therapy. Immediately after this talk another speaker Prof. Darius Moshfeke, MD will summarize results of "tele-ROP" trials and discuss whether it is going to be standard of care and legal implications of this approach. He will then share results of ROP treatment outcomes in infants who were transferred from a primary care hospital.<br /> This will be followed by a 5-minute introduction by Prof. Shekhawat from Case Western Reserve University to outline role of Hypoxia inducible factors (HIF's) during fetal development and how HIF expression and role changes after birth when neonate is exposed to high ambient oxygen. He will introduce how HIF's could be stabilized via prolyl hydroxylase inhibition to modulate vascular development. This new therapeutic approach affects vascular development in retina as well as lungs.
thus HIF stabilization could have useful systemic effects on multiple organs to improve several neonatal outcomes. This will be followed by a 25-minute presentation by Prof. Jonathan Sears from the Cole Eye Institute, Cleveland Clinic who will provide an overview about Hypoxia inducible factor-1 (HIF-1) stabilizers (~38 products in the pipeline), their current status as investigational new drugs and FDA approval status in the US and other countries. He will discuss their role in the developing retina and show evidence about their effectiveness in primary prevention of ROP. He will elaborate on effect of HIF-1 stabilization in developing liver and lungs besides the retina and touch up on their potential role in primary prevention of BPD.<br/> The final 25-minute presentation in this symposium will be by Prof. Cynthia Toth from Duke University, she will discuss limitations of current retinal imaging techniques and how newer imaging modalities of ROP can help make precise determination about abnormal vessel growth and other retinal pathologies. She will provide details about clinical usefulness of "Optical Coherence Tomography" (OCT) in assessment, treatment and long-term follow up of ROP patients. OCT is a new emerging imaging technique which employs near-infra-red light that uses low-coherence to capture sub-micrometer-resolution image of retina, in two- and three-dimensions. It has revolutionized assessment of retinal vascular and structural defects and can be performed at the bedside using portable machines. Images will be shown to audience from some hard to diagnose patients. OCT is likely to become standard of care for ROP diagnosis and management in the near future, thus dissemination of information about this technology to audience will be very helpful. These presentations will be followed by a 10 minutes Q&A session with all 6 participants answering questions.

| Time Block: | 120 min. |
| QA: | Yes |
| Audience Polling: | No |
| Sabbath Conflicts: | N/A |
| Conflicting Sessions: | SPR Presidential plenary, March of Dimes lecture on Developmental Biology |
| Additional Comments: | (none) |
| Financial Sponsor? | (none) |
| Society Affiliation: | APA|AAP SoNPM|SPR|APS |
| Chairs: | Graham Quinn (Chair); G. Baker Hubbard (Presenter); Darius Moshfeghi (Presenter); Prem Shekhawat (Chair); Jonathan Sears (Presenter); Cynthia Toth (Presenter) |

**Speaker # 1**

**Presentation Title**  Overview of ROP: Evolution of this condition over time

**Speaker/Duration**: Graham Quinn : a. 5 minutes

**Speaker/Institution**: G. Quinn, Ophthalmology, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES |

**Non-Member Justification**: Graham Quinn : Dr Quinn is senior Ophthalmologist at CHOP with extensive experience in diagnosis and treatment of ROP, he will provide a 5-minute overview about the topic and is not an member of any one of Pediatric academic society.
**PROPOSAL #345269**

**SESSION TITLE:** Newer Diagnostic & Therapeutic modalities to treat Retinopathy of Prematurity (ROP)

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<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>Role of tele-ROP in diagnosis and management of ROP</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Darius Moshfeghi</td>
<td>e. 25 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>D. Moshfeghi, Vitre‐retinal Surgery, Stanford University, Palo Alto, California, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Darius Moshfeghi : He is an Ophthalmologist so not a member of Pediatric organizations</td>
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<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>VEGF‐receptor blocking agents for treatment of ROP: their role in ROP management and long-term outcomes after their clinical use.</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>G. Baker Hubbard</td>
<td>e. 25 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>G. Hubbard, Vitreo‐retinal Surgery, Emory University, Atlanta, Georgia, UNITED STATES</td>
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<tr>
<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Role of Hypoxia inducible factors (HIF) in fetal vascular development and how HIF’s could continue to play a role in postnatal vascular growth</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Prem Shekhawat</td>
<td>a. 5 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>P. Shekhawat, Pediatrics‐Neonatology, Case Western Reserve University, MetroHealth Hospital, Cleveland, Ohio, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Prem Shekhawat : SPR</td>
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<tr>
<th>Speaker # 5</th>
<th>Presentation Title</th>
<th>Hypoxia inducible factor stabilization via HIF Prolyl Hydroxylase Inhibition for the primary prevention of ROP</th>
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<td><strong>Speaker/Duration:</strong></td>
<td>Jonathan Sears</td>
<td>e. 25 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>J. Sears, Cleveland Clinic, Cleveland, Ohio, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Jonathan Sears : Dr Jonathan Sears is an Ophthalmologist so is not a member of academic Pediatric associations</td>
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<tr>
<th>Speaker # 6</th>
<th>Presentation Title</th>
<th>Imaging the retina using Optical Coherance Tomography in ROP: A window to the Brain</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Cynthia Toth</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>C. Toth, Duke Pediatric Retina and Optic Nerve Center, Duke University, Durham, North Carolina, UNITED STATES</td>
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<td><strong>Non-Member Justification:</strong></td>
<td>Cynthia Toth : Dr Toth is an Pediatric Ophthamologist so is not a member of any of the Pediatric academic societies</td>
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PROPOSAL # 345270
SESSION TITLE: Vaccines to Prevent Congenital Cytomegalovirus Infection

Contact: [session spea
Target Audience: Peds ID practitioners
Audience Size: 150
Tracks: Basic Science | Public Health | Infectious Diseases | Clinical and Translational Research
Objectives: To inform pediatricians about CMV vaccine development
Description: Four speakers describing candidate vaccines that are in clinical trials. Tentative program would include Overview by myself Merck Replication Defective candidate Sanofi subunit protein candidate Moderna mRNA candidate

Time Block: Either
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: other infectious disease sessions
Additional Comments: (none)
Financial Sponsor? (none)
Financial Sponsor? (none)
Society Affiliation: PIDS

Chairs:
Speaker #
Presentation Title
Speaker/Duration:
Speaker/Institution:
Non-Member Justification:
PROPOSAL #345271
SESSION TITLE: Addressing the Workforce Shortage in Neurodevelopmental and Mental Health Disorders: Three Models of Cross-Disciplinary ECHOs for Training Pediatric Primary Care Clinicians

Contact: Mary Leppert
Kennedy Krieger Institute/Johns Hopkins University School of Medicine
leppert@kennedykrieger.org

Target Audience: Pediatric Primary Care Clinicians, Neurodevelopmental Pediatricians, Developmental and Behavioral Pediatricians, Child Psychiatrists, Public Health Advocates, Policy Advocates

Audience Size: 50-100

Tracks: Education | Community Pediatrics | Social Determinants/Health Disparities | Health Equity/Social Determinants of Health-ACEs/Social Justice | School and Community Health | General Pediatrics | Neurology | Developmental and Behavioral Pediatrics | Cross-Disciplinary Spot

Objectives
1. To demonstrate the effectiveness of Project ECHO's multidisciplinary virtual clinic as a strategy to increase the knowledge and confidence of pediatric primary care clinicians in the care of children with neurodevelopmental and behavioral or mental health disorders within the medical home. 2. To report on the different models of cross disciplinary ECHO teams and the challenges and successes of each model.

Description: There are growing concerns in the U.S. about the increasing prevalence of pediatric neurodevelopmental and mental health disorders and the critical shortage of specialists to care for this vulnerable population. Pediatric primary care clinicians (PPCCs) are increasingly tasked with identifying and managing neurodevelopmental and mental health disorders in the Medical Home, yet surveys of practicing pediatricians indicate gaps in training, knowledge and confidence to meet this need. The ECHO® model connects community providers with specialists via virtual collaborative sessions. Sessions are designed around case-based learning and guided practice. The hub consists of a team of cross disciplinary specialists, who review cases and provide brief didactic teaching on aspects of identification and management of the focus conditions. The goal of this session is to present 3 ECHO replications focused on disorders of development and mental health in early childhood ECHO in which the hub includes developmental and behavioral and neurodevelopmental pediatricians, a child psychiatrist, and a behavioral psychologist from Kennedy Krieger Institute and Johns Hopkins. The spokes are primary care clinicians and school based health clinicians from rural communities. The second is a more specific focus on autism in which the hub includes a pediatrician specializing in autism, development and behavior, a clinical psychologist, child and adolescent psychiatrist, pediatric dietician, social worker and parent of an individual with autism from the University of Missouri. The spokes are primary care clinicians from rural and underserved communities. This program has also expanded to numerous other geographic locations with specialty hubs in more than 25 US-based locations and 8 international locations. The third is a highly focused ECHO on Phelan McDermid Syndrome, with hub specialists from child psychiatry, child neurology, developmental behavioral pediatrics, genetics, and psychology from institutions across the USA and in Europe. The spokes are pediatricians, psychiatrists and neurologists located around the world. Each group will present on the audience, content and evaluation measures of their ECHO and discuss the challenges and successes of each program as they work to effectively address the workforce shortage in neurodevelopmental and mental health disorders.
PROPOSAL #345271

SESSION TITLE: Addressing the Workforce Schortage in Neurodevelopmenal and Mental Health Disorders: Three Models of Cross-Disciplinary ECHOs for Training Pediatric Primary Care Clinicians

Time Block: 90 min.
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: A preference for avoiding Key Note speaker sessions.

Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: AAP | Other/No Affiliation

Chairs: Mary Leppert (Chair)

Speaker # 1
Presentation Title: KKI-NECT: Neurodevelopmental and Behavioral Network for Early Childhood Tele-education
Speaker/Duration: Mary Leppert : c. 15 minutes
Speaker/Institution: M.L. Leppert, Neurodevelopmental Medicine/Pediatrics, Kennedy Krieger Institute/Johns Hopkins University School of Medicine, Baltimore, Maryland, UNITED STATES
Non-Member Justification: Mary Leppert : (none)

Speaker # 2
Presentation Title: KKI-NECT: Neurodevelopmental and Behavioral Network for Early Childhood Tele-education
Speaker/Duration: Joyce Harrison : b. 10 minutes
Speaker/Institution: J. Harrison, Psychiatry, Kennedy Krieger Institute, Baltimore, Maryland, UNITED STATES
Non-Member Justification: Joyce Harrison : (none)

Speaker # 3
Presentation Title: ECHO Autism
Speaker/Duration: Kristin Sohl : e. 25 minutes
Speaker/Institution: K. Sohl, University of Missouri-Columbia, Columbia, Missouri, UNITED STATES
Non-Member Justification: Kristin Sohl : Dr. Sohl is a member of AAP and APA.

Speaker # 4
Presentation Title: ECHO- Phelan McDermid Syndrome, A model for subspecialty tele-training.
Speaker/Duration: Ann Neumeyer : e. 25 minutes
Speaker/Institution: A.M. Neumeyer, Pediatrics and Neurology, Massachusetts General Hospital, Lexington, Massachusetts, UNITED STATES
Non-Member Justification: Ann Neumeyer : Dr. Neumeyer is a member of SPR, CNS, AAN.
PROPOSAL #345305

SESSION TITLE: Prenatal Environmental Contaminants and Childhood Disease. Latest evidence, epigenetic mechanisms of toxicity, and public health policies.

Contact: Paul Winchester Indiana University School of Medicine
paul.winchester@franciscanalliance.org

Target Audience: Pediatricians, Neonatologists, Endocrinologists, Oncologists, Pulmonologists, geneticists, Allergy, psychiatry and behavioral scientists as well as biomolecular scientists interested in epigenetics

Audience Size: 200

Tracks: Immigrant Health | Academic and Research Skills | Social Determinants/Health Disparities | School and Community Health | Public Health | Obesity/Metabolism | Neurology | Neonatology

Objectives
1) Review newest evidence for epigenetic transgenerational inheritance of disease after fetal contaminant exposure. 2) Review contaminants now known to occur in majority of pregnancies including heavy metals, phthalates, BPA, Dioxins, pesticides (including glyphosate). 3) Review most recent evidence of adverse health effects after fetal/ or childhood contaminant exposure. 4) Review fetal and childhood environmental health advocacy by government agencies, BPA, Dioxins, pesticides (including glyphosate). 5) Role of epidemiologists, pediatricians in environmental health advocacy.

Description: Animal evidence now conclusively demonstrates that environmental toxicant exposures in pregnancy can cause diseases across generations of descendants of exposed fetuses. Contaminants thus far tested are all found now in all pregnant women. Transgenerational disease is correlated with epigenetic (non-genetic) biomolecular changes. This symposium will review the most current animal evidence of the diseases and the biomolecular mechanisms linked to transgenerational epigenetic disease: pesticides: (DDT, permethrin, atrazine, glyphosate), dioxins, BPA, plastics, jet fuel. M. Skinner. Latest findings of pesticide exposure during pregnancy and adverse outcomes. (P. Winchester, (glyphosate)) and (B. Eskenazi, (OP pesticides and other contaminants)) will be reviewed. Evidence that pediatric diseases like premature onset of puberty, obesity, polycystic ovarian disease, azoospermia, anxiety and risk taking behavior, cancer may have their origins in environmental contamination will be presented. Finally, the symposium will focus on EAP and other governmental agencies and their role in protecting our children’s health. (Ruth Etzel).

Time Block: 120 min.

QA: Yes
Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Major plenary session, epigenetics, environmental pesticides

Additional Comments: (none)
Financial Sponsor?: (none) If Yes: (none)

Society Affiliation: AAP | SPR

Chairs: Ruth Etzel (Moderator); Michael Skinner (Presenter); Paul Winchester (Moderator - Alternate); Brenda Eskenazi (Presenter)
**PROPOSAL #345305**

**SESSION TITLE:** Prenatal Environmental Contaminants and Childhood Disease. Latest evidence, epigenetic mechanisms of toxicity, and public health policies.

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<td><strong>Speaker/Institution:</strong></td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
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PROPOSAL #345307

SESSION TITLE: Addressing the persistent controversies and questions in preterm infant nutrition: Translating the Pre-B Project into clinical practice and a research agenda

Contact: Sarah Taylor
sarah.n.taylor@yale.edu

[session spea Hot Topic Symposia]

Target Audience: gastroenterologists, neonatologists, basic science researchers, clinical researchers, translational researchers, dietitians, pharmacologists

Audience Size: 200

Tracks: Basic Science|Advocacy/Public Policy|Neonatology|Obesity/Metabolism|General Pediatrics|Epidemiology|Gastroenterology and Nutrition|Clinical and Translational Research|Clinical/Research Pathway

Objectives To determine how the evidence regarding preterm infant enteral nutrition is best integrated into clinical care. To highlight areas where data is lacking and identify appropriate research methods to address these deficiencies.

Description: In 2014, the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the Academy of Nutrition and Dietetics (AND) initiated a multiphase process to develop evidence-informed guidance for the nutritional care of preterm infants. A strength of this initiative is the interdisciplinary involvement of physician, dietitian, and pharmacology scientists. The first phase, Pre-B, included a steering committee and expert work groups to address four themes 1) nutrient specifications for preterm infants, 2) clinical and practical issues in enteral feeding of preterm infants, 3) gastrointestinal and surgical issues, and 4) current standards of infant feeding. The work groups established which clinical questions had adequate evidence for systematic analysis and which should be prioritized in future research. This first phase was published in 2016 by Raiten et al as “Working group reports: evaluation of the evidence to support practice guidelines for nutritional care of preterm infants—the Pre-B Project”. The second phase of this process is a systematic review of the literature led by the AND Evidence Analysis professionals and includes an international workgroup of clinical and research experts. In this Pediatric Academic Societies symposium, members of this expert work group will present the systematic review results and recommendations based on this review. Specifically, the presentations will focus on clinical questions where the existing evidence conflicts with current clinical nutrition recommendations and where the expert work group experienced more difficulty reaching a consensus. Each presentation also will describe areas where existing data is lacking and therefore research should be prioritized.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: neonatal sessions (especially neonatal fetal nutrition and metabolism), human milk/breastfeeding sessions, pediatric nutrition sessions

Additional Comments: One of the speakers is not available on Tuesday. Would prefer Saturday through Monday. Thank you!

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: APS|AAP|SPR|NASPGHAN|AAP SoNPM

Monday, October 7, 2019
### PROPOSAL #345307

**SESSION TITLE:** Addressing the persistent controversies and questions in preterm infant nutrition: Translating the Pre-B Project into clinical practice and a research agenda

<table>
<thead>
<tr>
<th>Chairs</th>
<th>Sarah Taylor (Chair)</th>
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</thead>
</table>

**Speaker # 1**  
**Presentation Title** The accomplishments and process of the NICHD PreB and the Academy of Nutrition and Dietetics  
**Speaker/Duration:** Sharon Groh-Wargo: d. 20 minutes  
**Speaker/Institution:** S. Groh-Wargo, Pediatrics, MetroHealth Medical Center, Cleveland, Ohio, UNITED STATES|  
**Non-Member Justification:** Sharon Groh-Wargo: Dr. Sharon Groh-Wargo is a preeminent dietetic researcher who specializes in preterm infant nutrition.

| Speaker # 2 |  
|---|---|
| **Presentation Title** | Very low birthweight infant protein needs: Recognizing how the evidence differs from experience  
**Speaker/Duration:** Sarah Taylor: d. 20 minutes  
**Speaker/Institution:** S. Taylor, Yale School of Medicine, New Haven, Connecticut, UNITED STATES|  
**Non-Member Justification:** Sarah Taylor: SPR, AAP

| Speaker # 3 |  
|---|---|
| **Presentation Title** | Energy and specifically fat sources for preterm infants: How is a seemingly basic question so complicated?  
**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: SPR

| Speaker # 4 |  
|---|---|
| **Presentation Title** | The complex relationship between milk type and very low birthweight preterm infant outcomes  
**Speaker/Duration:** Ian Griffin: d. 20 minutes  
**Speaker/Institution:** I. Griffin, Neonatology, Biomedical Research Institute of NJ, Morristown, New Jersey, UNITED STATES|  
**Non-Member Justification:** Ian Griffin: SPR

| Speaker # 5 |  
|---|---|
| **Presentation Title** | Does the evidence support the current clinical definitions of “extrauterine growth restriction” and “postnatal growth failure”?  
**Speaker/Duration:** Tanis Fenton: d. 20 minutes  
**Speaker/Institution:** T.R. Fenton, University of Calgary, Calgary, Alberta, CANADA|  
**Non-Member Justification:** Tanis Fenton: international
PROPOSAL #345311
SESSION TITLE: Fetal origins of neurocognitive disorders: how do we interrogate mechanisms without a fetal brain biopsy?

Contact: [session spea]

Target Audience: Clinicians and scientists of all levels of training interested in the use of animal models plus recent advances in obtaining iPSCs and exosomes from human umbilical cord blood as biomarkers.

Audience Size: 40

Tracks: Academic and Research Skills|Basic Science|Neurology|Neonatology|Developmental Biology

Objectives 1) Learn how to use rodents to model clinical diseases. 2) Learn the use of human non-brain tissues to assess neurological diseases.

Description: Emerging evidence shows that many neurocognitive disorders in childhood and adulthood originate from fetal life. Yet, our understanding of the mechanisms that lead to these disorders are limited by our inability to sample human fetal brain tissues in a longitudinal fashion. Alternatives to such tissue sampling such as the use of animal models or induced pluripotent stem cells (iPSCs) and exosomes from patients might mitigate certain obstacles in our quest to understanding fetal origins of neurocognitive disorders.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: none

Additional Comments: (none)

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

Society Affiliation: Other/No Affiliation

Chairs: Camille Fung (Workshop Co-Leader); Phu Tran (Workshop Co-Leader)

Speaker #
Presentation Title
Speaker/Duration:
Speaker/Institution:
Non-Member Justification:
PROPOSAL #345351
SESSION TITLE: Bronchopulmonary Dysplasia-Associated Pulmonary Hypertension: Novel Mechanisms and Approaches for Disease Prevention and Treatment

Contact: Binoy Shivanna
Baylor College of Medicine
shivanna@bcm.edu

Target Audience: Basic researchers, Neonatologists, Pulmonologists, Cardiologists, Pathologists, Nutritionists, Microbiologists, and Trainees

Audience Size: 150

Tracks: Basic Science | Pulmonology | Pharmacology | Neonatology | Children with Chronic Conditions | Cardiology

Objectives
1. Analyze the evidence behind the preclinical models of BPD-PH and provide future directions to improve the rigor and transparency of phenotyping BPD-PH in these models
2. Identify how malnutrition, dysbiosis, and deregulated signaling of blood vessels, mitochondria, exosomes, and stem cells contribute to BPD-PH pathogenesis
3. Illustrate how to target lung vasculature, exosomes, stem cells, mitochondria, nutrition, and microbiome to prevent and treat BPD-PH in infants
4. Discuss the nature and implications of our panelists' research with symposium attendees

Description: Bronchopulmonary dysplasia (BPD) is a developmental lung disorder of preterm infants primarily caused by immature host defense mechanisms that prevent tissue injury and facilitate repair. This disorder is the most common complication of premature birth, and its incidence remains unchanged over the past few decades. Additionally, BPD increases long-term cardiopulmonary and neurodevelopmental morbidities of preterm infants. Pulmonary hypertension (PH) is a common morbidity of BPD. The pooled prevalence of PH in mild, moderate, and severe BPD is 6%, 12%, and 39%, respectively. Importantly, the presence of PH increases both short- and long-term morbidities and mortality in BPD infants. Further, there are no curative therapies for this disease complex. Not surprisingly, BPD is the second most expensive childhood disease after asthma. Thus, the need of the hour is to understand the pathogenic mechanisms of BPD-associated PH (BPD-PH) and develop meaningful strategies to prevent and treat this devastating disease of preterm infants. This symposium is designed to fulfill this timely need. Dr. Abman will begin the session by presenting the overview and impact of this symposium on the cardiopulmonary health of preterm infants. Dr. Shivanna will then emphasize the importance of rigor and transparency in phenotyping experimental BPD-PH, discuss the need for several models of this disease complex to avoid a “one-size-fits-all” approach, and build a case for endotype- and phenotype-targeted clinical trials. Later on, Dr. Abman, Dr. Ambalavanan, Dr. Young, Dr. Bhandari, and Dr. Wedgwood will present the new and novel pathogenic mechanisms of BPD-PH learned from the state-of-art animal studies. A primary emphasis of all the panelists will be on how this new knowledge can be translated from bench to bedside to impact the well-being of infants with this disease. Finally, the symposium participants will be allowed sufficient time to have a robust discussion with the panelists about the roadblocks to the clinical translation, directions of future research, and opportunities for collaboration.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Other Bronchopulmonary dysplasia and pulmonary vascular disease focused symposia or platform presentations

Learning Pathway
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee
PROPOSAL # 345351

SESSION TITLE: Bronchopulmonary Dysplasia-Associated Pulmonary Hypertension: Novel Mechanisms and Approaches for Disease Prevention and Treatment

Additional Comments: (none)
Financial Sponsor? (none) If Yes: (none)
Society Affiliation: AAP | SPR | AAP SoNPM

Chairs: Binoy Shivanna (Contact Person); Binoy Shivanna (Chair); Karen Young (Chair); Steven Abman (Chair)

Speaker # 1
Presentation Title: Pulmonary Vascular Disease in Preterm Infants
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: Animal models of BPD-PH: Needs and Rigorous Phenotyping Tools
Speaker/Duration: Binoy Shivanna: c. 15 minutes
Speaker/Institution: B. Shivanna, Pediatrics, Baylor College of Medicine, Houston, Texas, UNITED STATES
Non-Member Justification: Binoy Shivanna: (none)

Speaker # 3
Presentation Title: Angiogenic targets for the prevention of BPD-PH
Speaker/Duration: Steven Abman: c. 15 minutes
Speaker/Institution: S. Abman, Pediatrics, University of Colorado, Denver, Colorado, UNITED STATES
Non-Member Justification: Steven Abman: (none)

Speaker # 4
Presentation Title: Exosomes in BPD-PH
Speaker/Duration: Namasiyavam Ambalavanan: c. 15 minutes
Speaker/Institution: N. Ambalavanan, Pediatrics, University of Alabama at Birmingham, Birmingham, Alabama, UNITED STATES
Non-Member Justification: Namasiyavam Ambalavanan: (none)

Speaker # 5
Presentation Title: Regenerative therapy in BPD-PH: Role of Stem Cells
Speaker/Duration: Karen Young: c. 15 minutes
Speaker/Institution: K. Young, Pediatrics/Neonatology, University of Miami Miller School Of Medicine, Miami, Florida, UNITED STATES
Non-Member Justification: Karen Young: (none)
<table>
<thead>
<tr>
<th>Speaker #</th>
<th>Presentation Title</th>
<th>Speaker/Duration</th>
<th>Speaker/Institution</th>
<th>Non-Member Justification</th>
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<tr>
<td># 6</td>
<td>Targeting mitochondrial dysfunction in BPD-PH: Emerging Evidence</td>
<td>Vineet Bhandari: c. 15 minutes</td>
<td>V. Bhandari, Pediatrics, Drexel University College of Medicine, Philadelphia, Pennsylvania, UNITED STATES</td>
<td>Vineet Bhandari: (none)</td>
</tr>
<tr>
<td># 7</td>
<td>Growth, Bugs, and BPD-PH: Effects of Nutrition and Microbiome</td>
<td>Stephen Wedgwood: c. 15 minutes</td>
<td>S. Wedgwood, UC Davis Medical Center, Sacramento, California, UNITED STATES</td>
<td>Stephen Wedgwood: (none)</td>
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## PROPOSAL #345352

**SESSION TITLE**: Adolescent HIV: Ending the Epidemic in the Pediatric Emergency Department and Beyond

<table>
<thead>
<tr>
<th>Contact:</th>
<th>Colleen Gutman</th>
<th>Emory University</th>
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<td><a href="mailto:ckays@emory.edu">ckays@emory.edu</a></td>
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### [session spea](#) Hot Topic Symposiums

**Target Audience**: Emergency Medicine, Infectious Disease, Adolescent Medicine, General Pediatrics, Public Health

**Audience Size**: 50

**Tracks**: Advocacy/Public Policy | Adolescent Medicine | Infectious Diseases | Quality Improvement/Patient Safety | Emergency Medicine | Health Equity/Social Determinants of Health-ACES/Social Justice | Cross-Disciplinary Spotlight

### Objectives
1. Describe the epidemic of adolescent HIV in the United States
2. Analyze and compare the barriers, challenges, and successes faced by an adult and pediatric institution when implementing universal HIV screening in the ED
3. Summarize strategies for identifying adolescents with high HIV risk and potential models for PrEP initiation in this population

### Description:
Although rates of HIV infection declined in the United States for many years, the number of annual infections has plateaued since 2013, likely due to disparities in the delivery of effective treatment and prevention efforts. Adolescents and young adults continue to have high rates of HIV, comprising 21% of new HIV infections in 2017, and are often diagnosed late in their disease course. Additionally, youth are the least likely of any age group to be linked and retained in HIV care. Since 2006, the Center for Disease Control and Prevention has recommended opt-out HIV screening to be part of routine clinical care in all health-care settings starting at age 13, in order to increase early diagnosis and antiretroviral initiation and to decrease HIV transmission, morbidity, and mortality. More recently, the federal government has proposed *Ending the HIV Epidemic: A Plan for America*, which aims to achieve early HIV diagnosis and treatment and to utilize pre-exposure prophylaxis (PrEP) to prevent HIV transmission. Universal HIV screening has been successfully implemented in general emergency departments (EDs) and the pediatric ED has the potential to play a similar role in diagnosing HIV in adolescents. This session will focus on institutional successes and barriers in implementing universal HIV screening and will explore its role in identifying adolescent ED patients eligible for PrEP initiation services.

### Time Block: 120 min.

**QA**: Yes

**Audience Polling**: Yes

**Sabbath Conflicts**: N/A

**Conflicting Sessions**: Please avoid other pediatric emergency medicine and infectious disease sessions

### Learning Pathway
- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

**Financial Sponsor?**: (none)

**Society Affiliation**: PIDS | AAP

**Chairs**: Claudia Morris (Chair); Andres Camacho-Gonzalez (Chair)

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Monday, October 7, 2019
PROPOSAL #345352
SESSION TITLE: Adolescent HIV: Ending the Epidemic in the Pediatric Emergency Department and Beyond

Speaker # 1
Presentation Title  Ending the HIV Epidemic in the US: Adolescents are at the forefront of this effort
Speaker/Duration:  Andres Camacho-Gonzalez : e. 25 minutes
Speaker/Institution:  A.F. Camacho-Gonzalez, Pediatric Infectious Diseases, Emory University School of Medicine, Atlanta, Georgia, UNITED STATES|
Non-Member Justification:  Andres Camacho-Gonzalez : (none)

Speaker # 2
Presentation Title  Successes in Universal Opt-Out ED HIV Screening in Adults
Speaker/Duration:  Bijal Shah : e. 25 minutes
Speaker/Institution:  B. Shah, Emergency Medicine, Emory University, Atlanta, Georgia, UNITED STATES|
Non-Member Justification:  Bijal Shah : Dr. Shah is an emergency medicine physician who has led the successful implementation of universal opt-out HIV screening in adult patients at Grady Health Systems in Atlanta, GA. Her efforts began in ED patients, where her screening program h

Speaker # 3
Presentation Title  Barriers and challenges to HIV screening in the pediatric emergency department
Speaker/Duration:  Colleen Gutman : e. 25 minutes
Speaker/Institution:  C.K. Gutman, Pediatrics, Emory University, Atlanta, Georgia, UNITED STATES|
Non-Member Justification:  Colleen Gutman : (none)

Speaker # 4
Presentation Title  The Pediatric Emergency Department: A gateway for PrEP services in adolescents
Speaker/Duration:  Andres Camacho-Gonzalez : e. 25 minutes
Speaker/Institution:  A.F. Camacho-Gonzalez, Pediatric Infectious Diseases, Emory University School of Medicine, Atlanta, Georgia, UNITED STATES|
Non-Member Justification:  Andres Camacho-Gonzalez : (none)
PROPOSAL #345356
SESSION TITLE: Session Title

Contact: Belinda Thomas
bthomas@aps-spr.org

Target Audience: target audience
Audience Size: 120
Tracks: Adolescent Medicine|Well Newborn

Objectives

Description:

Time Block: Either
QA: Yes
Audience Polling: No
Sabbath Conflicts: Sunday

Conflicting Sessions: no neonatology sessions to conflict


Financial Sponsor? (none) If Yes: (none)
Society Affiliation: APA|AAP

Chairs: Belinda Thomas (Chair); test test (Chair)

Speaker # 1
Presentation Title
Speaker/Duration: Catha Smith : e. 25 minutes
Speaker/Institution: C. Smith, PAS, The Woodlands, Texas, UNITED STATES|
Non-Member Justification: Catha Smith : Great International Speaker

Speaker # 2
Presentation Title
Speaker/Duration: testtest testtest : c. 15 minutes
Speaker/Institution: T. testtest, testtest, City, Alabama, UNITED STATES|
Non-Member Justification: testtest testtest : (none)
PROPOSAL #345364
SESSION TITLE: Tackling the Penicillin Allergy Label: A Multidisciplinary Perspective of Allergy De-labeling

Contact: James Antoon
Vanderbilt University School of Medicine
james.antoon@vumc.org

Target Audience: Trainees, Faculty of all levels, General Pediatricians, specialists in Hospital Medicine, Emergency Medicine, Infectious Diseases, Critical Care, Allergy & Immunology, Pharmacy and Directors of Antimicrobial Stewardship Programs.

Audiencse Size: 100-150

Tracks: Allergy, Immunology and Rheumatology | Emergency Medicine | Hospitalists | Pharmacology | General Pediatrics | Health Services Research | Cross-Disciplinary Spotlight | Infectious Diseases | Clinical/Research Pathway

Objectives: This symposium is designed to provide an up-to-date multidisciplinary perspective on PCN allergy by bringing together clinicians and researchers with varied backgrounds and clinical expertise to review the most up-to-date information on PCN allergy. The symposium will focus on how to best de-label patients with PCN allergy based upon the interpretation of recent clinical evidence. The session will conclude with a facilitated panel discussion with interactive audience participation. Topics to be reviewed:
- Current guidelines and best practice protocols for PCN allergy de-labeling
- Setting specific de-labeling strategies: primary care clinic, ED, inpatient, ICU
- Predicting reactions: role of screening tools in risk stratification and minimum safety requirements
- Identifying patients who need specialist referral for de-labeling
- De-labeling metrics and how to measure success

Description: Ten percent of the U.S. population is labeled penicillin (PCN) allergic. Recent studies have demonstrated that the majority of symptoms reported as an allergy by parents are often low-risk non-IgE mediated adverse reactions. The majority of these are cutaneous reactions that are frequently interpreted as PCN-induced but are often viral or viral-drug mediated and are not a contraindication for future PCN use. Studies have shown that the presence of a PCN allergy label results in the avoidance of the entire antibiotic class with subsequent use of broader spectrum, and more expensive suboptimal antibiotics. Appropriately de-labeling PCN allergy has been shown to improve patient safe care through antimicrobial stewardship and lowering health care costs. Recent studies have highlighted approaches for de-labeling children with PCN allergy, however rates of de-labeling remain low and a more systematic approach is needed. Furthermore, there is significant variation among institutions, clinical settings and individuals concerning which patients can be de-labeled, and how to de-label and in the different settings.

The aims of this symposium are:
1) Identify barriers to safe de-labeling to optimize antibiotic use
2) Provide risk stratification tools to classify patients who are capable of being de-labeled
3) Discuss best practice protocols for de-labeling
4) Engage the audience on setting specific de-labeling management.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: None

Additional Comments: (none)
PROPOSAL #345364
SESSION TITLE: Tackling the Penicillin Allergy Label: A Multidisciplinary Perspective of Allergy De-labeling

Financial Sponsor? (none)  If Yes: (none)
Society Affiliation: AAP|APA|Other/No
                   Affiliation|IPHA|SPR|APPD|PIDS|PHM

Chairs: James A. Antoon (Moderator); Allison Norton (Presenter); Amol Purandare (Presenter); David Vyles (Presenter); Jennifer Goldman (Presenter)

Speaker # 1
Presentation Title  Introduction to Allergy De-labeling
Speaker/Duration: J. W. Antoon : b. 10 minutes
Speaker/Institution: J.W. Antoon, Pediatric Hospital Medicine, Vanderbilt University School of Medicine, Nashville, Tennessee, UNITED STATES|
Non-Member Justification: James Antoon : (none)

Speaker # 2
Presentation Title  Who Can be Safely De-labeled in Primary Care Clinic? Screen for Success
Speaker/Duration: A. Norton : d. 20 minutes
Speaker/Institution: A. Norton, Pediatric Pulmonary, Allergy, and Immunology, Vanderbilt University School of Medicine, Nashville, Tennessee, UNITED STATES|
Non-Member Justification: Allison Norton : (none)

Speaker # 3
Presentation Title  The Nuts & Bolts of De-labeling: Who to Challenge and How?
Speaker/Duration: A. Purandare : d. 20 minutes
Speaker/Institution: A. Purandare, Infectious Diseases, Children's Mercy Hospital, Kansas City, Missouri, UNITED STATES|
Non-Member Justification: Amol Purandare : (none)

Speaker # 4
Presentation Title  The Challenge of Oral Challenges: Barriers to De-labeling
Speaker/Duration: D. Vyles : d. 20 minutes
Speaker/Institution: D. Vyles, Pediatrics, Medical College of Wisconsin, Wauwatosa, Wisconsin, UNITED STATES|
Non-Member Justification: David Vyles : (none)

Speaker # 5
Presentation Title  Where Do We Go From Here? Impact and What to Measure
Speaker/Duration: J. L. Goldman : d. 20 minutes
Speaker/Institution: J.L. Goldman, Clinical Pharmacology, Infectious Diseases, Children's Mercy Hospital, Kansas City, Missouri, UNITED STATES|
Non-Member Justification: Jennifer Goldman : (none)
PROPOSAL # 345383

SESSION TITLE: Dispelling Myths Around Oxygen Therapy in Preterm Infants

Contact: Manoj Biniwale
biniwale@usc.edu

Target Audience: neonatologists, neonatal perinatal medicine fellows, critical care physicians and pulmonologists

Audience Size: 500

Tracks: Pulmonology | Critical Care | Neonatology

Objectives
• Evaluate the risks and benefits of oxygen therapy in preterm infants
• Assess the oxygen requirement in preterm infants and ways to administer oxygen in infants at risk
• Compare and contrast oxygen saturation target studies in preterm infants and understand implications of maintaining target oxygen saturation ranges and outcomes
• Identify preterm infants at risk for hypoxia and learn management strategies to prevent hypoxia
• Determine treatment options for preterm infants at risk for and with established pulmonary hypertension
• Discuss newer strategies of oxygen titration in preterm infants
• Recognize need for home oxygen therapy for preterm infants with bronchopulmonary dysplasia

Description: Oxygen administration is an essential component in management of preterm infants needing respiratory support. Use of oxygen is typically intended to provide enough support for metabolic demands while avoiding hypoxia as well as hyperoxia. It is not only challenging to identify the optimal oxygen need especially in preterm infants but is also equally difficult to maintain those infants in prescribed oxygen saturation levels.<br />
While oxygen therapy is essential for managing preterm infants unable to maintain desired oxygen saturation goals in neonatal intensive care unit there are misconceptions, doubts as well as disagreements pertaining to its use in these settings. Extensive research studies involving oxygen therapy for infants have been conducted right from its application in the delivery room till infants are discharged home.<br />
This proposed symposium is intended to gather and present current evidence in the field of oxygen therapy administered for preterm infants from birth to home in a single setting. The speakers have done extensive work in this field and will share their experience through their expertise towards various aspects of providing oxygen therapy in preterm infants. The session will also highlight practice guidelines and stimulate interactive discussion for potential future research opportunities.<br />
Challenges with oxygen therapy in neonates: Manoj Biniwale MD<br />
Duration 5 Minutes<br />
In the introductory talk Dr Biniwale will discuss current problems faced by clinicians while managing preterm infants requiring oxygen as well as ventilatory support. He will discuss the risks and benefits of using oxygen in preterm infants.<br />
Delivery room oxygen therapy in preterm infants: Maximo Vento MD PhD<br />
Duration 15 minutes<br />
Dr Vento has been doing extensive research on the physiologic aspects of oxygen metabolism in the fetal to neonatal transition. From a clinical perspective, he has studied the evolution of oxygen saturation in healthy term and preterm babies to assess normality during postnatal adaptation. Furthermore, a great part of his studies has been involved in the optimization of oxygen supplementation during resuscitation after birth asphyxia in term infants, and individual titration of oxygen in preterm infants to achieve postnatal stabilization. The present talk will focus on use of oxygen in the delivery room in the preterm infants and their implications to outcomes of the preterm infants. He will also emphasize on impact of delayed cord clamping on oxygen saturations.<br />
Lessons learnt from the Neonatal Oxygenation Prospective Meta-Analysis (NeOProM) trials about oxygen saturation target ranges and alarm settings in preterm infants: Barbara Schmidt MD MSc<br />
Duration 15 minutes<br />
Dr Schmidt was the principal investigator of the Canadian Oxygen Trial.
PROPOSAL # 345383
SESSION TITLE: Dispelling Myths Around Oxygen Therapy in Preterm Infants

(COT), one of the 5 NeOProm trials in very immature infants. Her presentation will focus on the effects of different oxygen saturation target ranges on death or disability at 18 to 24 months, and on short-term neonatal morbidities. She will discuss the strengths and limitations of the NeOProm trials and what clinicians should consider when applying the results.

Intermittent hypoxia in preterm infants and its management: Richard Martin MD
Duration 15 minutes Dr Martin is a leader in the field of the neurobiology of breathing, focusing on the control of breathing, airway maturation in neonates, and the impact of intermittent hypoxia and hyperoxia in preterm infants. He will discuss pathophysiology of intermittent hypoxic episodes, associated morbidities and clinical consequences. He will also highlight on therapeutic options for treatment of these episodes and outcome in preterm infants.

Targeting oxygen saturation by closed-loop control of inspired oxygen in preterm infants – Eduardo Bancalari MD
Duration 15 minutes Dr Bancalari is one of the inventors of Clio, an automated system that controls inspired oxygen concentration now in clinical use in Canada, Europe and Latin America. He will discuss this emerging technology using automated systems with closed loop feedback and how they enhance consistency of adhering to oxygen saturation targets compared with the current method of manual control of inspired oxygen. His presentation will include current evidence of use of Clio as well as potential clinical and research applications.

Oxygen therapy for pulmonary hypertension in preterm infants: Satyan Lakshminrusimha MD
Duration 15 minutes Dr Lakshminrusimha has special interest in disorders of neonatal transition such as persistent pulmonary hypertension of the newborn (PPHN). His has done extensive research on neonatal resuscitation and role of oxygen in regulating pulmonary vascular resistance. His talk will focus on use of oxygen in preterm infants developing PPHN. He will also discuss use of oxygen therapy in preterm infants developing bronchopulmonary dysplasia related pulmonary hypertension.

Caffeine and Oxygen for Preterm Infants after discharge from NICU: Really? Rangasamy Ramanathan MD
Duration 15 minutes Dr Ramanathan’s research involves respiratory support for preterm infants focusing on non-invasive ventilation. He is the inventor of Ram cannula. Additionally he has been managing infants with bronchopulmonary dysplasia in outpatient settings for more than 30 years. Present talk will focus on evidence behind testing for home oxygen therapy especially for preterm infants getting discharged from NICU, caffeine post-discharge, management of home oxygen, sleep studies as well as criteria for discontinuation of oxygen treatment.

Interactive case discussion: Manoj Biniwale MD
Duration 10 minutes After the expert speakers discuss all aspects of the oxygen therapy there will be an interactive case discussion involving speakers as well as audience. This case will involve delivery of extremely low birth weight preterm infant requiring resuscitation at birth, requiring prolonged ventilation in NICU, later developing pulmonary hypertension and finally requiring home oxygen therapy. Expert speakers will comment on scope of improvement while caring for the infant in real time for all stages of NICU stay. Pertinent questions about oxygen therapy will be raised during the presentation. Audience will also be able to comment as well as question at every stage of management of this infant.

Questions and answers session: all speakers
Duration 15 minutes At the end of case presentation audience will have opportunity to ask questions as well as comment on their own experience or expertise in the field. Discussion will involve current therapies, practice guidelines as well as ideas for potential future research applications.
PROPOSAL #345383
SESSION TITLE: Dispelling Myths Around Oxygen Therapy in Preterm Infants

<table>
<thead>
<tr>
<th>Time Block:</th>
<th>120 min.</th>
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<tbody>
<tr>
<td>QA:</td>
<td>Yes</td>
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<td>Audience Polling:</td>
<td>No</td>
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<tr>
<td>Sabbath Conflicts:</td>
<td>N/A</td>
</tr>
<tr>
<td>Conflicting Sessions:</td>
<td>Neonatal pulmonary symposiums or workshops</td>
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### Additional Comments:
- (none)

### Financial Sponsor? (none)
- If Yes: (none)

### Society Affiliation:
- SPR | AAP | AAP SoNPM

### Chairs:
- Satyan Lakshminrusimha (Chair); Manoj Biniwale (Chair)

### Learning Pathway
- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

### Speaker # 1
**Presentation Title**
- Challenges with oxygen therapy in neonates

**Speaker/Duration:**
- Maximo Vento: c. 15 minutes

**Speaker/Institution:**
- M. Vento, Division of Neonatology, University and Polytechnic Hospital La Fe, Valencia, SPAIN

**Non-Member Justification:**
- Dr. Vento has done extensive research in this field and developed unique expertise to address this issue. PAS attendees especially trainees as well as clinicians and researchers will greatly benefit from this talk.

### Speaker # 2
**Presentation Title**
- Delivery room oxygen therapy for preterm infants

**Speaker/Duration:**
- M. Biniwale, Pediatrics, USC Keck school of Medicine, Los Angeles, California, UNITED STATES

**Non-Member Justification:**
- (none)

### Speaker # 3
**Presentation Title**
- Lessons learnt from the Neonatal Oxygenation Prospective Meta-Analysis (NeOProM) trials about oxygen saturation target ranges and alarm settings in preterm infants

**Speaker/Duration:**
- B. Schmidt, University of Pennsylvania, Philadelphia, Pennsylvania, UNITED STATES

**Non-Member Justification:**
- (none)

### Speaker # 4
**Presentation Title**
- Intermittent hypoxemia in preterm infants and its management

**Speaker/Duration:**
- R.J. Martin, Pediatrics/Reproductive Biology/Physiology & Biophysics, Rainbow Babies & Children's Hospital, Cleveland, Ohio, UNITED STATES

**Non-Member Justification:**
- (none)
PROPOSAL #345383
SESSION TITLE: Dispelling Myths Around Oxygen Therapy in Preterm Infants

Speaker # 5
Presentation Title  Targeting arterial oxygen saturation by closed-loop control of inspired oxygen in preterm infants
Speaker/Duration:  Eduardo Bancalari : c. 15 minutes
Speaker/Institution:  E. Bancalari, Pediatrics, University of Miami, Miami, Florida, UNITED STATES
Non-Member Justification:  Eduardo Bancalari : (none)

Speaker # 6
Presentation Title  Oxygen therapy for pulmonary hypertension in preterm infants
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 # 7
Presentation Title  Caffeine and oxygen for preterm Infants after discharge from NICU: Really?
Speaker/Duration:  Rangasamy Ramanathan : c. 15 minutes
Speaker/Institution:  R. Ramanathan, Pediatrics/Division of Neonatal Medicine, Keck School of medicine of USC, LAC+USC Medical Center, Los Angeles, California, UNITED STATES
Non-Member Justification:  Rangasamy Ramanathan : (none)

Speaker # 8
Presentation Title  Interactive case discussion
Speaker/Duration:  Manoj Biniwale : b. 10 minutes
Speaker/Institution:  M. Biniwale, Pediatrics, USC Keck school of Medicine, Los Angeles, California, UNITED STATES
Non-Member Justification:  Manoj Biniwale : (none)
PROPOSAL # 345388
SESSION TITLE: Improving Care for Patients with Autism Spectrum Disorder: An Innovative and Comprehensive Approach to Medical Education

Contact: Lauren Bartolotti Busa
Boston Medical Center
lauren.bartolotti@bmc.org

Target Audience: 50
Audience Size: 50

Tracks: Education Pathway | Developmental and Behavioral Pediatrics | School and Community Health | Health Equity/Social Determinants of Health-ACEs/Social Justice | Education

Objectives
1) Understand current gaps in medical education around interacting with and caring for patient with autism spectrum disorder and their families.
2) Demonstrate impact from existing models of medical education around interacting with and caring for patients with autism spectrum disorder.
3) Identify innovative approaches to develop and implement innovative medical education around the care for patients with autism spectrum disorder and their families.

Description:
Autism Spectrum Disorder (ASD) has become increasingly prevalent, with 1 in 59 children being diagnosed. Children with ASD utilize more inpatient, emergency, and outpatient care, yet report more barriers and lower levels of satisfaction. In fact, children with autism are twice as likely as those with other disabilities to have unmet health care needs, and nearly 1 in 5 have gone without a needed medical or mental health service. Further, it is the unfortunate reality that many practitioners and healthcare providers feel under-educated and inadequately trained to most appropriately meet the needs of patients with autism and their families.

In line with national efforts underway to enhance the competency of practitioners as they care for patients with autism, our program has developed new mechanisms to strengthen medical education and invest in the medical school pipeline. Our proposed panel highlights comprehensive and innovative approaches to medical education to improve the training and education for clinicians and staff working with this population. We will discuss the development and implementation of three model approaches of this education, including family-centered trainings, school-based immersion practice, and recruitment and efforts to inform future generations of practitioners.

ASD 101 and Parent Panel: A foundations lecture, originally designed for medical students during their psychiatry rotation, though since adapted and tailored for multiple departments across the hospital including Dental, Psychiatry, Genetics, Interpreter Services and Security. This unique training centers around the family perspective and teaches practical strategies through the lived experiences of parents and caregivers.

Doctor's Day: An immersive approach to medical education through a partnership through the Boston Public Schools, Doctor's Day brings medical students into schools that serve patients with Autism Spectrum Disorder for a day of medical desensitization and hands-on learning. Medical students practice physical exams and common tasks that accompany most medical visits (blood pressure check, eyes, ears, throat, height/weight etc), implementing support strategies and tools unique to children with ASD (visual schedules, picture communication systems, sensory toys), while students gain comfort and trust of those in the white coat.

MIT IAP: In partnership with the Massachusetts Institute of Technology (MIT), the Independent Activities Period (IAP) is a program that matches a cohort of pre-medical MIT students with the ASD Program for a full healthcare immersion experience. The four-week full time internship offers opportunities for gaining foundational knowledge, practical tools and strategies, and critical thinking/creative project development.

Our panel includes multiple stakeholder perspectives from all three of these training modalities, with education, family, and clinical lenses.
# PROPOSAL # 345388

**SESSION TITLE:** Improving Care for Patients with Autism Spectrum Disorder: An Innovative and Comprehensive Approach to Medical Education

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<th>Time Block:</th>
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<tr>
<td>QA:</td>
<td>Yes</td>
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<td>Audience Polling:</td>
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<td>Sabbath Conflicts:</td>
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**Learning Pathway**
- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [✓] Education
- [ ] Trainee

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**Society Affiliation:** SDBP

**Chairs:** Alexander Friedman (Moderator)

### Speaker # 1
**Presentation Title**  
Doctor's Day: A practical approach to medical education through a partnership with the Boston Public Schools

**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 : (none)

### Speaker # 2
**Presentation Title**  
ASD 101 and Parent Panel: A foundations lecture with family perspectives.

**Speaker/Duration:** Lauren Bartolotti Busa : d. 20 minutes

**Speaker/Institution:**  
L. Bartolotti Busa, pediatrics, Boston Medical Center, Boston, Massachusetts, UNITED STATES

**Non-Member Justification:** Lauren Bartolotti Busa : (none)

### Speaker # 3
**Presentation Title**  
MIT IAP: A unique internship partnership offering immersive experiences

**Speaker/Duration:** Sarah Bouchard : d. 20 minutes

**Speaker/Institution:**  
S. Bouchard, Massachusetts Institute of Technology, Cambridge, Massachusetts, UNITED STATES

**Non-Member Justification:** Sarah Bouchard : (none)
**PROPOSAL # 345404**

**SESSION TITLE:** Umbilical cord management at birth

**Contact:** Georg Schmolzer  
georg.schmoelzer@me.com

**Target Audience:** Neonatologist, Trainees, Obstetrician, Students, Nurse Practitioners, Nurses

**Audience Size:** 60-100

**Tracks:** Neonatology

**Objectives**  
To understand physiological changes during fetal To neonatal transition  
- To gain an understanding of the range of options for optimal umbilical cord management in infants requiring respiratory support.

**Description:** Neonatal Resuscitation 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. 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 and 100% oxygen with or without epinephrine in the delivery room. Despite such care, approximately 1 million newborn die annually worldwide.  
Current international guidelines recommend delayed umbilical cord clamping for at least 60 s for all preterm and term infants NOT requiring respiratory support. Given that many newborns require respiratory support at birth, this session is designed to discuss the latest physiological and clinical insights on managing the umbilical cord at birth for infants requiring active management in the delivery room. Furthermore, we will discuss how current knowledge and evidence can be used to guide resuscitation in the delivery room for compromised infants. We will highlight knowledge gaps that need to be addressed before implementation into clinical practice in all settings.  
The topics discussed will include:
- The physiology of the transition at birth and its role in umbilical cord management.
- Umbilical cord management in resource limited settings: what is the evidence?
- Umbilical cord management in infants requiring respiratory support.
- Timing of umbilical cord clamping relative to respiratory support.
- Umbilical cord milking.
- A more in depth look at umbilical cord management – individual Patient meta-analysis.

**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** No

**Sabbath Conflicts:** N/A

**Learning Pathway:**
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee

**Conflicting Sessions:** Neonatal Clinical trials

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**Society Affiliation:** Other/No Affiliation

**Chairs:** Georg Schmolzer (Workshop Leader); Graeme Polglase (Workshop Co-Leader)
<table>
<thead>
<tr>
<th>Speaker # 1</th>
<th>Presentation Title</th>
<th>The physiology of the transition at birth and its role in umbilical cord management.</th>
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<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Graeme Polglase</td>
<td>d. 20 minutes</td>
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<tr>
<td>Speaker/Institution</td>
<td>G. Polglase, The Ritchie Centre, Monash University, Melbourne, Victoria, AUSTRALIA</td>
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<tr>
<td>Non-Member Justification</td>
<td>Graeme Polglase</td>
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<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>Umbilical cord management in resource limited settings: what is the evidence?</th>
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<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Susan Niermeyer</td>
<td>d. 20 minutes</td>
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<tr>
<td>Speaker/Institution</td>
<td>S. Niermeyer, Pediatrics, University of Colorado, Aurora, Colorado, UNITED STATES</td>
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<td>Non-Member Justification</td>
<td>Susan Niermeyer</td>
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<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>Umbilical cord management in infants requiring respiratory support:</th>
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<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Stuart Hooper</td>
<td>d. 20 minutes</td>
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<tr>
<td>Speaker/Institution</td>
<td>S.B. Hooper, The Ritchie Centre, Monash University, Clayton, Victoria, AUSTRALIA</td>
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<td>Stuart Hooper</td>
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<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Umbilical cord milking</th>
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<tr>
<td>Speaker/Duration</td>
<td>Anup Katheria</td>
<td>d. 20 minutes</td>
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<tr>
<td>Speaker/Institution</td>
<td>A.C. Katheria, Neonatal Research Institute, Sharp Mary Birch Hospital, San Diego, California, UNITED STATES</td>
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<td>Non-Member Justification</td>
<td>Anup Katheria</td>
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Hormonal Therapy for Neonatal Brain Injury—Recent Advances and Limitations

**Objectives**

1. Discuss recent advances in understanding of prenatal and postnatal steroid on brain injury in premature infants and address related controversies.
2. Review novel mechanisms of neuroprotection with estrogen replacement in premature newborns and identify the need of its clinical evaluation.
3. Critically discuss the controversies on use of postnatal thyroxine treatment and developmental outcome.

**Description:**

Hormones are powerful modulators of cell lineage and differentiation. Whereas appropriate exposure can serve as an accelerator to mature organ function in the human fetus and premature infant, they can harm if used inappropriately. Prenatal glucocorticoids differentiate epithelial cell functions of the lung, skin, gut, kidney, eye and CNS and thereby help ensure normal ex utero multiorgan adaptive capacity. While absence of glucocorticoid signals can be detrimental, excessive exposure can induce injury such as brain and hippocampal atrophy. The ubiquitous organ level effects of thyroxine during development are well established and its robust role in brain development is absolute. Yet, animal results did not always translate successfully into effective thyroxine interventions in clinical trials (THOP trial NS045109-01). Although, beneficial results of thyroxine are encouraging in animal models of neonatal brain ischemia and hemorrhage, no neonatal clinical trials exist. The promise of high dose erythropoietin prophylaxis to prevent or ameliorate preterm encephalopathy and improve neurodevelopmental outcomes at 2 years was unfulfilled (PENUT Trial NS077953). It remains to be seen if erythropoietin is neuroprotective for HIE or stroke. Trials are ongoing to answer these questions. Estrogen therapy reverses the lost maternal in utero hormonal exposure as evident by its neuroprotective role in animal model of prematurity. Might these well-defined animal models someday contribute to improving neurodevelopmental outcome of premature infants? This symposium will highlight recent advances from basic, translational, and clinical research to provide a comprehensive update on the risks and benefits of hormonal therapy in premature infants at risk for hypoxia and neurological delays.

**Time Block:** 120 min.

**Audience:**

Target Audience: neonatologists, neonatal fellows, residents, pediatricians, pediatric neurologists

Audience Size: 500

Tracks: Neonatology

**Additional Comments:** None

**Financial Sponsor:** (none)

**Society Affiliation:** SPR

**Chairs:** PRAVEEN BALLABH (Chair); Terrie Inder (Chair); Barbara Stonestreet (Presenter); Sandra Juul (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)

## Speaker # 2
**Presentation Title**  What’s new on the use of prenatal glucocorticoids and brain development?
**Speaker/Duration:** Barbara Stonestreet : d. 20 minutes
**Speaker/Institution:** B.S. Stonestreet, Peiatrics, Women & Infants Hospital of Rhode Island, Providence, Rhode Island, UNITED STATES
**Non-Member Justification:** Barbara Stonestreet : (none)

## Speaker # 3
**Presentation Title**  Postnatal glucocorticoids: good, bad or ugly.
**Speaker/Duration:** Terrie Inder : d. 20 minutes
**Speaker/Institution:** T. Inder, Harvard Medical School, Boston, Massachusetts, UNITED STATES
**Non-Member Justification:** Terrie Inder : (none)

## Speaker # 4
**Presentation Title**  Impact of postnatal estradiol replacement on neuronal and dendritic development in premature newborns.
**Speaker/Duration:** PRAVEEN BALLABH : d. 20 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**  Erythropoietin: Trial Strategies
**Speaker/Duration:** Sandra Juul : d. 20 minutes
**Speaker/Institution:** S.E. Juul, Pediatrics, University of Washington, Seattle, Washington, UNITED STATES
**Non-Member Justification:** Sandra Juul : (none)

## Speaker # 6
**Presentation Title**  Can thyroxine treatment benefit premature infants?
**Speaker/Duration:** Edmund LaGamma : d. 20 minutes
**Speaker/Institution:** E.F. LaGamma, Division of Newborn Medicine, NYMC - Maria Fareri Children's Hospital, Valhalla, New York, UNITED STATES
**Non-Member Justification:** Edmund LaGamma : (none)
| Speaker # 7 | Discussion |
| Speaker/Duration: | Terrie Inder: c. 15 minutes |
| Speaker/Institution: | T. Inder, Harvard Medical School, Boston, Massachusetts, UNITED STATES |
| Non-Member Justification: | Terrie Inder: (none) |
SESSION TITLE: Contemporary Approaches to Evaluation and Management of Neonatal Hypoglycemia

Contact: Sarbattama Sen  Brigham and Women’s Hospital
ssen2@bwh.harvard.edu

Target Audience: General pediatricians, neonatologists and endocrinologists

Audience Size: 150

Tracks: Endocrinology | Neonatology | Quality Improvement/Patient Safety | Well Newborn | General Pediatrics

Objectives
• To discuss the evidence regarding maternal obesity as a risk factor for neonatal hypoglycemia
• To review contemporary screening and treatment approaches and associated outcomes
• To introduce continuous glucose monitoring as an emerging technology for neonates and review its risks and benefits
• To describe the importance of non-glucose, alternate substrate metabolite availability in neonatal hypoglycemia outcomes
• To discuss recent studies that have examined the association of neonatal hypoglycemia with long-term neurodevelopmental outcome
• To present the results of a trial of prophylactic dextrose gel administration on short- and long-term outcomes of at-risk infants

Description:
Neonatal hypoglycemia is the most common biochemical abnormality of the newborn and is associated with neurodevelopmental impairment. There has been a rapid evolution of evidence regarding optimal approaches to prevent, evaluate and manage hypoglycemia in order to minimize neurodevelopmental harm. We will invite four leaders in the field to describe emerging data and techniques to inform and improve our approach to this common disorder. Dr. Sarbattama Sen will discuss emerging maternal risk factors which are not currently part of routine screening guidelines, such as obesity, that increase risk of neonatal hypoglycemia and are potentially associated with neurodevelopmental impairment. She will also discuss the role of new treatment approaches (gel, feeding type, graded approach to intravenous fluids) in optimizing outcomes for infants with hypoglycemia. Dr. Alfonso Galderisi will introduce continuous glucose monitoring as an emerging technology in neonates. His recent trial of continuous glucose monitoring in preterm infants found that infants who had CGM monitoring to guide glucose intakes were more likely to maintain blood sugars in the target range. Dr. Paul Rozance will introduce the concept that hypoglycemia is just one feature of delayed metabolic transition in newborns, which emphasizes the importance of non-glucose, alternate substrate availability in outcomes of infants with neonatal hypoglycemia. Dr. Jane Harding will discuss results from her recent studies of treatment of hypoglycemia and effect on long-term outcomes, including findings from the new hPOD trial, a randomised, double-blind, placebo-controlled trial of dextrose gel prophylaxis.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: fetal neonatal nutrition and metabolism, neonatal clinical trials

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: AAP | SPR | AAP SoNPM

If Yes: (none)
PROPOSAL #345527

SESSION TITLE: Contemporary Approaches to Evaluation and Management of Neonatal Hypoglycemia

Chairs: Sarbattama Sen (Chair); Paul Rozance (Chair)

Speaker #1

Presentation Title: Emerging risk factors and contemporary treatment approaches for neonatal hypoglycemia
Speaker/Duration: Sarbattama Sen: 30 minutes
Speaker/Institution: S. Sen, Pediatric Newborn Medicine, Brigham and Women's Hospital, Boston, Massachusetts, UNITED STATES
Non-Member Justification: Sarbattama Sen: (none)

Speaker #2

Presentation Title: Improving detection of neonatal hypoglycemia with glucose monitoring technology
Speaker/Duration: Alfonso Galderisi: 30 minutes
Speaker/Institution: A. Galderisi, Yale Medical Center, New Haven, Connecticut, UNITED STATES
Non-Member Justification: Alfonso Galderisi: (none)

Speaker #3

Presentation Title: The role of alternate substrate availability in neonatal hypoglycemia outcomes
Speaker/Duration: Paul Rozance: 30 minutes
Speaker/Institution: P. Rozance, University of Colorado, Denver, Colorado, UNITED STATES
Non-Member Justification: Paul Rozance: (none)

Speaker #4

Presentation Title: Neonatal Hypoglycemia prevention and treatment: Impact on neurodevelopmental outcomes
Speaker/Duration: Jane Harding: 30 minutes
Speaker/Institution: J.E. Harding, Liggins Institute, University of Auckland, Auckland, NEW ZEALAND
Non-Member Justification: Jane Harding: (none)
PROPOSAL #345567
SESSION TITLE: Don’t Panic! How to Incorporate Pharmacogenetic Testing into the Care of Pediatric Mental Health Disorders

Contact: Sonya Tang Girdwood Cincinnati Children's Hospital Medical Center
sonya.tanggirdwood@cchmc.org

Session Speaker: Panel Discussion

Target Audience: Clinicians, Trainees, Faculty, General Pediatricians, Subspecialists

Audience Size: 30-50


Objectives
By the end of the session, attendees will be able to:
1. Gain familiarity in the common types of pharmacogenetic testing available in various pediatric mental health disorders and their benefits and pitfalls, and know the resources they can use to personalize therapy based on testing results
2. Recognize the broad scope of research, from basic science to translational to clinical implementation, being conducted in the field of pharmacogenetics in pediatric mental disorders and the knowledge gaps that still remain
3. Appreciate the need for a multidisciplinary team, including physicians, pharmacists and basic scientists, to implement pharmacogenetic testing, interpret results, and recommend individualization of personalized therapy in the management of pediatric mental health disorders

Description:
Personalized medicine is a National Institutes of Health major initiative and focuses on delivering the right treatment to the right patient at the right time instead of a one-size-fits-all approach. Although pediatricians excel at patient-centered care and weight-based dosing, few other data are incorporated into dosing decisions for children. Pharmacogenetics is the study of how the genetic makeup of a person influences the response to drugs and is an essential pillar to advancing personalized medicine. Advances in pharmacogenetic testing have been made in the field of pediatric psychiatry to provide individualized management of common mental health disorders. As the number of children and adolescents who require treatment for mental health is on the rise, general pediatricians are expected to initiate and titrate psychotropic medications. However, many pediatricians have not received formal training on pharmacogenetic testing, and are unaware of the tests available, the indications for testing, the limitations to test interpretation, and how to adjust therapy based on findings. In this panel discussion, attendees will hear from experts on the current state of pharmacogenetic testing in drugs commonly used in pediatric mental health disorders and how to implement testing clinically in their practice.<br />
This session will include discussion of each specific topic throughout, as well as broad discussion based on audience questions and/or sample cases from the presentation team during the Q&A portion.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Any Pharmacology or Genomics Sessions

Additional Comments: We would like a table with chairs and 1-2 microphones for the panelists during Q&A.

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

Society Affiliation: APA | AAP | SPR | PHM
PROPOSAL #345567

SESSION TITLE: Don’t Panic! How to Incorporate Pharmacogenetic Testing into the Care of Pediatric Mental Health Disorders

Chairs: Sara Van Driest (Chair); Sonya Tang Girdwood (Chair)

Speaker # 1
Presentation Title: Pharmacogenetic testing: a general pediatrician’s perspective
Speaker/Duration: Sara Van Driest: b. 10 minutes
Speaker/Institution: S. Van Driest, Pediatrics, Vanderbilt University Medical Center, Nashville, Tennessee, UNITED STATES
Non-Member Justification: Sara Van Driest: AAP, SPR

Speaker # 2
Presentation Title: Pearls and pitfalls for pharmacogenomic testing in the treatment of autism, ADHD, anxiety, and depression
Speaker/Duration: Erika Nurmi: d. 20 minutes
Speaker/Institution: E. Nurmi, Psychiatry and Behavioral Sciences, University of California Los Angeles, Los Angeles, California, UNITED STATES
Non-Member Justification: Erika Nurmi: Dr. Nurmi is an Assistant Professor in the Child and Adolescent Psychiatry Division in the Department of Psychiatry and Behavioral Sciences at UCLA. She is the medical director of the Pediatric Obsessive-Compulsive Disorder (OCD) Intensive O

Speaker # 3
Presentation Title: Is it time to pay attention to genetic testing results when prescribing stimulants?
Speaker/Duration: Jacob Brown: d. 20 minutes
Speaker/Institution: J.T. Brown, Pharmacy Practice and Pharmaceutical Sciences, University of Minnesota College of Pharmacy, Duluth, Minnesota, UNITED STATES
Non-Member Justification: Jacob Brown: Dr. Brown is an Assistant Professor in the University of Minnesota College of Pharmacy. In addition to conducting research on the pharmacogenetics of ADHD medications, he has investigated the incorporation of pharmacogenetics into the practi

Speaker # 4
Presentation Title: Can a genetic test result make me less anxious about prescribing this SSRI?
Speaker/Duration: Laura Ramsey: d. 20 minutes
Speaker/Institution: L. Ramsey, Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES
Non-Member Justification: Laura Ramsey: Dr. Ramsey is an Assistant Professor at Cincinnati Children’s Hospital and University of Cincinnati Department of Pediatrics. She is a member of the Clinical Pharmacogenetics Implementation Consortium. Her lab not only conducts basic resear
PROPOSAL #345567
SESSION TITLE: Don’t Panic! How to Incorporate Pharmacogenetic Testing into the Care of Pediatric Mental Health Disorders

Speaker # 5
Presentation Title: Risperidone, Genes, and Drug Response – finding the useful data among the crazy contradictions
Speaker/Duration: Katelyn Neely : d. 20 minutes
Speaker/Institution: K.M. Neely, Pediatrics, Vanderbilt University Medical Center, Nashville, Tennessee, UNITED STATES
Non-Member Justification: Katelyn Neely : AAP
**PROPOSAL #345576**

**SESSION TITLE:** Vaccine Hesitancy - a Communicable Condition Spreading around the World

**Contact:** Hiroyuki Moriuchi  
Nagasaki University Graduate School of Biomedical Sciences  
hiromori@nagasaki-u.ac.jp

**Audience Size:** 150

**Tracks:** General Pediatrics | Infectious Diseases | International and Global Health | Public Health

**Objectives**  
To learn the situation of anti-vax movement around the world and to consider what we should do in the face of vaccine hesitancy.

**Description:** In 2019, the WHO has named vaccine hesitancy as one of the top 10 threats to global health. Vaccine hesitancy is complex and context specific across time, place and vaccines; however, it is a communicable condition spreading around the world through the internet. This session takes up three representative problems: MMR vaccine in the Western countries, HPV vaccine in Japan, and dengue virus vaccine in the Philippines. Understanding why there is a tendency to hesitate those vaccines may lead to the solutions of problems. Moreover, the session introduces some enlightening activities, including a joint project of AAP and Japan Pediatric Society.

**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** No

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** Vaccine/Immunization

**Learning Pathway**
- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**Society Affiliation:** ASPR | JPS

**Chairs:** Paul Offit (Chair); Nobuhiko Okabe (Chair); Hiroyuki Moriuchi (Contact Person)

**Speaker # 1**

**Presentation Title:** MMR Vaccine Hesitancy in the Western Countries

**Speaker/Duration:** Paul Offit : d. 20 minutes

**Speaker/Institution:** P. Offit, University of Pennsylvania, Philadelphia, Pennsylvania, UNITED STATES

**Non-Member Justification:** Paul Offit : (none)

**Speaker # 2**

**Presentation Title:** HPV Vaccine Hesitancy in Japan

**Speaker/Duration:** Hiroyuki Moriuchi : d. 20 minutes

**Speaker/Institution:** H. Moriuchi, Department of Pediatrics, Nagasaki University Graduate School of Biomedical Sciences, Nagasaki, JAPAN

**Non-Member Justification:** Hiroyuki Moriuchi : (none)
**PROPOSAL #345576**

**SESSION TITLE:** Vaccine Hesitancy - a Communicable Condition Spreading around the World

### Speaker # 3
**Presentation Title:** Dengue Vaccine Hesitancy in the Philippines  
**Speaker/Duration:** Lulu Bravo : d. 20 minutes  
**Speaker/Institution:** L. Bravo, University of Philippines, Manila, PHILIPPINES |
**Non-Member Justification:** Lulu Bravo : (none)

### Speaker # 4
**Presentation Title:** AAP-JPS Joint Project for Vaccine Awareness  
**Speaker/Duration:** Akihiko Saitoh : d. 20 minutes  
**Speaker/Institution:** A. Saitoh, Pediatrics, Niigata University Graduate School of Medical and Dental Sciences, Niigata, JAPAN |
**Non-Member Justification:** Akihiko Saitoh : (none)

### Speaker # 5
**Presentation Title:** WHO Initiatives to Fight against Vaccine Hesitancy  
**Speaker/Duration:** Patrick Zuber : d. 20 minutes  
**Speaker/Institution:** P. Zuber, Global Advisory Committee on Vaccine Safety, Geneva, SWAZILAND |
**Non-Member Justification:** Patrick Zuber : (none)
PROPOSAL #345589
SESSION TITLE: Patient and Public Involvement in pediatric research: Children as Co-researchers!

Contact: Malou Luchtenberg University Medical Center Groningen
m.l.luchtenberg@umcg.nl

Audience Size: 80
Tracks: Academic and Research Skills | Advocacy/Public Policy | Ethics/Bioethics | Advocacy Pathway

Objectives
- To provide an introduction into Patient and Public involvement (PPI) in research
- To share experiences of involving children and young people as co-researchers in qualitative pediatric research, both from the perspective of adult researchers as well as from the perspective of children and young people
- To discuss challenges in involving children in clinical research

Description:
In order to empower children in pediatric research, and to make sure that research outcomes are relevant to those children involved, children should not only get the chance to participate in research but also to be involved as co-researchers. Empowerment and quality improvement are two of many more justifications for Patient and Public Involvement (PPI). In this session, we will explore benefits and challenges in adopting PPI in pediatric research. We will share experiences from the perspectives of both adult researchers and child researchers, and discuss how to move forward. Should PPI in pediatric research become obligatory? Is PPI in pediatric research always possible? We invite attendees to share their thoughts and discuss the potentials of PPI in pediatric research.

Time Block: 90 min.
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A

Conflicting Sessions: Bioethics session

Additional Comments: (none)
Financial Sponsor? (none)

Society Affiliation: Other/No Affiliation

Chairs: Eduard verhagen (Chair); Malou Luchtenberg (Contact Person)

Speaker # 1
Presentation Title: An Introduction into Patient and Public Involvement
Speaker/Duration: Louca-Mai Brady: d. 20 minutes
Speaker/Institution: L. Brady, Kingston University and St George's, London, UNITED KINGDOM
Non-Member Justification: Louca-Mai Brady: (none)
**PROPOSAL #345589**

**SESSION TITLE:** Patient and Public Involvement in pediatric research: Children as Co-researchers?!

<table>
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<tr>
<th>Speaker # 2</th>
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<tbody>
<tr>
<td><strong>Presentation Title</strong></td>
<td>&quot;It actually felt like I was a researcher myself&quot; Children as Co-researchers in Qualitative Data Analysis of Pediatric Research</td>
</tr>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Malou Luchtenberg : e. 25 minutes</td>
</tr>
<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>M. Luchtenberg, Pediatrics, University Medical Center Groningen, Groningen, Groningen, NETHERLANDS</td>
</tr>
<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Malou Luchtenberg : phd student</td>
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<th>Speaker # 3</th>
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<tr>
<td><strong>Presentation Title</strong></td>
<td>International Children Advisory Network (iCAN) Research: Youth Member Experiences</td>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Amy Ohmer : e. 25 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>A. Ohmer, International Children's Advisory Network, Pinckney, Michigan, UNITED STATES</td>
</tr>
<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Amy Ohmer : (none)</td>
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### PROPOSAL # 345594

**SESSION TITLE:** Creating Momentum for Early Childhood: Bridging the Fields of Pediatrics and Education

<table>
<thead>
<tr>
<th>Contact: Anda Kuo</th>
<th>UCSF</th>
<th><a href="mailto:anda.kuo@ucsf.edu">anda.kuo@ucsf.edu</a></th>
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</table>

**Tracks:**
- Advocacy/Public Policy
- Cross-Disciplinary Spotlight
- School and Community Health
- Social Determinants/Health Disparities
- Literacy
- Education
- Health Equity/Social Determinants of Health
- ACEs/Social Justice
- Advocacy Pathway

**Objectives**
1. Imagine how technological innovations in education can inspire and engage pediatricians to accelerate progress and reduce educational disparities.
2. Recognize how pediatricians can collaborate with new models of early child education.
3. Incorporate perspectives from philanthropic leaders who are seeding change to improve educational outcomes at scale.

**Description:**
School readiness has impact on academic, health and economic outcomes across a child’s lifespan. Early childhood is a critical period of brain and socio-emotional development for establishing a strong foundation for learning. Yet, all too often, readiness to learn is not formally assessed and identified until primary school. In addition, children living in poverty and in communities of color are burdened with the greatest educational disparities, and these disparities start in early childhood. Child health providers have unparalleled, systematic access to children ages zero to five years with multiple touchpoints a year. In particular, child health providers may serve as the most consistent service sector for young children living in poverty. Early child educators have a wealth of expertise and innovation in preparing young minds for a lifetime of learning. Unfortunately, the fields of early childhood education (ECE) and child health largely work in parallel to support the development of children ages 0-5. We believe that bridging these fields can transform outcomes for children who face disparities in educational readiness and achievement. How might pediatrics best partner with ECE to eliminate disparities in kindergarten readiness? What innovations in early education can bridge child health and ECE? How might philanthropy drive momentum to harness child health and ECE? In this session we bring together thought leaders from across disciplines to spark creative solutions and partnerships that will support early minds to be ready to learn.

**Time Block:** Either

**QA:** Yes

**Audience Polling:** Yes

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** school health, early childhood development, ACES

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**Society Affiliation:** AAP | APA

**Chairs:** Anda Kuo (Organizer); Lisa Chamberlain (Organizer)
PROPOSAL #345594
SESSION TITLE: Creating Momentum for Early Childhood: Bridging the Fields of Pediatrics and Education

**Speaker # 1**
**Presentation Title**  The Opportunity: Catalyzing Partnerships Between Early Education and Pediatric Providers
**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 # 2**
**Presentation Title**  KinderReady Clinics: An Emerging Model
**Speaker/Duration:** Lisa Chamberlain : b. 10 minutes
**Speaker/Institution:** L.J. Chamberlain, Stanford, Stanford, California, UNITED STATES
**Non-Member Justification:** Lisa Chamberlain : APA, AAP

**Speaker # 3**
**Presentation Title**  How Tech Innovations Accelerate Progress to Reduce Educational Disparities
**Speaker/Duration:** Matt Glickman : c. 15 minutes
**Speaker/Institution:** M. Glickman, Stanford University, Palo Alto, California, UNITED STATES
**Non-Member Justification:** Matt Glickman : This speaker is in alignment with PAS 2020's focus on cross disciplinary presentations.

**Speaker # 4**
**Presentation Title**  How Pediatricians Can Collaborate with New Models of Early Childhood Education to Reduce the Achievement Gap
**Speaker/Duration:** Henry Wilde : c. 15 minutes
**Speaker/Institution:** H. Wilde, Acelero Learning / Shine Early Learning, New York, New York, UNITED STATES
**Non-Member Justification:** Henry Wilde : This speaker is in alignment with PAS 2020's focus on cross disciplinary presentations.

**Speaker # 5**
**Presentation Title**  Philanthropic Leaders Seeding Change to Improve Educational Outcomes at Scale.
**Speaker/Duration:** Janet Froetscher : c. 15 minutes
**Speaker/Institution:** J. Froetscher, JB and MK Pritzker Family Foundation, Chicago, Illinois, UNITED STATES
**Non-Member Justification:** Janet Froetscher : This speaker is in alignment with PAS 2020’s focus on cross disciplinary presentations.
SESSION TITLE: The golden first postnatal hour – what does it mean and can it be made more golden?

Contact: Charles Cotten
Duke University
michael.cotten@duke.edu

Target Audience: Clinicians and scientists in the field of neonatology with a special interest in delivery room management and resuscitation of newborn infants.

Audience Size: 150

Tracks: Clinical and Translational Research | Community Pediatrics | Well Newborn | Neonatology | International and Global Health | General Pediatrics

Objectives
1) Provide background from animal models and clinical research regarding rationale for evolution of resuscitation approach, what we’ve learned from animals, and what we’ve learned that may not be applicable in human infants. (Hooper)
2) Review current understanding of timely and effective interventions utilized in neonatal resuscitation, including the benefits of focusing on the benefits of rapid, efficient and effective interventions while exploring the difference between resuscitation and supporting transition (Foglia)
3) Demonstrate an additional alternative ‘support transition’ approach emerges during the golden hour during and immediately after rapid, effective, and efficient interventions. (Rüdiger)
4) Propose mechanisms for monitoring the condition of the newborn during the evolving ‘more golden’ golden hour that would include active support for bonding during this early stage of transition to extrauterine life, for even the most fragile infants. (te Pas)

Description: Transition from intra- to extra-uterine life is a complex process involving significant physiologic changes. In the majority of newborns, this transition occurs without severe problems. However, disturbances during this transition, as well as challenges due to inherent physiologic and anatomic limitations of some infants, such as those born extremely prematurely or those with structural abnormalities, lead to the need for interventions from skilled caregivers. Whereas support has been considered as primarily cardio-respiratory resuscitation, and great strides have been made with evolution of the Neonatal Resuscitation Program (now in its 7th edition) guiding clinicians’ assessments and interventions, approaches have broadened focus on the importance of appropriate support, efficiently and effectively delivered, summarized in the term “First golden hour of life”. Whereas the importance of the physiologic adaptations and physiologically-driven support during the first postnatal hour of extra-uterine life has been recognized, especially in very preterm infants, variations in approaches to supporting transition of immature infants during this golden hour are emerging. Based on the different perspectives of the panelists, the first golden hour of life is discussed from different perspectives. The following issues will be covered: 1) What does nature (animal models vs human transition research) teach us? 2) Does it make sense to base recommendations on animal data? 3) Does the extra-uterine fetus require “resuscitation” or rather “support of transition”? 4) How can we compare them? 4) Is there a way to make the golden hour more golden?

Time Block: 90 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: none
## PROPOSAL #345605

**SESSION TITLE:** The golden first postnatal hour – what does it mean and can it be made more golden?

### Additional Comments:
- no special needs

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

### Society Affiliation:
- AAP | SPR | APS | AAP SoNPM

### Chairs:
- Charles Cotten (Chair); Mario Rüdiger (Chair)

<table>
<thead>
<tr>
<th>Speaker # 1</th>
<th>Presentation Title</th>
<th>Introduction to the Golden Hour and statement of the challenge: How can we make it more golden?</th>
<th>Speaker/Duration:</th>
<th>Charles Cotten : a. 5 minutes</th>
<th>Speaker/Institution:</th>
<th>C.M. Cotten, Pediatrics, Duke University, Durham, North Carolina, UNITED STATES</th>
<th>Non-Member Justification:</th>
<th>Charles Cotten : (none)</th>
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<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>Physiology of postnatal adaptation</th>
<th>Speaker/Duration:</th>
<th>Stuart Hooper : d. 20 minutes</th>
<th>Speaker/Institution:</th>
<th>S.B. Hooper, The Ritchie Centre, Monash University, Clayton, Victoria, AUSTRALIA</th>
<th>Non-Member Justification:</th>
<th>Stuart Hooper : (none)</th>
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<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>Be quick and precise – Timely and Effective Interventions in the Golden Hour</th>
<th>Speaker/Duration:</th>
<th>Elizabeth Foglia : c. 15 minutes</th>
<th>Speaker/Institution:</th>
<th>E. Foglia, Neonatology, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES</th>
<th>Non-Member Justification:</th>
<th>Elizabeth Foglia : (none)</th>
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<tr>
<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Stay and watch – A New, European Perspective</th>
<th>Speaker/Duration:</th>
<th>Mario Rüdiger : c. 15 minutes</th>
<th>Speaker/Institution:</th>
<th>M. Rüdiger, Neonatology and Pediatric Intensive Care Unit, Technical University Dresden, Dresden, GERMANY</th>
<th>Non-Member Justification:</th>
<th>Mario Rüdiger : (none)</th>
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<tr>
<th>Speaker # 5</th>
<th>Presentation Title</th>
<th>How to monitor adherence to, and effectiveness and safety of, the proposed approach</th>
<th>Speaker/Duration:</th>
<th>Arjan tePas : c. 15 minutes</th>
<th>Speaker/Institution:</th>
<th>A. tePas, Pediatrics, Leiden University Medical Centre, Leiden, South-Holland, NETHERLANDS</th>
<th>Non-Member Justification:</th>
<th>Arjan tePas : (none)</th>
</tr>
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</table>
PROPOSAL #345611
SESSION TITLE: Oxygen for the newborn infant: Too much, too little and just right - how do we know?

Contact: Ola Saugstad Northwestern University
o.d.saugstad@med.uio.no

Target Audience: young and senior neonatologists

Audi ence Size: 800-1000

Tracks: Basic Science | Neonatology

Objectives
An important objective of this session is to convey to the audience the present status of oxygen therapy. What do we know and which knowledge gaps are still needed to be filled. The aim is to understand:

• How to assess oxygenation
• The significance of oxidative stress
• Gene expression and epigenetic changes related to oxygen exposure in the newborn
• Which SpO2 targets are recommended the first 5-10 minutes after birth, how to get there and whether it impacts on the clinical outcomes of the infant.

Description:
Optimal oxygenation of the newborn, especially in the first few minutes after birth, remains a topic of global interest and importance, primarily because oxygen probably is the most commonly used and misused drug in the field of neonatal medicine. Despite centuries of use, significant knowledge gaps still exist about the use of oxygen for newborn infants. The extremes of oxygen exposure, high and low, cause serious and even fatal human disease that have been replicated in animal models. The delicate balance between too much and too little oxygen in newborn babies, especially those born at the extremes of prematurity, remains an elusive concept. The balance of oxygen status in the individual is driven by oxygen demand and is independent of gestation, with moment to moment changes operationalized through maintenance of a simple gradient from the alveolus to the mitochondrion. Oxygen bound to hemoglobin located in the venous compartment is used as a buffer to balance the wider system requirements. Except in the context of histotoxic hypoxia, the equilibrium of overall oxygen kinetics can be determined by measurement of the size of the venous oxygen reserve.

The fetal to neonatal transition occurs during a period of marked susceptibility to oxidative stress. Preterm neonates are more vulnerable to the toxic effects of oxygen due to baseline deficits in antioxidant defenses and developmental impairment of endogenous antioxidant activation. The true impact of altered oxygen tension on biological systems in preterm neonates is poorly understood due, in part, to a lack of studies using high fidelity redox biological techniques. Modern approaches have sufficient capacity to quantitatively assess the dynamic and highly compartmentalized physiologic oxidation-reduction reactions that occur intracellularly and in subcellular compartments. For example, the sudden and dramatic increase in lung and systemic oxygen tension upon preterm delivery significantly influences transcriptional pathways that govern organ development. Further, mitochondrial bioenergetic dysfunction is increasingly appreciated as a significant contributor to disease risk and adverse outcomes in premature infants. Though strategies that enhance endogenous antioxidant responses in preterm infants are an appealing therapeutic alternative to antioxidant supplementation but knowledge gaps limit the ability to target these approaches to patients with the greatest benefit.

Response to oxidative stress at the level of gene expression is also complex and incompletely understood. Induction of reactive oxygen species are known effects of oxygen exposure; and the genomic effects such as altered gene expression, epigenetic silencing or post-transcriptional changes via non-coding RNAs are an emerging area of interest in newborn diseases. In response to oxidative stress, organs should preferentially up-regulate antioxidant genes and regulating genes responsible for repairing cell damage; however, gene response to oxygen may vary by organ, and possibly by cell-type within each organ. Epigenetic changes, like DNA methylation, from oxidative stress
produce long-term side-effects from the oxygen exposure that can be life-long or trans-generational. Similarly, long non-coding RNAs and microRNAs expression can be affected by changes in oxygen tension that have post-transcriptional effects on the cellular response to oxygen. Our current knowledge on gene expression or epigenetic changes in human neonates is mostly obtained from cells in blood samples, umbilical cord blood, or autopsy tissue samples which limits our understanding of the cellular pathogenesis. However, many animal species are used to evaluate organ and sometimes cell-type specific response to oxygen exposure often using next generation sequencing data to produce gene interaction mapping and big data. In this session leading international experts together with a younger generation of researchers in the field share their knowledge and experience with the audience to provide both a theoretical basis and clinical reasoning aimed to optimize newborn oxygenation at and after birth. In particular, this session will emphasize the imprecision of existing tools that are available for rapid and effective clinical assessment of newborn oxygenation, many of which are only approximations sufficiently accurate and precise therapeutic information. The audience will be challenged to move beyond the traditional interpretation of oxidative stress as an “imbalance” between oxidants and antioxidants. Concepts of oxidation/reduction (redox) biology will be presented in order to promote the adoption of state-of-the-art redox biology techniques that will modernize our understanding of the physiologic and mechanistic consequences of altered oxygen tension in preterm neonates.

There will be an update and overview of the toxic effects of oxygen, including discussion of the more subtle but pervasive effects of oxygen toxicity, including impact on gene expression and epigenetic changes. What are the clinical consequences of such and are these changes lifelong or reversible? The available human and animal RNA sequencing and global methylation studies available in a variety of hyperoxia disease models to infer mechanisms involved in neonatal disease will be explored. Then the session will discuss clinical conundrums, especially the use of oxygen in critically sick newborn infants at birth, as it is apparent that infant requirements will differ with the clinical background. Present delivery room guidelines recommend to start with air in term and late preterm infants and for immature babies to start with 30% O<sub>2</sub> and titrate by adjusting FiO<sub>2</sub> to reach the recommended target. However, for term infants the impact of oxygen titration is questionable due to lack of data. Further, in extremely preterm infants, just a few minutes of lower oxygen saturation at birth (SpO<sub>2</sub> < 80% at 5 minutes of age) has been associated with increased risk of death, intraventricular hemorrhage and neurodevelopmental impairment. In spite of that we still don’t know which SpO<sub>2</sub> targets are optimal at each minute the first 5-10 minutes of life. Further, the optimal initial FiO<sub>2</sub> and how to adjust FiO<sub>2</sub> to reach the preset target is not known for these immature infants. Can clinicians even achieve what research evidence recommends as oxygen manipulation at birth is so technically challenging? To complicate matters more, SpO<sub>2</sub> develops faster in girls than in boys the first minutes of life. Finally, the immediate and future challenges and gaps in evidence based knowledge in the use of oxygen for newborn resuscitation is summarized. We should aim at individualized oxygen therapy for newborn infants. We are moving in that direction but are not there yet.
PROPOSAL #345611
SESSION TITLE: Oxygen for the newborn infant: Too much, too little and just right - how do we know?

Time Block: 120 min.
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A

Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: APS|SPR

Conflicting Sessions: Oxygenation of the newborn

Chairs: Ola Saugstad (Chair); Haresh Kirpalani (Chair)

Speaker # 1
Presentation Title: Introduction: Where are we?
Speaker/Duration: Ola Saugstad : b. 10 minutes
Speaker/Institution: O.D. Saugstad, Pediatric/Neonatology, Northwestern University, Chicago, Illinois, UNITED STATES|
Non-Member Justification: Ola Saugstad : (none)

Speaker # 2
Presentation Title: Defining adequate oxygenation
Speaker/Duration: Chad Andersen : d. 20 minutes
Speaker/Institution: C. Andersen, Robinson Research Institute, University of Adelaide, Women’s and Children’s Hospital, Adelaide, South Australia, AUSTRALIA|
Non-Member Justification: Chad Andersen : (none)

Speaker # 3
Presentation Title: Oxygen Toxicity in the Neonate: thinking beyond balance
Speaker/Duration: Trent Tipple : d. 20 minutes
Speaker/Institution: T. Tipple, Pediatrics, University of Alabama at Birmingham, Birmingham, Alabama, UNITED STATES|
Non-Member Justification: Trent Tipple : (none)

Speaker # 4
Presentation Title: Oxygenation in the newborn and gene expression
Speaker/Duration: Mary Robbins : d. 20 minutes
Speaker/Institution: M.E. Robbins, Pediatrics/Neonatology, Lurie Children's Hospital/Northwestern Feinbern School of Medicine, Chicago, Illinois, UNITED STATES|
Non-Member Justification: Mary Robbins : (none)
### Speaker # 5
**Presentation Title**: Oxygenation the first minutes after birth. Significance and challenges  
**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 # 6
**Presentation Title**: Filling the knowledge gap  
**Speaker/Duration**: Haresh Kirpalani : b. 10 minutes  
**Speaker/Institution**: H. Kirpalani, Neonatology, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES  
**Non-Member Justification**: Haresh Kirpalani : (none)
In November 2019 the first PHM certification exam was administered, minting the first group of ABP certified Pediatric Hospitalists. Much is known about the current clinical roles served by hospitalists. However, the scope of clinical practice varies tremendously from general inpatient pediatric floor care to the intensive care units (neonatal and pediatric), newborn nursery, subspecialty inpatient care, surgical co-management, delivery room, sedation, complex care, and the emergency department. Prior to formal recognition of PHM by the ABP, the term hospitalist seemed to apply to everyone who worked in a hospital who did not have another certification beyond general pediatrics. The purpose of this session is to discuss the current scope of PHM practice and where, if at all, the edges of that practice should be. Absent delineation of scope and as several pediatric subspecialties workforce and trainees numbers decline, pediatric hospitalists have been and maybe further pushed into filling those gaps. Pediatric hospitalists have been at the forefront in providing value based care and have taken the lead in many quality improvement initiatives at hospitals around the country. These qualities and more make pediatric hospitalists a valued commodity as they fill these varied roles within the hospital. The presenters represent division leaders of groups with broad scopes of practice, a community hospitalist who covers the DR to ER, and the co-chair of the AAP Section on Hospital Medicine Neonatal Hospitalists sub-committee.
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<th>Speaker/Institution:</th>
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**SESSION TITLE:**  Hospitalists scope of practice: What they do and what shouldn’t they do
SESSION TITLE: Choosing wisely: Impact of block rotations versus longitudinal learning experiences on patients and learners

Objectives

1) Compare and contrast the benefits and challenges of block rotations and longitudinal training experiences. 2) Debate the benefits and efforts of reimagining training predicated upon longitudinal training experiences and developmental models of assessment. 3) Discuss strategies to successfully implement longitudinal training experiences.

Description:

Unintended consequences of the design and delivery of medical education can harm both learners and patients. As these unintended consequences are brought to light, it is imperative that faculty discuss ways to minimize, if not eradicate, harm. In this hot topic session, we will tackle what we believe are unintended, harmful consequences of the block rotations. We will present scholarly evidence of harm to learners (e.g., barrier to trusting relationship with faculty) and patients (e.g., error-prone handovers). Then we will provide examples and outcomes of successfully implemented longitudinal training experiences. We will explore the alignment between longitudinal experiences and developmental models of assessment, capitalizing on the promise of milestones, competencies, and entrustable professional activities (EPAs). These approaches to performance assessment have been challenged by the consequences of using developmental assessments within a block rotation design. To provide alternate perspective, we will also explore the practical advantages of block rotations and what they offer trainees in terms of wider exposure to a variety of contexts and faculty members, each with their own “style”. Moreover, for those who believe the “proof” of superiority of developmental assessment over traditional assessment in GME has not been definitively established, it may be premature to spend time/money on an “unproven” educational design. After the block vs longitudinal dilemma has been sufficiently described, we will engage the audience in a debate about whether they would preserve block rotations OR move toward developmental models of assessment (e.g., milestones, competencies, and EPAs) since the two cannot meaningfully coexist. For those choosing to save block rotations, we will challenge them to detail how they will mitigate the untoward consequences of this model. For those choosing to save developmental models of assessment, we will challenge them to define a way forward for considering how longitudinal training experiences, which facilitate developmental assessment, can be implemented.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: None

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: APA|AAP|APPD|SPR

Learning Pathway

☐ Advocacy ☐ Digital Therapeutics

☐ Clinical/Research ☑ Education ☐ Trainee

If Yes: (none)
**PROPOSAL # 345685**  
**SESSION TITLE:** Choosing wisely: Impact of block rotations versus longitudinal learning experiences on patients and learners

**Chairs:** Daniel Schumacher (Workshop Leader); Catherine Michelson (Workshop Speaker); Dorene Balmer (Workshop Speaker); Carol Carraccio (Workshop Speaker)

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<tr>
<th>Speaker #</th>
<th>Presentation Title</th>
<th>Speaker/Duration:</th>
<th>Speaker/Institution:</th>
<th>Non-Member Justification:</th>
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Monday, October 7, 2019  
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PROPOSAL # 345694

SESSION TITLE: Cell therapy & regenerative medicine from fetal to childhood

Contact: Masahiro Hayakawa
masahaya@med.nagoya-u.ac.jp

Target Audience: Scientists, neonatologists and clinicians involved in care of neonates, of great interest not only to neonatologists but also general pediatricians.

Audience Size: 150-200

Tracks: Neonatology

Objectives: Introduction of cell therapy and regenerative therapy in neonatal medicine. Discuss the basic research, translational research and clinical application. Target diseases/organs are hypoxic-ischemic encephalopathy, bronchopulmonary dysplasia and urologic diseases.

Description:

Additional Comments: (none)

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

Society Affiliation: JPS|ASPR

Chairs: Masahiro Hayakawa (Chair); Charles Cotten (Chair)

Speaker # 1
Presentation Title: All stem cells are not equal. Considerations for clinical translation for complications of extreme prematurity
Speaker/Duration: Bernard Thebaud : d. 20 minutes
Speaker/Institution: B. Thebaud, Pediatrics/Regenerative Medicine, Ottawa Hospital Research Institute, Ottawa, Ontario, CANADA
Non-Member Justification: Bernard Thebaud : (none)

Speaker # 2
Presentation Title: Development of novel therapies for bronchopulmonary dysplasia and perinatal brain injury using multilineage-differentiating stress-enduring cells: focus on regenerative therapy
Speaker/Duration: Yoshiaki Sato : d. 20 minutes
Speaker/Institution: Y. Sato, Nagoya University Hospital, Nagoya, JAPAN
Non-Member Justification: Yoshiaki Sato : (none)
PROPOSAL #345694
SESSION TITLE: Cell therapy & regenerative medicine from fetal to childhood

Speaker # 3
Presentation Title  Progress in stem cell therapy for neonatal brain damage
Speaker/Duration:  Dezhi Mu : d. 20 minutes
Speaker/Institution:  D. Mu, Sichuan university west china second university hospital, Chengdu, CHINA
Non-Member Justification:  Dezhi Mu : (none)

Speaker # 4
Presentation Title  Regenerative Medicine Applications for Pediatric Urology and Beyond. Are there therapies on the horizon?
Speaker/Duration:  Roger De Filippo : d. 20 minutes
Speaker/Institution:  R. De Filippo, Urology, Children's Hospital Los Angeles, Los Angeles, California, UNITED STATES
Non-Member Justification:  Roger De Filippo : (none)
PROPOSAL # 345743
SESSION TITLE: Analyze This: A Clinical Pathway for Somatic Symptom and Related Disorders

Contact: Christina Giudice Connecticut Children's
cgiudice@connecticutchildrens.org

Target Audience: Pediatric Hospitalists, Pediatric Psychiatrists, Behavioral Health Providers, Pediatric Subspecialists

Audience Size: 100

Tracks: Developmental and Behavioral Pediatrics | Clinical/Research Pathway | General Pediatrics | Hospitalists

Objectives
1. Identify patients with potential somatization.
2. Utilize a clinical pathway to evaluate, diagnose and treat a patient with an SSRD in the inpatient setting, while avoiding unnecessary invasive testing.
3. Apply our experience with multidisciplinary team informing meetings to standardize communications, disclose the specific diagnosis, and outline an effective treatment plan.
4. Review national consensus guidelines on patients with SSRDs.

Description: Somatic Symptom and Related Disorders (SSRD) is an umbrella term for a wide variety of disorders commonly encountered in the inpatient pediatric setting, including conversion disorder, functional abdominal pain, regional pain syndrome, and non-epileptiform psychogenic seizures. The hospitalist is often charged with ruling out a medical diagnosis, and then disclosing to the family the possibility of a psychological basis for the physical symptoms. We have found that this traditional approach often leads to the family's response of "You think this is all in her HEAD?" followed by loss of the therapeutic alliance. As providers, we observed a variable approach even within our own division, and even greater variability in the approach taken in these cases by our sub-specialist colleagues. These inconsistencies led to family and provider dissatisfaction, and a recognized need to improve our approach. We embarked on creation of a clinical pathway to standardize a multi-disciplinary, best practice approach to patients with suspected SSRDs. Key features of the clinical pathway include appropriate patient selection, standardized communication, early introduction of the psychiatry team, a functional assessment, subspecialty buy-in, and a scripted "Informing meeting" involving the patient, family and the full multidisciplinary team. This meeting includes validation of the diagnosis, as well as an outline of a treatment plan which focuses on a return to function and daily activities. This educational session will be divided into four sections: (1.) overview of the topic of SSRD, (2) Case presentations that highlight the inherent challenges of this diagnosis, (3) an overview of the clinical pathway, including our own data and lessons learned, and (4) a review of the national consensus guidelines which were in part informed by this work at Connecticut Children's, published in November 2018. We will happily share our clinical pathway to attendees. We believe this is a novel approach to deal with this complex and challenging diagnosis, and we are eager to share our experience for the benefit of our colleagues and the patients they serve.

Time Block: 90 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: none

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)
PROPOSAL #345743
SESSION TITLE: Analyze This: A Clinical Pathway for Somatic Symptom and Related Disorders

Society Affiliation: Other/No Affiliation

Chairs: Catherine Sullivan (Contact Person)

<table>
<thead>
<tr>
<th>Speaker # 1</th>
<th>Presentation Title</th>
<th>Analyze This: A Clinical Pathway for Somatic Symptom and Related Disorders</th>
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<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Catherine Sullivan</td>
<td>g. 45 minutes</td>
</tr>
<tr>
<td>Speaker/Institution</td>
<td>C. Sullivan, Hospital Medicine, Connecticut Children's, Hartford, Connecticut, UNITED STATES</td>
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</tr>
<tr>
<td>Non-Member Justification</td>
<td>Catherine Sullivan</td>
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<thead>
<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>Analyze This: A Clinical Pathway for Somatic Symptom and Related Disorders</th>
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</thead>
<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Christina Giudice</td>
<td>g. 45 minutes</td>
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<tr>
<td>Speaker/Institution</td>
<td>C.M. Giudice, Pediatric Hospital Medicine, Connecticut Children's, New Britain, Connecticut, UNITED STATES</td>
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<tr>
<td>Non-Member Justification</td>
<td>Christina Giudice</td>
<td>(none)</td>
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**PROPOSEAL #345764**

**SESSION TITLE:** Integrating research in residency: Transforming clinical training to support pediatrician scientists

**Contact:** Katherine Barrett
Duke University
katie.barrett@duke.edu

**Session Spea** Panel Discussion

**Target Audience:** Medical students, current pediatrics residents, fellows, program directors, PSTP directors

**Audience Size:** 100

**Tracks:** Career Development | Clinical/Research Pathway | Trainee Pathway

**Objectives**
1. Why they should consider incorporating research during their residency training;
2. The different ways research can benefit their clinical training, such as mitigating burnout;
3. What kinds of research during residency pathways are available to trainees; and
4. What kinds of research fellowship opportunities (during and after residency) exist for pediatric trainees.

**Description:**
Preparing for a successful career as a pediatrician-scientist requires an investment of time in research skills development and demonstrating a track record of scholarly productivity. The need to increase the physician-scientist pipeline has become urgent because of rapid depletion of pediatrician scientist workforce. Training programs are addressing this by offering new and different pathways to help prepare residents for careers as physician scientists. This session will discuss why trainees should consider research during residency, including benefits such as how research may mitigate burnout during clinical training, and the different training pathways in residency and fellowship that are available to pediatric trainees. Attendees can participate in a moderated Q&A session to address trainees’ questions about things they can do during residency to prepare them for successful research careers.

**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** Yes

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** Training Pathways, Career Development

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**If Yes:** (none)

**Society Affiliation:** Other/No Affiliation

**Chairs:** Sallie Permar (Organizer); Rasheed Gbadegesin (Organizer); F. Bruder Stapleton (Moderator); David Nichols (Moderator); Sallie Permar (Contact Person)

**Speaker # 1**

**Presentation Title** Why integrate research into residency training?

**Speaker/Duration:** D Parsons : b. 10 minutes

**Speaker/Institution:** D.W. Parsons, Pediatrics, Baylor College of Medicine, Houston, Texas, UNITED STATES

**Non-Member Justification:** D Parsons : (none)
**PROPOSAL #345764**

**SESSION TITLE:** Integrating research in residency: Transforming clinical training to support pediatrician scientists

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<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>Why integrate research into residency training?</th>
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<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Audrea Burns : b. 10 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>A.M. Burns, Pediatrics, Baylor College of Medicine, Houston, Texas, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Audrea Burns : (none)</td>
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<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>How research opportunities can enhance your clinical training</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Betty Staples : c. 15 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>B.B. Staples, Department of Pediatrics, Duke University Medical Center, Durham, North Carolina, UNITED STATES</td>
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<td><strong>Non-Member Justification:</strong></td>
<td>Betty Staples : (none)</td>
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<tr>
<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Pathways for incorporating research during residency training</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Stephen Teach : c. 15 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>S.J. Teach, Division of Emergency Medicine, Children's National Medical center, Washington, District of Columbia, UNITED STATES</td>
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<td><strong>Non-Member Justification:</strong></td>
<td>Stephen Teach : (none)</td>
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<th>Speaker # 5</th>
<th>Presentation Title</th>
<th>Research fellowship programs for pediatric trainees to launch physician-scientist careers</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>David Clapp : b. 10 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>D.W. Clapp, Department of Pediatrics, Indiana University School of Medicine, Indianapolis, Indiana, UNITED STATES</td>
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<td><strong>Non-Member Justification:</strong></td>
<td>David Clapp : (none)</td>
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<tr>
<th>Speaker # 6</th>
<th>Presentation Title</th>
<th>Research fellowship programs for pediatric trainees to launch physician-scientist careers</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Sallie Permar : b. 10 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>S. Permar, Duke University Medical Center, Durham, North Carolina, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Sallie Permar : (none)</td>
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PROPOSAL # 345775
SESSION TITLE: Pro/Con Debate: Controversies in Pediatric Pneumonia

Contact: Todd Florin Ann and Robert H. Lurie Children's Hospital of Chicago
taflorin@luriechildrens.org

Target Audience: Clinicians and researchers in primary care, emergency medicine, hospital medicine, infectious diseases, radiology, and critical care

Audience Size: 250-300

Tracks: Critical Care | Clinical/Research Pathway | Pulmonology | Infectious Diseases | General Pediatrics | Hospitalists | Emergency Medicine | Community Pediatrics

Objectives
1. Evaluate the evidence for use of chest radiography and ultrasound in the diagnosis and management of children with community-acquired pneumonia.
2. Understand the role of antibiotics in the treatment of pediatric community-acquired pneumonia, including when antibiotics are warranted, which antibiotics to use, diagnostic testing to inform antibiotic use, and the ideal duration of antibiotic therapy.
3. Review and evaluate the evidence for drainage of parapneumonic effusions, including when drainage is indicated, method of chest drainage and use of fibrinolytic agents.

Description: Community-acquired pneumonia (CAP) is one of the most common infections in children across outpatient, emergency department and inpatient settings. In 2011, guidelines were published by the Infectious Diseases Society of America and Pediatric Infectious Diseases Society to provide evidence and expert-based recommendations on the management of pediatric CAP. Despite publication of this guideline and studies supporting many of the recommendations, variation in the management of children with CAP continues, including overuse of diagnostic testing and imaging, antimicrobials and hospitalization. This session will consist of pediatric pneumonia experts debating 3 controversies in the management of pediatric pneumonia using a pro/con format: (1) chest radiography is the gold standard for pneumonia diagnosis, (2) all children with CAP should receive antibiotics, and (3) all moderate-to-large parapneumonic effusions require a chest drainage procedure. Each topic will have 15 minutes of discussion on the “pro” side and 15 minutes on the “con” followed by 10 minutes of interactive discussion with the audience.

Time Block: 120 min.

Learning Pathway
☐ Advocacy
☐ Digital Therapeutics
☐ Clinical/Research
☐ Education
☐ Trainee

QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: N/A

Additional Comments: (none)
Financial Sponsor? (none) If Yes: (none)
Society Affiliation: AAP | SPR | PIDS | PHM | APS | APA

Chairs: Todd Florin (Chair)
PROPOSAL #345775

SESSION TITLE: Pro/Con Debate: Controversies in Pediatric Pneumonia

Speaker # 1
Presentation Title  Controversies in Pneumonia: Chest Radiography is the Gold Standard for Pneumonia Diagnosis
Speaker/Duration:  Lilliam Ambroggio : d. 20 minutes
Speaker/Institution:  L. Ambroggio, University of Colorado, Children's Hospital Colorado, Aurora, Colorado, UNITED STATES
Non-Member Justification:  Lilliam Ambroggio : (none)

Speaker # 2
Presentation Title  Controversies in Pneumonia: Chest Radiography is the Gold Standard for Pneumonia Diagnosis
Speaker/Duration:  Mark Neuman : d. 20 minutes
Speaker/Institution:  M. Neuman, Emergency, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES
Non-Member Justification:  Mark Neuman : (none)

Speaker # 3
Presentation Title  Controversies in Pneumonia: All Children with Community-Acquired Pneumonia Should Receive Antibiotics
Speaker/Duration:  Todd Florin : d. 20 minutes
Speaker/Institution:  T. Florin, Pediatric Emergency Medicine, Ann and Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois, UNITED STATES
Non-Member Justification:  Todd Florin : (none)

Speaker # 4
Presentation Title  Controversies in Pneumonia: All Children with Community-Acquired Pneumonia Should Receive Antibiotics
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  Controversies in Pneumonia: All Moderate-to-Large Parapneumonic Effusions Require a Chest Drainage Procedure
Speaker/Duration:  Samir Shah : d. 20 minutes
Speaker/Institution:  S.S. Shah, Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES
Non-Member Justification:  Samir Shah : (none)
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<th>Speaker # 6</th>
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<td><strong>Presentation Title</strong></td>
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<td><strong>Speaker/Institution</strong>:</td>
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<td><strong>Non-Member Justification</strong>:</td>
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# PROPOSAL #345777

## SESSION TITLE: Pediatric Lymphatic Flow Disorders: A New Frontier in Diagnosis and Management

**Contact:** Dalal Taha  
The Children's Hospital of Philadelphia  
tahad@email.chop.edu

**Target Audience:** General Pediatricians, Hospitalists, Neonatologists, Cardiologists, Pediatric Critical Care Physicians

**Audience Size:** 100

**Tracks:** Pulmonology | Cardiology | Neonatology | Hospitalists | Hematology/Oncology | General Pediatrics | Critical Care

**Objectives**
1. Review etiology of lymphatic flow disorders in the pediatric population
2. Highlight recent advances in diagnostic imaging for pediatric lymphatic flow disorders
3. Discuss innovative treatment strategies

**Description:** Diagnostic modalities and therapeutic interventions for pediatric lymphatic flow disorders are evolving rapidly. Improved understanding of the central lymphatic system has led to a recharacterization of these disorders and the development of novel treatment strategies. This scholarly session will explore innovative approaches in diagnosing and managing these challenging disorders.

**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** No

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** Clinical Trials I and Clinical Trials II

**Learning Pathway**
- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

**Additional Comments:** Request that this session not occur on May 6, 2020 due to a speaker conflict.

**Financial Sponsor?** (none)

**Society Affiliation:** AAP

**Chairs:** Yoav Dori (Chair); Dalal Taha (Chair)

### Speaker # 1
**Presentation Title**  State of the Art Imaging of Lymphatic Flow Disorders

**Speaker/Duration:** David Biko : d. 20 minutes

**Speaker/Institution:** D.M. Biko, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES

**Non-Member Justification:** David Biko : Expert in field

### Speaker # 2
**Presentation Title**  New Medical Options for Complicated Lymphatic Anomalies

**Speaker/Duration:** Denise Adams : d. 20 minutes

**Speaker/Institution:** D.M. Adams, hematology/oncology, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES

**Non-Member Justification:** Denise Adams : Expert in field
PROPOSAL #345777
SESSION TITLE: Pediatric Lymphatic Flow Disorders: A New Frontier in Diagnosis and Management

Speaker # 3
Presentation Title  Genetic Underpinnings and Translation of Complex Lymphatic Disorders
Speaker/Duration: Hakonarson Hakon : d. 20 minutes
Non-Member Justification: Hakonarson Hakon : Expert in field

Speaker # 4
Presentation Title  Balancing the Need for Positive Pressure Ventilation and Lymphatic Flow Disorders in Infants with Severe Bronchopulmonary Dysplasia
Speaker/Duration: Huayan Zhang : d. 20 minutes
Speaker/Institution: H. Zhang, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES
Non-Member Justification: Huayan Zhang : (none)

Speaker # 5
Presentation Title  The Role of Embolization in Disorders of the Central Lymphatic System
Speaker/Duration: Aaron DeWitt : d. 20 minutes
Speaker/Institution: A.G. DeWitt, Cardiac Critical Care Medicine, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES
Non-Member Justification: Aaron DeWitt : Expert in field
PROPOSAL # 345779

SESSION TITLE: Building Bridges to Better Outcomes for Children with Autism (PAS 2019 Meeting Scholarly Session Proposals)

Contact: Steven Merahn
smerahn@childinsights.com

Target Audience: General pediatricians, developmental-behavioral pediatricians, child psychiatrists, pediatric neurologists, pediatric nurse-practitioners, researchers

Audience Size: 100

Tracks: Basic Science | General Pediatrics | Developmental and Behavioral Pediatrics

Objectives
1. To understand the history and core principles and practices of the discipline of behavior analysis
2. To clarify and explore differences in the validated research methods of behavior analysis
3. To define interdisciplinary research and clinical models for the relationships between pediatricians (and pediatric researchers) and behavior analysts
4. To create a foundation of evidence for collaboration between pediatrics and behavior analysis

Description: Since 2001, 46 states, the District of Columbia, and the US Virgin Islands have enacted insurance reform laws requiring some form of coverage for therapy based on the principles of Applied Behavior Analysis (ABA) for children with Autism Spectrum Disorder (ASD) and their families. The foundation of these legislative efforts rests on activism by families and advocates, and several pivotal court cases that reviewed the evidence and determined (as summarized in one judgement) that “it is imperative that autistic children...receive ABA immediately to prevent irreversible harm to these children’s health and development.”

These legislative mandates have effectively created an independent system of care for persons with ASD where the locus of control and payment is divided between health, mental health, and educational systems. ABA is a framework for therapeutic interventions based on the principles of learning theory. ABA-based interventions have demonstrated their capacity to improve contingent, functional, and socially significant behaviors, including communication, social interaction and relationships, academic performance, and adaptive living skills in individuals with ASD. ABA can also help reduce or eliminate disruptive, aggressive, or significantly repetitive behaviors, as well as family stress and conflict.

ABA-based interventions are directed by Behavior Analysts who are certified by an independent professional board that sets standards for ABA training and practice. ASD is a uniquely complex neuropsychological condition with highly-variable expression. As such, and unlike other therapies for other behavioral and developmental disorders, ABA requires high levels of intensity, continuity and duration of therapy and unique forms of family involvement, all driven by the complexity of the child’s autism-related disabiulities and aspirations of treatment goals for the child.

The discipline of behavior analysis is based on a body of widely accepted research related to the success of ABA as evidence-based treatment for a broad range of clinical condition, including, but not limited to, the documented capacity to address primary behavioral health conditions (ADHD, anxiety, depression, obsessive-compulsive disorder, feeding, and eating disorders) well as severe behavior topographies such as self-injurious behavior, aggression, and both inborn and acquired brain disorders, such as Prader-Willi Syndrome, dementia, and traumatic brain injury. There are additional bodies of evidence demonstrating the potential of ABA to support positive, productive changes in health-related behaviors, including diet and nutrition, physical activity, sleep, substance abuse, safety, and medication adherence, as well as behavioral management of specific conditions such as asthma, high blood pressure, and diabetes. The principles of behavior analysis can also be used to define pinpoint behavioral targets for therapeutic intervention, and more accurately measure the effectiveness and associated outcomes, of pharmacotherapies, surgery and...
Since behavior analyst and pediatricians are increasingly "sharing the care" of children with ASD and other behavioral disorders, this symposia is designed to serve as a cross-disciplinary spotlight, bringing together a group of expert behavior analysts to share the scientific methodologies of behavior analysis, research standards and best practices and analytic models, using specific peer reviewed research as examples, to explore the potential for behavior analysis to support behavioral health integration in pediatrics and suggest research partnerships with behavior analysts in the same way clinicians partner with microbiologists, biochemists and physiologists.

**Speaker # 1**

**Presentation Title**: Cross-Disciplinary Collaboration: Pediatrics and Behavior Analysis  
**Speaker/Duration**: Steven Merahn : e. 25 minutes  
**Speaker/Institution**: S. Merahn, Union In Action, Inc, Orchard Lake, Michigan, UNITED STATES|  
**Non-Member Justification**: Steven Merahn : AAP

**Speaker # 2**

**Presentation Title**: Scientific and Research Methods in Behavior Analysis  
**Speaker/Duration**: Richard Kubina : e. 25 minutes  
**Speaker/Institution**: R. Kubina, Penn State University, State College, Pennsylvania, UNITED STATES|  
**Non-Member Justification**: Richard Kubina : Board-Certified Behavior Analyst

**Speaker # 3**

**Presentation Title**: Clinical Applications of Behavior Analysis  
**Speaker/Duration**: Henry Roane : e. 25 minutes  
**Speaker/Institution**: H. Roane, Division Chair, Developmental and Behavioral Pediatrics ,, SUNY Upstate Medical University, Syracuse, New York, UNITED STATES|  
**Non-Member Justification**: Henry Roane : AAP, APA
PROPOSAL #345792

SESSION TITLE: Putting Evidence into Practice: Strategies for Implementing Clinical Guidelines and Best Practices

Contact: Ulfat Shaikh  
University of California Davis  
ushaikh@ucdavis.edu

Target Audience: Clinicians in pediatric, adolescent and family medicine

Audience Size: 300-350


Objectives: 
1. Summarize commonly used strategies to translate evidence into practice
2. Identify unsuccessful and successful strategies
3. Understand how to increase the effectiveness of quality improvement interventions by selecting the strategy most appropriate to your context and situation

Description: Reflect on your group’s clinical practice. What are useful strategies to influence clinician behavior and promote clinical practice guideline adherence? The intent of practice guidelines is to support clinicians in making evidence-based decisions. However, health services research shows a significant gap between recommended guidelines and actual clinical care. Suboptimal implementation of clinical guidelines may result in overuse, underuse, or misuse of therapies, patient harm, worse clinical outcomes, and/or wasted resources. This session summarizes commonly used strategies to implement clinical guidelines and best practices, and presents evidence on their effectiveness.

Time Block: Either

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: None

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP | APA

Chairs: Ulfat Shaikh (Chair)

Speaker # 1

Presentation Title: Mind the Gap: The lag between evidence-generation and clinical practice

Speaker/Duration: Ulfat Shaikh: f. 30 minutes

Speaker/Institution: U. Shaikh, University of California Davis, Sacramento, California, UNITED STATES

Non-Member Justification: Ulfat Shaikh: (none)
<table>
<thead>
<tr>
<th>Speaker # 2</th>
<th>Presentation Title: Maximizing the effectiveness of education strategies to change clinical practice</th>
<th>Speaker/Duration: Virginia Moyer: 30 minutes</th>
<th>Speaker/Institution: V.A. Moyer, American Board of Pediatrics, Chapel Hill, North Carolina, UNITED STATES</th>
<th>Non-Member Justification: Virginia Moyer: (none)</th>
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<tr>
<td>Speaker # 3</td>
<td>Presentation Title: Health information technology interventions for implementing clinical guidelines</td>
<td>Speaker/Duration: Alexander Fiks: 30 minutes</td>
<td>Speaker/Institution: A. Fiks, Pediatrics, Children's Hospital Philadelphia, Philadelphia, Pennsylvania, UNITED STATES</td>
<td>Non-Member Justification: Alexander Fiks: (none)</td>
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<td>Speaker # 4</td>
<td>Presentation Title: Successes and challenges in implementing asthma education clinical guidelines: An illustrative case study</td>
<td>Speaker/Duration: Michael Cabana: 30 minutes</td>
<td>Speaker/Institution: M. Cabana, Children’s Hospital at Montefiore, Bronx, New York, UNITED STATES</td>
<td>Non-Member Justification: Michael Cabana: (none)</td>
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PROPOSAL #345798
SESSION TITLE: “What Pediatric Scientists, Clinicians, and Researchers Need to Know about the 2020 Election.”

Contact:

Target Audience: Pediatric Academicians, Advocates, Scientists and Trainees
Audience Size: 75 people
Tracks: Advocacy/Public Policy | Advocacy Pathway

Objectives
1. Provide an overview of the current policy changes and their potential implications for children, particularly those with social risk factors.
2. Review the data, free from politicization, related to the extramural scientific funding environment, health insurance enrollment, social programs for children in poverty, state & federal firearm policy and environmental regulation.

Description: The 2020 Pediatric Academic Societies’ Meeting is the first major national conference during a consequential federal election year. However many pediatric scientists, researchers and clinicians are unfamiliar with the impact of pending legislation, administrative rules and executive orders on all forms of scientific research, social determinants of health and the clinical practice of modern pediatrics. Organized by the Society for Pediatric Research Advocacy Committee and leveraging partnerships with the Federation of American Societies for Experimental Biology (FASEB) and Pediatric Policy Council (PPC) member organizations, this symposium will update attendees on major child-health related policy issues from the standpoint of academic pediatrics. Non-partisan experts will deliver 15-minute issues-focused updates in areas of their research/expertise and answer audience questions.

Time Block: 120 min.

QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A

Conflicting Sessions: PPC Legislative Breakfast, PPC Plenary Session, Society for Pediatric Research Workshop on Social Change (submitted by Dr. Lois Lee)

Additional Comments: Co-Chair: Shetal I. Shah MD FAAP, Co-Chair, Society for Pediatric Research (SPR) Advocacy Committee, Member Pediatric Policy Council and American Academy of Pediatrics New York Chapter 2 President. Co-Chair: Alice Kuo MD, PhD, MBA, President, American

Financial Sponsor?: If Yes: (none)

Society Affiliation: AAP | APA | APS | SPR | PPC

Chairs: James Baumberger (Presenter); Benjamin Krinsky (Presenter); Shetal Shah (Presenter); Alice Kuo (Presenter); Heather Brumberg (Presenter); Lois Lee (Presenter); Jean Raphael (Presenter)

Speaker #
Presentation Title
Speaker/Duration:
Speaker/Institution:
Non-Member Justification:
PROPOSAL #345802

SESSION TITLE: Air pollution and child neurodevelopment: an interdisciplinary perspective on the state of the evidence

Contact: Catherine Karr
Univ WA
ckarr@uw.edu

Target Audience: General Pediatricians, neurodevelopmental specialists, pediatric environmental health specialists

Audience Size: 40-50

Tracks: Advocacy/Public Policy | Academic and Research Skills | Public Health | Social Determinants/Health Disparities | Epidemiology | General Pediatrics | Environmental Health | Developmental and Behavioral Pediatrics | Cross-Disciplinary Spotlight | Community Pediatrics

Objectives
1. Characterize the state of the evidence on early life exposure to air pollution and impact on child neurodevelopment.
2. Examine multiple research approaches to refine understanding of mechanisms, exposures, and neurodevelopmental health consequences and modifiers.
3. Discuss strengths, limitations, outcome assessment selection, and research needs in this emerging field.
4. Highlight new evidence that modifiable factors may confer vulnerability or buffer against harmful effects.

Description: Air pollution is a leading cause of morbidity and mortality globally. In the US and other high income countries, the adverse consequences of indoor and outdoor air pollution on child respiratory health such as asthma are well established and have informed regulatory policy, community programs and clinical practice. In recent years, an accumulating and compelling evidence base suggests common air pollutants may compromise healthy child neurodevelopment. Exposure to regulated air contaminants and traffic exposure has been linked to disorders of high public health concern including autism, ADHD, and cognitive development, including at exposure levels below current regulatory standards. Experimental and epidemiological data suggest impacts from exposure in both the pre and postnatal period. Recent studies have begun to examine whether adverse effects may be modified based on nutrition and sex. The robustness of this evidence is increasing as state of the art methods for exposure assessment are applied and large, well-characterized cohorts are employed to address potential confounding and examine effect modification; at the same time, application of child brain imaging provides insight on how air pollution may impact brain structure and function. As the research matures, consideration of new directions to capitalize on mechanistic insights and hone in on specified neurodevelopmental domains and consequences are needed. While most of the research activity reflects data derived in high income countries, new research collaborations to build capacity and address health impacts in low and middle income countries where exposures and vulnerabilities may be greater are needed.

This cross-disciplinary symposium brings together investigators actively contributing to this rapidly evolving field including applications in major national research programs such as the NIH Environmental Influences on Child Health Outcomes consortium and the ABCD Study. An introduction to characterize strengths and limitations of current knowledge including mechanisms and specific types of air pollution exposures will be provided. This will be followed by three presentations of new findings from ongoing research activities focused on early life exposure to air pollution and child behavioral and cognitive development using experimental animal models and epidemiological approaches. Our fourth presentation will focus on the importance of outcome measurement selection with respect to the specificity and heterogeneity of study findings. Lastly, introduction of a new US-Kenya research collaboration focused on air pollution and neurodevelopment will highlight the potential for complementary scientific insights via global collaborations. A discussion period will include questions and answers for the panelists and consideration of future research needs.
# PROPOSAL # 345802

**SESSION TITLE:** Air pollution and child neurodevelopment: an interdisciplinary perspective on the state of the evidence

| Time Block | 90 min. |
| QA | Yes |
| Audience Polling | No |
| Sabbath Conflicts | N/A |
| Conflicting Sessions | APA EH SIG, Learning Pathway |
| Additional Comments | (none) |
| Financial Sponsor? | (none) |
| Society Affiliation | AAP | APA | ISCHE |
| Chairs | Catherine Karr (Chair) |

## Speaker # 1
**Presentation Title** An introduction to the evidence for adverse effects of early life air pollution exposure on brain development.

**Speaker/Duration:** Catherine Karr : b. 10 minutes

**Speaker/Institution:** C. Karr, Pediatrics, Univ WA, Seattle, Washington, UNITED STATES|

**Non-Member Justification:** Catherine Karr : (none)

## Speaker # 2
**Presentation Title** Developmental neurotoxicity of air pollution: evidence from mice.

**Speaker/Duration:** Toby Cole : c. 15 minutes

**Speaker/Institution:** T.B. Cole, University of Washington, Seattle, Washington, UNITED STATES|

**Non-Member Justification:** Toby Cole : Speaker is a developmental neurotoxicologist, bench scientist

## Speaker # 3
**Presentation Title** Associations between air pollution and neurodevelopment in a large prospective US study, and potential buffering of adverse effects by prenatal nutrition.

**Speaker/Duration:** Christine Loftus : c. 15 minutes

**Speaker/Institution:** C. Loftus, University of Washington, Seattle, Seattle, Washington, UNITED STATES|

**Non-Member Justification:** Christine Loftus : Speaker is the senior epidemiologist of a large prospective study, non clinician

## Speaker # 4
**Presentation Title** Application of brain imaging in studies of air pollution and child neurodevelopment.

**Speaker/Duration:** Megan Herting : c. 15 minutes

**Speaker/Institution:** M. Herting, USC, Los Angeles, California, UNITED STATES|

**Non-Member Justification:** Megan Herting : Speaker is specialist in using pediatric brain imaging in environmental epi studies
# PROPPOSAL #345802

**SESSION TITLE:**  Air pollution and child neurodevelopment: an interdisciplinary perspective on the state of the evidence

<table>
<thead>
<tr>
<th>Speaker # 5</th>
<th><strong>Presentation Title</strong></th>
<th>Outcome assessment decision-making in air pollution neuroepidemiology – considerations to inform the path forward.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Kaja LeWinn : c. 15 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>K. LeWinn, Psychiatry, UCSF, San Francisco, California, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Kaja LeWinn : Speaker is a specialist in assessment of neurodevelopmental function and outcomes in pediatric population based studies</td>
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</table>

<table>
<thead>
<tr>
<th>Speaker # 6</th>
<th><strong>Presentation Title</strong></th>
<th>Capacity building to address air pollution exposure and child neurodevelopment in Kenya.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Catherine Karr : a. 5 minutes</td>
<td></td>
</tr>
<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>C. Karr, Pediatrics, Univ WA, Seattle, Washington, UNITED STATES</td>
<td></td>
</tr>
<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Catherine Karr : (none)</td>
<td></td>
</tr>
</tbody>
</table>
PROPOSAL #345809

SESSION TITLE: Global Childhood Trauma: State-of-the-Art Updates on the Global Disparities of Child Injury and Violence, Translating Research into Public Policy and Law Enforcement, and Strategies for Global Partnership

Contact: Suzinne Pak-Gorstein  
University of Washington  
spakgor@uw.edu

[session spea Hot Topic Symposia]

Target Audience: Faculty, Researchers, Fellows, Residents, Medical Students

Audience Size: 200

Tracks: Injury | Advocacy/Public Policy | Public Health | Social Determinants/Health Disparities | International and Global Health | Health Equity/Social Determinants of Health-ACEs/Social Justice | Cross-Disciplinary Spotlight | Clinical and Translational Research | Advocacy Pa

Objectives
• Present state-of-the-art perspectives on the global burden of injury and violence  
• Call for a framework to advance health equity by addressing the socioeconomic disparities in child injury and violence  
• Describe barriers and solutions for translating science into public policy and law enforcement  
• Highlight the role of international collaboration and intersectoral solutions, with country examples

Description: Child injury represents one of the most immediate threats in pediatrics, resulting in the death of nearly 2000 children under age 14 every day around the world (CDC, 2018). In fact, the leading cause of deaths among adolescents is road traffic injuries in the United States, Canada, and globally (WHO). Among those who live in poverty, the burden of injury is highest; with 95% of the world’s injury deaths occurring in low- and middle-income countries. In this session a panel of international experts will discuss state-of-the-art perspectives on the global disparities of injury and violence, priority research areas, and barriers to translating research into public policy and law enforcement. Strategies to reduce child injury deaths will highlight socioeconomic and political determinants, the role of international partnerships, and a call for intersectoral solutions. The speakers will then participate in an interactive panel discussion that will include topics suggested by the audience as well as opportunities for collaboration.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Injury; Global/International Health; Immigrant Health

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: CCGCH|AAP

Chairs: Suzinne Pak-Gorstein (Chair); Shaun Morris (Chair)
PROPOSAL # 345809

SESSION TITLE: Global Childhood Trauma: State-of-the-Art Updates on the Global Disparities of Child Injury and Violence, Translating Research into Public Policy and Law Enforcement, and Strategies for Global Partnership

Speaker # 1

Presentation Title: Reducing Global Disparities in Child Injury and Violence through Translational Research, Law Enforcement, and Global Partnerships

Speaker/Duration: Suzinne Pak-Gorstein : b. 10 minutes

Speaker/Institution: S. Pak-Gorstein, Pediatrics / Global Health, University of Washington, Seattle, Washington, UNITED STATES

Non-Member Justification: Suzinne Pak-Gorstein : CCGCH, AAP, APA

Speaker # 2

Presentation Title: Reducing Global Disparities of Child Injury and Violence through Translational Research, Law Enforcement, and Global Partnerships

Speaker/Duration: Shaun Morris : b. 10 minutes

Speaker/Institution: S. Morris, Pediatric Infectious Diseases, The Hospital for Sick Children and University of Toronto, Toronto, Ontario, CANADA

Non-Member Justification: Shaun Morris : CCGCH, PIDS

Speaker # 3

Presentation Title: The World Health Organization’s Role: Supporting Countries to Prevent Child Death and Disability from Injury and Violence

Speaker/Duration: Etienne Krug : c. 15 minutes


Non-Member Justification: Etienne Krug : International - Dr Krug is an international leader in this field, chair of the WHO department of NCD and Injury, Violence Prevention

Speaker # 4

Presentation Title: Saving Children’s Lives from Injury and Violence through International Partnerships and Intersectoral Strategies

Speaker/Duration: Adnan Hyder : c. 15 minutes

Speaker/Institution: A. Hyder, Global Health, George Washington University, District of Columbia, District of Columbia, UNITED STATES

Non-Member Justification: Adnan Hyder : Dr Hyder is a pediatrician who is internationally renown for his work and expertise in global injury and violence prevention. He provides unique perspectives on global pediatric priorities, international collaborations, and research in this
PROPOSAL #345809

SESSION TITLE: Global Childhood Trauma: State-of-the-Art Updates on the Global Disparities of Child Injury and Violence, Translating Research into Public Policy and Law Enforcement, and Strategies for Global Partnership

Speaker # 5
Presentation Title  Pediatric Injury Prevention and Public Health Ethics: Imperatives and Challenges in the Global Context
Speaker/Duration: Shanthi Ameratunga : d. 20 minutes
Speaker/Institution: S. Ameratunga, Epidemiology and Public Health, University of Auckland, Auckland, Auckland, NEW ZEALAND
Non-Member Justification: Shanthi Ameratunga : International - Dr Ameratunga is an internationally accomplished pediatrician, and lead on a multi-disciplinary research program focusing on trauma outcomes, injury prevention, disability and rehabilitation. Her focus on social determ

Speaker # 6
Presentation Title  Preventing Child Injury Deaths in Africa through Research, Policy Change, and International Collaborations
Speaker/Duration: Olive Kobusingye : d. 20 minutes
Speaker/Institution: O. Kobusingye, Makerere University School of Public Health, Kampala, UGANDA
Non-Member Justification: Olive Kobusingye : International - Dr Kobusingye is an international expert in this field, as a trauma and emergency surgeon, and also served as the regional advisory for WHO and Chairperson of the Road Traffic Injuries Research Network (RTIRN). She provi

Speaker # 7
Presentation Title  International Comparisons of Efforts to Reduce Child Deaths from Firearm Violence: Translating Research into Implementation and Enforcement of Laws
Speaker/Duration: Frederick Rivara : c. 15 minutes
Speaker/Institution: F. Rivara, Pediatrics, University of Washington and Seattle Children's, Seattle, Washington, UNITED STATES
Non-Member Justification: Frederick Rivara : AAP, SPR, APS
**SESSION TITLE:** Neurodevelopmental Follow-Up of the Child Born Preterm: Who, What, When, Where and Why?

**Objectives:** In this session we will review a variety of settings that neurodevelopmental follow-up takes place and the opportunities and challenges potentially associated with each environment. Current guidelines for recommended neurodevelopmental follow-up and the limitations of commonly utilized clinical and research psychometric instruments will be discussed. We will focus the discussion on the 5 "W's" of developmental follow-up from the perspective of experts in this area of clinical practice including the: Who, What, When, Where and Why of developmental follow-up of the child born preterm. Who is recommended to have follow-up evaluations? What type of evaluation should be performed in early childhood? What type of evaluation should be performed at school age? When and how often should these evaluations take place? Where should these evaluations take place? Why is neurodevelopmental so important for children born preterm?

**Description:** Neurodevelopmental follow-up for high risk neonates takes place in a variety of settings including the primary pediatrician's office, high risk infant follow-up clinic, early intervention, multi-specialty clinics and research arena. It is important to understand the challenges and opportunities in each setting and how each provides unique opportunities for assessment and providing valuable feedback to the family. Providers involved in providing neurodevelopmental follow-up for at risk prematurely born infants will review experience and current evidence for how these assessment can be performed and why these evaluations are important to the patient, providers and society.

**Learning Pathway:**
- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

**Time Block:** 90 min.

**QA:** Yes

**Audience Polling:** No

**Sabbath Conflicts:** Both

**Conflicting Sessions:** NICU Follow-up Club, Brain Club and Neonatal follow-up epidemiology platforms

**Additional Comments:** (none)

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

**Society Affiliation:** AAP | SPR | APS

**Chairs:** Ira Adams-Chapman (Chair); Sara DeMauro (Panelist); Myriam Peralta (Panelist); Susan Hintz (Panelist); Roy Heyne (Panelist); Elisabeth McGowan (Panelist)

**Speaker #**

**Presentation Title**

**Speaker/Duration:**

**Speaker/Institution:**

**Non-Member Justification:**
PROPOSAL # 345825
SESSION TITLE: Medical Records that Guide and Teach? Rethinking Medical Education in the Era of the Electronic Health Record

Contact: [session spea]

Target Audience: Medical educators, residency program leadership, trainees, informaticists
Audience Size: 30

Tracks: Education Pathway | Education | Medical Informatics/Data Science

Objectives
(1) Define and identify specific ways in which the EHR has impacted trainee education from the perspective of both educators and pediatric trainees.
(2) Describe new approaches of teaching critical thinking using the EHR as an educational tool, as well as a source of data to provide “precision education”
(3) Propose additional areas of knowledge and skill that should be incorporated into medical training and ACGME core competencies to address the educational vulnerabilities introduced by EHR tools.
(4) Evaluate the role of EHRs in attainment and assessment of ACGME core competencies

Description:
Electronic health records (EHRs) have introduced benefits to clinical care, but may post threats to medical education by compromising trainee ability to synthesize data, communicate information, and elicit information. For instance, accessibility of information is an important advantage of EHRs but fundamentally alters the structure and nature of a patient encounter. Their limited opportunities for trainees to elicit the chief complaint and history without framing bias. Similarly, templates are designed to mitigate documentation burden but may also shape the way trainees process and synthesize clinical information. Furthermore, templates obviate the need to deliberately curate information perhaps eliminating an educational opportunity to formulate/articulate decision making. Clinical decision support (CDS) improves safety and adherence to evidence-based practices, but may detract from knowledge acquisition if learners are unaware of the underlying evidence and may introduce automation bias and diagnostic momentum.

Buried in the discourse surrounding negative effects of EHRs, there is optimism that EHRs have untapped potential to teach trainees while facilitating patient care. Well-designed condition-specific order sets enhance trainee knowledge of guideline-recommended care. EHR-based simulation has opened up new methods of education and facilitated understanding of latent safety issues. Secondary use of EHR audit logs can contribute to understanding how trainees spend their time in training. Such data, in conjunction with other data elements embedded within EHRs, can potentially be used to identify diagnoses that trainees encounter and help learners identify gaps in their clinical exposure.

Physician educators need to understand the impact of the EHR on education. In this panel, we will review the concerns around pediatric graduate medical education that have surfaced at our institutions, describe research aimed at understanding the educational threats imposed by EHRs, and introduce novel and innovative uses of the EHR for direct teaching purposes and producing insight into trainee’s clinical experiences. The EHR is a tool, like the stethoscope, that requires training for safe and effective use. Understanding its impact will inform how we subsequently impart medical knowledge, hone decision making skills, and foster patient communication.

Domains: Scholarship in Education and Technology Development

Time Block: Either
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: Saturday
Conflicting Sessions: Informatics SIG

Learning Pathway
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee

Monday, October 7, 2019
PROPOSAL # 345825
SESSION TITLE: Medical Records that Guide and Teach? Rethinking Medical Education in the Era of the Electronic Health Record

Additional Comments: (none)
Financial Sponsor? (none)  If Yes: (none)
Society Affiliation: Other/No Affiliation

Chairs: Irit Rasooly (Panelist); Mark Mai (Panelist); Evan Orenstein (Panelist); Anthony Luberti (Moderator)

Speaker #
Presentation Title
Speaker/Duration:
Speaker/Institution:
Non-Member Justification:
PROPOSAL # 345845

SESSION TITLE: Pediatric Approach to Trauma Treatment and Resilience; Policy, Practice and Preservation

Contact: Elaine Schulte
elschult@montefiore.org

Target Audience: Any pediatric faculty with interest in childhood trauma - related to health policy, educational efforts for professionals and preventive measures to support ourselves

Audience Size: 50

Tracks: Advocacy/Public Policy | Academic and Research Skills | General Pediatrics | Education | Developmental and Behavioral Pediatrics | Children with Chronic Conditions | Child Abuse

Objectives
1. Understand how the 2018 Federal Family First Act will impact vulnerable children and pediatric professionals
2. Develop a practical approach to recognizing and responding to trauma in the busy office or clinical setting with tools that are easy to implement
3. Recognize symptoms of secondary traumatic stress and create strategies to stay physically, mentally, and emotionally well

Description: Childhood trauma is not new, but the role for the pediatrician in recognizing and responding to trauma is rapidly evolving. With new recommendations to recognize resilience and tools for treating trauma, pediatric care is transforming. From caring for children who’ve recently crossed the border, to working with families who are fostering children with opiate and other substance exposures, pediatric providers – physicians, physicians-in-training, and mental health providers – are all faced with the challenge of helping children heal from trauma. During this hot topic symposium, we will hear from academic pediatricians with expertise in child welfare, pediatric trauma-informed care, and physician well-being. We will begin with a review of the Federal Families First Services and Prevention Act passed by Congress in 2018. This legislation transforms financing for child welfare by enabling the use of foster care funding to provide evidence-based services to prevent removal of children from their families. It further incentivizes the use of evidence-based interventions by child welfare, which will impact the training of mental health providers. This landmark legislation also sets federal guidelines for residential treatment facilities, intended to reduce unnecessary or inappropriate use. These changes are likely to place a new burden on the practicing pediatrician to support birth, kinship and foster families and on community partners to better serve the needs of youth involved with child-welfare in the community. We will also discuss the spectrum of childhood trauma, ways to practically promote and restore resilience, tools to increase recognition of trauma symptoms including the role and challenges of screening and surveillance, and brief interventions which can promote healing with families without hijacking the day. Safe, stable and nurturing relationships are the key to building child resilience and promoting recovery, so the pediatric provider needs practical tools to support caregiver and child regulation. We will review the benefits of ECHO training, and other resources available to pediatricians to develop skills to address these issues in the medical setting. Finally, we’ll end with a discussion about the effects of secondary trauma on healthcare providers. We will discuss how to recognize burnout, and what we can do to stay well, so that we can bring our best selves to work as we treat families and teach others, while role modeling positive, resilient behavior.
## PROPOSAL #345845

**SESSION TITLE:** Pediatric Approach to Trauma Treatment and Resilience; Policy, Practice and Preservation

<table>
<thead>
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<th>Either</th>
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<tbody>
<tr>
<td>QA:</td>
<td>Yes</td>
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<tr>
<td>Audience Polling:</td>
<td>No</td>
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<tr>
<td>Sabbath Conflicts:</td>
<td>N/A</td>
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<tr>
<td>Conflicting Sessions:</td>
<td>APA Plenary, Faculty Development SIG</td>
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<td>Financial Sponsor?</td>
<td>(none)</td>
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<tr>
<td>Society Affiliation:</td>
<td>APA</td>
</tr>
<tr>
<td>Chairs:</td>
<td>Elaine Schulte (Contact Person)</td>
</tr>
</tbody>
</table>

### Speaker # 1

**Presentation Title**  Pediatric Approach to Trauma Treatment and Resilience; Policy, Practice and Preservation  
**Speaker/Duration:** Moira Szilagyi : f. 30 minutes  
**Speaker/Institution:** M. Szilagyi, Pediatrics, UCLA, Los Angeles, California, UNITED STATES|  
**Non-Member Justification:** Moira Szilagyi : APA, AAP

### Speaker # 2

**Presentation Title**  Pediatric Approach to Trauma Treatment and Resilience; Policy, Practice and Preservation  
**Speaker/Duration:** Heather Forkey : f. 30 minutes  
**Speaker/Institution:** H. Forkey, Pediatrics, University of Massachusetts Medical School, Worcester, Massachusetts, UNITED STATES|  
**Non-Member Justification:** Heather Forkey : APA, AAP

### Speaker # 3

**Presentation Title**  Pediatric Approach to Trauma Treatment and Resilience; Policy, Practice and Preservation  
**Speaker/Duration:** Elaine Schulte : f. 30 minutes  
**Speaker/Institution:** E. Schulte, The Children's Hospital at Montefiore, Bronx, New York, UNITED STATES|  
**Non-Member Justification:** Elaine Schulte : APA, AAP
PROPOSAL # 345846
SESSION TITLE: Comprehensive Management of Pediatric and Adolescent Headache

Contact: Marc DiSabella  
Childrens National Medical Center  
mdisabel@cnmc.org

Target Audience: All health care providers that evaluate or care for pediatric patients who experience headache. Clinicians including pediatricians, pediatric advance practice practitioners, psychologists, and child neurologists will find this particularly relevant.

Audience Size: 100-200

Tracks: Children with Chronic Conditions | Adolescent Medicine | School and Community Health | Neurology | General Pediatrics | Cross-Disciplinary Spotlight

Objectives
1. Define the primary headache disorders including migraine, tension-type, trigeminal autonomic cephalalgias, and their subtypes
2. Discuss evidence-based strategies for management in pediatric and adolescent primary headache disorders including lifestyle modification, medications, and behavioral therapies
3. Provide steps primary care physicians can take to co-manage headache

Description:
This symposium is designed to provide an educational forum to pediatric health care providers who see and manage patients with headaches. Headaches are the most common neurologic complaint and range from generally benign disorders that respond to simple measures like increasing hydration, through complex pain conditions that result in significant patient morbidity.

The symposium will begin by defining the various primary headache disorders, including migraine, tension-type headache, trigeminal autonomic cephalalgias, and each of their subtypes including new daily persistent headache, persistent post-traumatic headache, postural orthostatic tachycardia syndrome, and amplified musculoskeletal pain syndrome. The focus will be on key clinical features that are relevant to the ambulatory practice of pediatrics.

The symposium will proceed by taking an in-depth look at the evidence surrounding the diagnosis and treatment of pediatric headache. Data regarding the indications for testing in patients with headache disorders will be discussed, including the indications for neuro-imaging and laboratory testing. The remainder of the presentation will describe the most up-to-date evidence and strategies for managing headache, including components of lifestyle modification to reduce headache frequency, medication management for headache rescue and prevention, and finally behavioral therapies to reduce the impact of headache on patients’ daily lives and strategies to minimize their disability.

The symposium will conclude with practical steps primary care providers can take to manage headache in the ambulatory setting and indications for referral to a specialty program in headache.

Time Block: Either

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Headache

Additional Comments: (none)

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

Society Affiliation: CNS
# PROPOSAL #345846

**SESSION TITLE:** Comprehensive Management of Pediatric and Adolescent Headache

## Chairs:
Marc DiSabella (Chair)

### Speaker # 1

**Presentation Title:** Defining the Primary Headache Disorders in Pediatrics  
**Speaker/Duration:** Marc DiSabella : f. 30 minutes  
**Speaker/Institution:** M. DiSabella, Neurology, Childrens National Medical Center, Washington, District of Columbia, UNITED STATES  
**Non-Member Justification:** Marc DiSabella : Member of American Headache Society, Child Neurology Society, and American Academy of Neurology.

### Speaker # 2

**Presentation Title:** Diagnosis and Medical Management of Pediatric Headache Disorders  
**Speaker/Duration:** Raquel Langdon : f. 30 minutes  
**Speaker/Institution:** R.L. Langdon, Neurology, Children's National Medical Center, Washington, District of Columbia, UNITED STATES  
**Non-Member Justification:** Raquel Langdon : Member of American Headache Society, Child Neurology Society, and American Academy of Neurology.

### Speaker # 3

**Presentation Title:** Relaxation and Cognitive Behavioral Therapy in the Management of Pediatric Headache  
**Speaker/Duration:** Angela Fletcher : f. 30 minutes  
**Speaker/Institution:** A. Fletcher, Neurology, Childrens National Medical Center, Washington, District of Columbia, UNITED STATES  
**Non-Member Justification:** Angela Fletcher : (none)
PROPOSAL # 345899
SESSION TITLE: Pop Culture Pediatrics: From Celebrities to Mommy Blogs and Everything in Between

Contact: Erin King
kingx779@umn.edu

Target Audience: General Pediatricians, Subspecialty Pediatricians, Hospitalist Pediatricians, and Trainees
Audience Size: 50‐100
Tracks: Community Pediatrics|Children with Chronic Conditions|Trainee Pathway|General Pediatrics|Media & Technology|Digital Therapeutics Pathway|Education

Objectives: Objectives:
1. Identify health care fads championed by celebrities and parents in the care of young children
2. Review relevant pediatric literature to support or refute trends in pediatric care
3. Recognize famous individuals with pediatric diseases to normalize the experience of pediatric chronic disease for patients

Description: In pediatrics, our patients and families are accessing advice, subscribing to trends, and sharing carefully crafted messages specific to their search needs. Devices and technologies are becoming increasingly popular and marketed directly to health care consumers.<sup>1</sup> While a pediatrician’s day to day work might involve caring for a handful patients and families, viral online content has the potential to influence health choices of millions with surprising ease. Recently, within 48 hours of its posting, an online video by entertainer John Oliver regarding compounding pharmacies had been viewed 2.8 million times.<sup>2</sup> It is unfathomable to consider how even a well accessed physician could keep pace with the speed of this global technology’s capability. And yet, the responsibility lies with the physician.<br />
During this session, we hope to unravel what’s new and on-trend in pediatrics from infant sleep and premastication, to dietary fads and parent shaming. Grounded in the literature and AAP policy, we will share best practices both supporting and refuting "the hype". To support the care of young children and adolescents we will also share knowledge of chronic disease affecting celebrities which can be used to normalize the experience of our patients. While just scratching the surface, each attendant will learn key takeaways useful for building connection with our young patients and families.<br />

Time Block: Either

Learning Pathway
- [ ] Advocacy
- [x] Digital Therapeutics
- [ ] Clinical/Research
- [x] Education
- [ ] Trainee

QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: N/A
Additional Comments: (none)
Financial Sponsor? (none)
Society Affiliation: AAP

Chairs: Erin King (Presenter); Angela Goepferd (Presenter)
PROPOSAL #345899
SESSION TITLE: Pop Culture Pediatrics: From Celebrities to Mommy Blogs and Everything in Between

Speaker # 1
Presentation Title: Pop Culture Pediatrics: From Celebrities to Mommy Blogs and Everything in Between
Speaker/Duration: Erin King : f. 30 minutes
Speaker/Institution: E. King, Pediatrics, Children’s MN/University of MN, Minneapolis, Minnesota, UNITED STATES|
Non-Member Justification: Erin King : (none)

Speaker # 2
Presentation Title: Pop Culture Pediatrics: From Celebrities to Mommy Blogs and Everything in Between
Speaker/Duration: Angela Goepferd : f. 30 minutes
Speaker/Institution: A.K. Goepferd, Medical Education, Children’s Minnesota, Minneapolis, Minnesota, UNITED STATES|
Non-Member Justification: Angela Goepferd : (none)
PROPOSAL # 345903
SESSION TITLE: Accountable Care in Pediatrics: From Business Models to Clinical Programs and Evidence

Contact: 

Target Audience: Clinicians, researchers and executives  
Audience Size: 100

Tracks: Community Pediatrics | Advocacy/Public Policy | Quality Improvement/Patient Safety | Social Determinants/Health Disparities | Leadership and Business Training | Health Services Research | Health Equity/Social Determinants of Health-ACEs/Social Justice | Cross-Disciplin

Objectives 1) To familiarize the audience with the range of accountable care models emerging in pediatrics 2) To review the value of population management approaches in improving outcomes while delivering healthcare value 3) To discuss challenges and opportunities for replicating successful programs in the future

Description: Although accountable care programs have penetrated adult healthcare systems much more than pediatric systems, there is nevertheless significant development occurring across the country, both in business models and the clinical programs that support them. Over the last few years, the Children’s Hospital Association has been leading a learning collaborative that has brought together many health systems who are developing new contracts and clinical programs for accountable care. This session will bring together a multi-disciplinary group of finance executives and clinical leaders who are testing business models and clinical programs that can create value for contracts that emphasize ambulatory care management and reduced dependency on hospital services.

Additional Comments: (none)

Financial Sponsor? (none)  
Society Affiliation: AAP | APA | SPR

Chairs: David Rubin (Moderator); Sandy Melzer (Presenter); Luke Harris (Presenter); Karen Seaver Hill (Presenter); Jodi Carter (Presenter)

Learning Pathway

Advocacy  
Digital Therapeutics  
Clinical/Research  
Education  
Trainee

Time Block: Either

QA: Yes  
Audience Polling: Yes  
Sabbath Conflicts: N/A

Conflicting Sessions: Would avoid other sessions on health services research, health policy, or population health

Additional Comments: (none)

If Yes: (none)

Speaker #

Presentation Title

Speaker/Duration:

Speaker/Institution:

Non-Member Justification:
PROPOSAL #345912
SESSION TITLE: Clinical and Practical Implications of Thirdhand Smoke Research

Contact: E. Melinda Mahabee Gittens
Cincinnati Children’s Hospital Medical Center
Melinda.Mahabee-gittens@cchmc.org

Objectives
1) To understand the origins and composition of thirdhand smoke, why children are likely to have high levels of THS exposure, and the potential clinical findings associated with THS exposure in children. 2) To discuss potential candidates for specific biomarkers that can differentiate thirdhand smoke exposure from secondhand smoke exposure. 3) To describe thirdhand smoke pollution and thirdhand smoke exposure levels among low-income populations, pediatric populations, and potential strategies to remediate THS levels in home environments.

Description: Thirdhand tobacco smoke (THS) is the persistent residue resulting from secondhand smoke that accumulates in dust and becomes embedded in objects and on surfaces of indoor environments where tobacco has been used. Children are exposed to THS pollutants through inhalation, dermal transfer, and hand-to-mouth ingestion. We have found high levels of THS in children living in homes that have indoor smoking and even in children that live in homes with smoking bans. Levels are highest in low-income populations and in young children. This symposium will highlight the current scientific evidence on the composition, biomarkers of THS, the levels of THS found in children and their homes, the clinical findings associated with THS, and potential remediation strategies. This session will have broad appeal to scientists and clinicians who study or care for children from low-income populations, children with tobacco-related illnesses and public health advocates who are interested in decreasing the harmful effects of tobacco smoke exposure on children and their environments.

Time Block: 90 min.

QA: Yes
Audience Polling: No
Sabbath Conflicts: Saturday
Conflicting Sessions: Public Health and Prevention; Emergency Medicine

Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: APA | AAP | SPR

Chairs: E. Melinda Mahabee Gittens (Workshop Speaker)
# Clinical and Practical Implications of Thirdhand Smoke Research

## Speaker # 1
**Presentation Title**: E. Melinda Mahabee-Gittens, MD, MS  Professor of Pediatrics  Division of Emergency Medicine  Cincinnati Children's Hospital Medical Center

**Speaker/Duration**: E. Melinda Mahabee Gittens : f. 30 minutes

**Speaker/Institution**: E. Mahabee Gittens, Emergency Medicine, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES

**Non-Member Justification**: E. Melinda Mahabee Gittens : (none)

## Speaker # 2
**Presentation Title**: Ashley L. Merianos, PhD  Associate Professor  University of Cincinnati

**Speaker/Duration**: Ashley Merianos : f. 30 minutes

**Speaker/Institution**: A.L. Merianos, School of Human Services, University of Cincinnati, Cincinnati, Ohio, UNITED STATES

**Non-Member Justification**: Ashley Merianos : (none)

## Speaker # 3
**Presentation Title**: Georg E. Matt, PhD  Professor of Psychology  San Diego State University Foundation

**Speaker/Duration**: Georg Matt : f. 30 minutes

**Speaker/Institution**: G.E. Matt, Psychology, San Diego State University, San Diego, California, UNITED STATES

**Non-Member Justification**: Georg Matt : (none)
PROPOSAL # 345914
SESSION TITLE: Protecting Children from Firearm Injuries: A Continuum of Legislative Advocacy

Contact: Alexander Hogan
Connecticut Children’s Medical Center
Alexander.H.Hogan@gmail.com

Objectives
To explore the continuum of local to federal legislative policy and how it is informed by research and grassroots advocacy.

Description:
One third of United States children live in a home with a gun. Easy access to firearms leads to hundreds of intentional and unintentional pediatric deaths annually and has resulted in the United States being the world leader in pediatric firearm mortality. As the death toll mounts, and mass shooting become sadly commonplace, a groundswell of activism to change gun laws led by grassroots groups has erupted. Unfortunately policies advocated for rarely have a strong evidence base as research into the causes and solutions to gun violence have been hamstrung by federal policy. Gun violence is a public health crisis finally beginning to get the attention it deserves. The response to this crisis has been multifaceted. Parents and children directly affected by mass shootings have founded and championed grassroots movements to change gun culture and legislative policy. Pediatricians have created violence reduction programs within hospital systems to stem the tide of firearm enabled retaliatory violence. Physician scientists have begun to determine the efficacy of legislative policy reducing firearm morbidity and mortality to inform the legislators on Capitol Hill to reduce pediatric morality. This interactive Plenary will address how patient advocates, researchers, and legislators can work together to enact evidenced based legislation to keep children out of the line of fire. The panel discussion will consist of 1) a gun violence survivor from the Philadelphia area, 2) a health services research expert in legislative efficacy of firearm laws, 3) a representative from the Philadelphia gun violence prevention program "Cradle 2 Grave," 4) a leader of a grassroots gun violence reduction group, and 5) a US Senator and/or Representative expert in firearm legislation.

Time Block: 120 min.

QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A

Conflicting Sessions: Any workshops/presentations on firearm violence.

Additional Comments: (none)

Financial Sponsor? (none)
Society Affiliation: Other/No Affiliation

Chairs: Alexander Hogan (Chair); Alyssa Silver (Chair)
**PROPOSAL #345914**

**SESSION TITLE:** Protecting Children from Firearm Injuries: A Continuum of Legislative Advocacy

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<tr>
<th>Speaker # 1</th>
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<tbody>
<tr>
<td><strong>Presentation Title</strong></td>
<td>Firearm Legislation Efficacy</td>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Monika Goyal : d. 20 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>M.K. Goyal, Pediatrics, Children's National Medical Center, Bethesda, Maryland, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Monika Goyal : (none)</td>
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<tr>
<th>Speaker # 2</th>
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<tbody>
<tr>
<td><strong>Presentation Title</strong></td>
<td>Firearm Violence Prevention in Action: The Cradle to Grave Program</td>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Amy Goldberg : d. 20 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>A. Goldberg, Surgery, Temple University Health System, Philadelphia, Pennsylvania, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Amy Goldberg : (none)</td>
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<th>Speaker # 3</th>
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<tr>
<td><strong>Presentation Title</strong></td>
<td>Grassroots Advocay: Moms Demand Action</td>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Shannon Watts : d. 20 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>S. Watts, Moms Demand Action, Washington, District of Columbia, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Shannon Watts : (none)</td>
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<tr>
<th>Speaker # 4</th>
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<tr>
<td><strong>Presentation Title</strong></td>
<td>The Federal Legislative Path Toward Ending Gun Violence</td>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Christopher Murphy : d. 20 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>C. Murphy, United States Senate, Was, District of Columbia, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Christopher Murphy : (none)</td>
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PROPOSAL #345915
SESSION TITLE: Hindsight: Learning from the unintended effects of digital media

Contact: Danielle Erkoboni The Children's Hospital of Philadelphia erkobonid@email.chop.edu

Objectives  
1) REVIEW the existing research on the effects of digital media on children’s executive function, language acquisition, behavior and academic achievement and how this data informed the current AAP guidelines on children’s media use.  
2) APPRECIATE how parents’ knowledge and perceptions related to digital media shape behaviors in their homes.  
3) RECOGNIZE how exposure to digital features affect both play behaviors and brain structure and function of young children.  
4) DISCOVER the effects of background digital screens on infant’s attention.  
5) EXPLORE how persistent identifiers are used in digital media content designed for children.  
6) ENGAGE in thoughtful, timely discussion around children’s media use and the role of researchers and pediatricians.

Description: Digital media has become an undeniable force in children’s lives, present in most spaces where children learn, play and grow from birth. An ever-evolving body of research has demonstrated both the advantageous and deleterious effects of this exposure on children’s executive function, language acquisition, behavior and academic achievement. This topic symposium will explore the depths of these effects, focusing on the unintended, downstream consequences of a technology saturated society. The talks will examine parents’ perceptions, knowledge and lived-experiences around technology and early learning in the home as a key mediator to children’s exposure to digital media. We will then think about how integration of these devices into play and learning can affect both a child’s behavior and their brain’s structure. Recognizing though that not all exposure to digital media is intentional, we will then examine both the effects of background digital media on infant attention as well as the presence of persistent identifiers – long held data points present in applications played by young children – and potential relevance of disparities in behavioral marketing towards children. This symposium will take the audience deep into the most up to date research to examine the effects of digital content on children and conclude with an interactive session, examining the role of researchers and pediatricians in addressing these consequences.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Literacy SIG, DBP SIG

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: AAP | APA

Learning Pathway

☐ Advocacy  ☐ Digital Therapeutics
☐ Clinical/Research  ☐ Education  ☐ Trainee

Chairs: Danielle Erkoboni (Chair)
PROPOSAL #345915
SESSION TITLE: Hindsight: Learning from the unintended effects of digital media

Speaker # 1
Presentation Title  Hindsight: Learning from the unintended effects of digital media for children
Speaker/Duration: Danielle Erkoboni : b. 10 minutes
Non-Member Justification: Danielle Erkoboni : (none)

Speaker # 2
Presentation Title  What Parents Know Matters: Parental Knowledge at Birth Predicts Caregiving Behaviors at 9 Months
Speaker/Duration: Dana Suskind : c. 15 minutes
Speaker/Institution: D. Suskind, University of Chicago, Chicago, Illinois, UNITED STATES
Non-Member Justification: Dana Suskind : Dr Suskind is a pediatric cochlear implant surgeon as well as an expert and international thought leader on early language development and the role of parent-child interaction.

Speaker # 3
Presentation Title  Parental perceptions and management of screen devices in toddlers
Speaker/Duration: Darcy Thompson : c. 15 minutes
Speaker/Institution: D.A. Thompson, Pediatrics, University of Colorado/Children's Hospital Colorado, Aurora, Colorado, UNITED STATES
Non-Member Justification: Darcy Thompson : (none)

Speaker # 4
Presentation Title  Talk, read, sing: How do apps fit in?
Speaker/Duration: Tiffany Munzer : c. 15 minutes
Speaker/Institution: T.G. Munzer, Developmental Behavioral Pediatrics, University of Michigan, Ann Arbor, Michigan, UNITED STATES
Non-Member Justification: Tiffany Munzer : (none)

Speaker # 5
Presentation Title  Mind the Myelin: Screen-Based Media and Brain Structure and Function in Preschool-Age Children
Speaker/Duration: John Hutton : c. 15 minutes
Speaker/Institution: J.S. Hutton, General and Community Pediatrics & Reading and Literacy Discovery Center, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES
Non-Member Justification: John Hutton : (none)
PROPOSAL # 345915
SESSION TITLE: Hindsight: Learning from the unintended effects of digital media

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<th>Speaker # 6</th>
<th>Presentation Title</th>
<th>Second Hand Screens: How background digital media affects infant’s attention</th>
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<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Danielle Erkoboni : c. 15 minutes</td>
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<tr>
<td>Speaker/Institution</td>
<td>D. Erkoboni, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES</td>
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<tr>
<td>Non-Member Justification</td>
<td>Danielle Erkoboni : (none)</td>
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<tr>
<th>Speaker # 7</th>
<th>Presentation Title</th>
<th>Data collection from mobile applications: A new digital divide?</th>
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<tr>
<td>Speaker/Duration</td>
<td>Jenny Radesky : c. 15 minutes</td>
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<tr>
<td>Speaker/Institution</td>
<td>J. Radesky, Pediatrics, University of Michigan Medical School, Ann Arbor, Michigan, UNITED STATES</td>
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<tr>
<td>Non-Member Justification</td>
<td>Jenny Radesky : (none)</td>
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PROPOSAL # 345921
SESSION TITLE: Adverse Effects of Phthalate Exposures in Pediatric Patients

Contact: Randall Jenkins OHSU Jenkinra@ohsu.edu

Target Audience: Pediatric nephrologists, neonatologists, endocrinologists, general pediatricians, environmental and public health providers

Audience Size: 75

Tracks: Endocrinology | Clinical and Translational Research | Nephrology | Neonatology | Environmental Health

Objectives
1. To identify the effect of phthalate exposures on blood pressure in children.  
2. To understand the evidence that shows phthalate exposure increases blood pressure and the mechanism of such increase in premature infants.  
3. To understand the association of phthalate exposures with neurobehavioral changes in the newborn intensive care unit (NICU).  
4. To identify common sources of phthalate exposure in the NICU.

Description: This will be a multi-disciplinary presentation on the harmful effects of phthalate exposures on pediatric patients. We will include an introduction to the diverse effects of phthalates on children. We will examine the effects of phthalate exposures on blood pressure, especially in regards to premature infants. Mechanisms of how phthalates increase blood pressure will be discussed. Finally, we will examine the effect of phthalate exposures on in the neurodevelopment premature infants, and discuss possible mechanisms of action.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: None

Additional Comments: Need a table in front for the panel

Financial Sponsor? (none)

Society Affiliation: AAP | ASPN | SPR

Chairs: Randall Jenkins (Contact Person)

Speaker # 1
Presentation Title: Cardiorenal Effects of early life Exposure to Synthetic Chemicals
Speaker/Duration: Leonardo Trasande: f. 30 minutes
Speaker/Institution: L. Trasande, Pediatrics, NYU School of Medicine, New York, New York, UNITED STATES

Non-Member Justification: Leonardo Trasande: Unknown as of yet
**PROPOSAL #345921**

**SESSION TITLE:**  Adverse Effects of Phthalate Exposures in Pediatric Patients

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<tr>
<td><strong>Presentation Title</strong></td>
<td>The Role and Sources of Phthalate Exposures in Hypertension in Premature Infants</td>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Randall Jenkins : f. 30 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>R.D. Jenkins, Pediatrics, OHSU, Portland, Oregon, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Randall Jenkins : ASPN</td>
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<th>Speaker # 3</th>
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<tr>
<td><strong>Presentation Title</strong></td>
<td>Neurobehavioral Effects of Phthalates in the Newborn Intensive Care Unit</td>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Annemarie Stroustrup : f. 30 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>A. Stroustrup, Pediatrics and Preventive Medicine, Mount Sinai School of Medicine, New York, New York, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Annemarie Stroustrup : SPR, AAP</td>
</tr>
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PROPOSAL #345966
SESSION TITLE: Taking the Next Steps in Transgender Care: Clinical Challenges and Research Gaps

Contact: David Weber University of Rochester
david_weber@urmc.rochester.edu

Target Audience: Adolescent medicine, endocrinology, general pediatricians, medical trainees, anyone engaged in care and/or research related to transgender health

Audience Size: 150

Tracks: Adolescent Medicine|Endocrinology|Cross-Disciplinary Spotlight

Objectives (1) Discuss research gaps in diagnosing gender dysphoria in pre-pubertal children and mental health needs for children and adolescents undergoing gender affirming therapy. (2) Review the implications of gender transition and gender affirming therapy on statural growth and final height (3) Understand the effects of gender affirming hormonal therapy on fertility (4) Become familiar with the potential long-term cardiometabolic consequences of gender affirming therapy initiated in adolescence.

Description: This multi-disciplinary session will focus on clinical and research gaps in caring for transgender youth undergoing gender affirming therapy. Specific topics will include mental health, statural growth, fertility, and cardiometabolic health. Presenters will summarize the current gaps in knowledge, provide practical considerations for clinical care, and identify critical areas for future research.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: N/A

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: SAHM|SPR

Chairs: Jamie Mehringer (Moderator); David Weber (Moderator)

Speaker # 1

Presentation Title: Diagnostic and Mental Health Considerations for Transgender Youth Receiving Gender Affirming Medical Treatments

Speaker/Duration: Katherine Greenberg : e. 25 minutes

Speaker/Institution: K.B. Greenberg, Pediatrics and Obstetrics/Gynecology, University of Rochester Medical Center, Rochester, New York, UNITED STATES

Non-Member Justification: Katherine Greenberg : (none)
### Speaker # 2
**Presentation Title**: Impact of Medical Transition on Growth in Youth with Gender Dysphoria  
**Speaker/Duration**: Stephanie Roberts : e. 25 minutes  
**Speaker/Institution**: S. Roberts, Pediatrics - Endocrinology, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES  
**Non-Member Justification**: Stephanie Roberts : Endocrinologist with expertise in growth disorders associated with transgender care

### Speaker # 3
**Presentation Title**: Fertility Considerations in Transgender Youth Receiving Gender Affirming Medical Treatments  
**Speaker/Duration**: Diane Chen : e. 25 minutes  
**Speaker/Institution**: D. Chen, Pediatrics/Psychiatry & Behavioral Sciences, Ann & Robert H. Lurie Children's Hospital of Chicago/Northwestern University Feinberg School of Medicine, Chicago, Illinois, UNITED STATES  
**Non-Member Justification**: Diane Chen : Pediatric Psychologist with expertise in fertility considerations of transgender youth

### Speaker # 4
**Presentation Title**: Cardiovascular Risk Considerations in Transgender Youth Receiving Gender Affirming Medical Treatments  
**Speaker/Duration**: Nicole Mihalopoulos : e. 25 minutes  
**Speaker/Institution**: N. Mihalopoulos, Pediatrics - Adolescent Medicine, University of Utah, Salt Lake City, Utah, UNITED STATES  
**Non-Member Justification**: Nicole Mihalopoulos : Adolescent medicine provider with research expertise in cardiometabolic health in transgender persons
SESSION TITLE: Current progress on pathogenesis and etiology of Kawasaki Disease

Contact: [session spea]

Target Audience: Infectious Disease, Rheumatology, Cardiology and basic scientists
Audience Size: 200
Tracks: Basic Science | Allergy, Immunology and Rheumatology | Cardiology | Infectious Diseases

Objectives: Review current findings that are supportive of an etiology of Kawasaki Disease

Description: Hot topics symposia on current work that is attempting to assign etiology. Dr. Hicar (Buffalo) will review recent work on plasmabast responses in KD. Dr. Rowley (Northwestern) will review her work on antibodies against a HepaC virus. Dr. Manlhiot (Johns Hopkins) will review work on epidemiology in Canada and Global data. Dr. Menikou (Imperial College of London) will review work on immune complexes and transcriptome.

Time Block: 120 min.

Learning Pathway
☐ Advocacy
☐ Digital Therapeutics
☐ Clinical/Research
☐ Education
☐ Trainee

QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: Other Pediatric Infectious Disease sessions?

Additional Comments: (none)

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

Society Affiliation: JPS | SPR | PIDS

Chairs: Mark Hicar (Presenter); Anne Rowley (Presenter); Stephanie Menikou (Presenter); Cedric Manlhiot (Presenter)

Speaker #
Presentation Title
Speaker/Duration:
Speaker/Institution:
Non-Member Justification:
PROPOSAL #345974
SESSION TITLE: Caffeine for Preterm Infants: How Early, How Much, How Long?

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

**Audience Size:** 350
**Tracks:** Clinical and Translational Research | Epidemiology | Pulmonology | Pharmacology | Neonatology | Developmental and Behavioral Pediatrics

**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 many important 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 and planned studies in the field. The activity will conclude with a robust discussion involving the speakers and audience.

**Time Block:** 120 min.

**Learning Pathway**
- [ ] Advocacy
- [ ] Digital Therapeutics
- [x] Clinical/Research
- [x] Education
- [ ] Trainee

**Concluding Sessions:**
1. AAP Award Lectures (Silverman and Douglas K Richardson Award Presentation); 2: Late-breaker abstracts session; 3. Neonatal clinical trials session

**Additional Comments:** (none)

**Financial Sponsor?** (none)
**Society Affiliation:** AAP | SPR | AAP SoNPM

**Chairs:** Ravi Patel (Chair); Barbara Schmidt (Chair)
PROPOSAL #345974
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.V. Aranda, Pediatrics and Ophthalmology, SUNY Downstate Medical Center, 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, Pennsylvania, UNITED STATES|
Non-Member Justification: Eric Eichenwald : (none)
PROPOSAL #345985
SESSION TITLE: Screening and Interventions for Behavioral Health in Pediatric Primary Care

Contact: Jami Young
youngjf@email.chop.edu

Target Audience: Individuals interested in pediatric behavioral health and integrated care
Audience Size: 50
Tracks: General Pediatrics | Adolescent Medicine | Public Health | School and Community Health | Health Services Research | Developmental and Behavioral Pediatrics

Objectives:
1. Discuss the importance of screening for sleep and behavioral health concerns in pediatric primary care.
2. Present feasibility, acceptability, and efficacy findings from studies on behavioral health interventions in primary care.
3. Discuss provider and stakeholder perspectives on how best to implement behavioral health screening and interventions in primary care.

Description:
Approximately 75% of children with mental health conditions are seen in the pediatrician’s office, not in specialized mental health settings. Integrating high-quality behavioral health care within medical settings could substantially reduce the gap in untreated conditions. This has led to an increasing recognition of the importance of identifying and treating behavioral health problems in primary care (PC). For instance, a number of organizations and guidelines have promoted behavioral health screening in primary care and integrated care models of service delivery (e.g., American Academy of Pediatrics Task Force on Mental Health, 2010). Research indicates that integrated care interventions are associated with significantly better mental health outcomes than usual care (Asarnow et al., 2015). This symposium includes four papers related to the identification, prevention, and treatment of youth behavioral health difficulties in primary care at the Children’s Hospital of Philadelphia (CHOP). Across presentations, we will identify methods to target common behavioral health conditions in primary care and present lessons learned from key stakeholders, including caregivers, educators, and clinicians’ perspectives.

Identifying and Treating Early Childhood Sleep Problems in Primary Care
Ariel A. Williamson, PhD, DBSM; Olivia Cicalese, MS; Esha Bhandari; Bethany Watson, MA; Izabela Milaniak, MA; Rinad S. Beidas, PhD; Thomas J. Power; PhD; Katharine Rendle; PhD; Alexander G. Fiks, MD; & Jodi A. Mindell, PhD

Sleep problems such as insomnia, poor sleep health behaviors, and sleep disordered breathing (SDB) are highly prevalent in early childhood and linked to adverse developmental outcomes. Primary care is an accessible setting for identifying and addressing early childhood sleep concerns, especially given the increased number of well visits in early development, but sleep problems are rarely addressed in this context. This presentation will (1) identify the prevalence of caregiver-reported versus primary care provider (PCP)-documented sleep problems in young children presenting to well child visits (WCVs) and (2) describe PCP-identified barriers of and facilitators to addressing sleep problems in primary care. Caregivers (85.4% mothers) of 198 children ages 2-5 years (M age 3.3 years 53.7% female, 62.9% Black) presenting to urban (74.1%) and suburban (25.9%) primary care sites for well child visits (WCVs) completed surveys on demographic information, child behavioral sleep problems, and snoring, a common SDB symptom, at the time of their child’s WCV. Electronic medical record review was used to identify the rate of PCP-documented sleep problems and related recommendations in the WCV progress note. Fifteen percent of caregivers reported an overall child sleep problems according to questionnaire data, which did not significantly differ from the 12.0% of children with a PCP-documented sleep problem in the WCV progress note (p = .31). However, significantly more caregivers (28.3%) reported child bedtime difficulties (resistance; tantrums) in questionnaire responses (p < .001). A total of 8% of WCVs included child sleep recommendations.
Habitual child snoring was reported by 17% of caregivers, but was less frequently documented in WCVs (4.5%, p < .001). Although many caregivers reported poor child sleep health behaviors, including daily child caffeine consumption (21.1%) and electronics in the child’s bedroom (62.9%), significantly fewer PCPs documented these issues (caffeine: 2.0%; electronics: 6.6%) or related recommendations (caffeine: 1.0%; electronics: 3.5%) in the progress note (all p-values < .001). In a follow-up study, 22 primary care providers (12 physicians, 2 nurse practitioners, 6 social workers; 2 integrated psychologists; 91.3% female; 73.0% non-Latinx White) participated in semi-structured qualitative interviews on addressing early childhood sleep in primary care. Barriers included limited provider time, competing demands in WCVs, concern about overburdening families with advice, lack of provider sleep training, and few sleep resources. Facilitators included the perceived importance of sleep and the support of integrated behavioral health providers in treating behavioral sleep problems. Taken together, these studies suggest that while there is a high prevalence of young children with sleep problems presenting to primary care, PCP documentation of these concerns is low, with a number of systemic factors that prevent PCPs from regularly addressing sleep in well child visits. However, many of the provider-identified barriers, such as limited sleep training and resources, are modifiable, underscoring the need for increased implementation and dissemination of evidence-based sleep problem identification and treatment in primary care.

Adolescent Depression in Primary Care: Opportunities for Early Identification and Prevention

Jami F. Young, PhD, Molly Davis, PhD, Victoria T. Rio, BA, Morgan L. Bush, BA, Rebecca M. Kanine, PhD, Jason D. Jones, PhD, Alyssa E. McCarthy, PhD

This presentation will highlight data from two PC-based studies. First, we will present screening data from a large pediatric care network including rates of screening, rates of elevated symptoms and suicidality, and follow-up responses for at-risk screens. Second, we will present data from a pilot study that examined the feasibility, acceptability and efficacy of a depression prevention program, Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST), when delivered in PC to adolescents with subthreshold depression screens. Of the 12,690 adolescents screened for depression between 2014 and 2016, a considerable portion endorsed either subthreshold (2,304; 18.2%) or threshold (777; 6.1%) symptom levels. A striking number endorsed thoughts of death and/or self-harm (647; 5.1%), serious ideation in the past month (303; 2.4%), and/or a lifetime suicide attempt (450; 3.6%). Preliminary results from the pilot study will also be shared. Adolescents attended 85% of the group sessions and 100% of the pre-group and mid-group sessions; 100% of youth rated the program as helpful or very helpful. These data speak to the feasibility and acceptability of running IPT-AST groups in PC. Analyses of the self-report data indicate improvements in clinical outcomes from pre to post-intervention (e.g., teens report significant reductions in depressive and anxiety symptoms; parents and teens report improvements in overall functioning), as well as changes in the social processes that are targeted in the intervention (e.g. teens and parents report reductions in frequency of conflict and negative emotions following conflict). These studies suggest that routine adolescent depression screening is feasible in primary care, but more can be done to ensure that identified adolescents receive appropriate services. For instance, there are effective adolescent depression prevention programs that can be delivered in primary care to help support patients with subthreshold depression. Our pilot study of IPT-AST in PC suggests that it is feasible to deliver these programs in primary care and that the effects of these programs in PC are similar to those found in other settings. Delivery of these programs in PC may reduce the burden of depression at both population and individual levels.

Implementing, Evaluating and Sustaining a Positive Parenting Intervention in Primary Care

Joanne N. Wood, MD, MSHP, Devon Kratchman, Samantha Schilling MD, MSHP

Affiliations: AAP

This presentation will draw upon experience implementing a group, positive parenting program in multiple
primary care settings and will highlight data from 3 separate randomized control trials (RCTs). Child Adult Relationship Enhancement in Pediatric Primary Care (PriCARE), a 6-week group parent training program, was implemented in primary care sites at CHOP and University of North Carolina. Over 500 parents, foster parents, and other caregivers of children 2 to 6 years old participated in PriCARE. Attendance and parent satisfaction data from evaluations of PriCARE demonstrate that conducting brief parenting group interventions in primary care settings is feasible and acceptable. Furthermore, in RCTs the PriCARE intervention showed promise in promoting positive parenting as measured by the Parenting Scale, decreasing behavioral problems as measured by the Eyberg Child Behavior Inventory and reducing parenting stress as measured by the Parenting Stress Index. As with other parenting interventions, PriCARE did face challenges with parent engagement and retention. Lessons learned and strategies for increasing parent engagement and retention in parenting interventions in primary care will be discussed.<br />

Engaging Families, Educators, and Primary Care Providers to Reduce Services Disparities
Jennifer A. Mautone, PhD, ABPP; Amala Davis; Erica Evans; Colette Desrochers, MD; Zia Gajary, MD; Alex Holdaway, PhD; Phylicia F. Fleming, PhD; Katherine B. Bevans, PhD; Thomas J. Power, PhD, ABPP
Families of children with ADHD from low-income backgrounds often face substantial challenges accessing evidence-based behavioral health care. A recent Office of Inspector General report indicated that 45% of Medicaid-enrolled children with ADHD who were newly medicated did not receive behavior therapy as part of their treatment (US Department of Health and Human Services, 2019). In addition, only about 32% of students with ADHD are reported to receive classroom behavior management, another evidence-based practice for addressing impairment related to ADHD (DuPaul, Chronis-Tuscano, Danielson, & Visser, 2019). Integration of behavioral health providers into primary care practices is one strategy by which to reduce access barriers. Our team is conducting a PCORI-funded RCT to determine whether integrated care improves access to services and outcomes for underserved children with ADHD. The intervention being evaluated, Partnering to Achieve School Success (PASS), includes core components of behavior therapy plus enhancements to promote family engagement in treatment and team-based care. The intervention also includes a specific focus on improving collaboration between families and schools to address school impairment. In this presentation, we will discuss our process for engaging stakeholders (caregivers, educators, primary care and behavioral health providers) in the design and implementation of the study. Our study leadership team includes researchers, caregivers, educators, and clinicians as co-investigators and on advisory committees. Each member of the partnership has unique experiences, skills, resources, and goals. To encourage effective collaboration and address potential challenges, we have articulated guiding principles that embody our values, provide the foundation for our partnership, and reflect PCORI’s engagement principles (Sheridan et al., 2017). The presentation will include a description of: (a) our partnership development process and charter, (b) how the partnership informs study design and implementation, and (c) our strategies for continuous partnership evaluation and improvement. These presentations show that identifying and targeting behavioral health conditions in primary care is feasible and has the potential to reduce the disease burden at the population and individual levels. Attendees will leave with a greater awareness of how best to incorporate behavioral health within medical settings as well as a broader understanding of lessons learned from critical stakeholders, including primary care provider perspectives on integrated behavioral health identification and treatment approaches.
**PROPOSAL #345985**

**SESSION TITLE:** Screening and Interventions for Behavioral Health in Pediatric Primary Care

**Time Block:** Either

**QA:** Yes

**Audience Polling:** No

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** None

**Learning Pathway**

- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**If Yes:** (none)

**Society Affiliation:** AAP

**Chairs:** Jami Young (Chair); Shawna Dandridge (Chair)

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### Speaker # 1

**Presentation Title**  Identifying and Treating Early Childhood Sleep Problems in Primary Care

**Speaker/Duration:** Ariel Williamson : d. 20 minutes

**Speaker/Institution:** A.A. Williamson, Child and Adolescent Psychiatry and Behavioral Sciences; Sleep Center, Pulmonary Medicine, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|

**Non-Member Justification:** Ariel Williamson : Dr. Williamson is a clinical psychologist and therefore not eligible to join any of these organizations.

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### Speaker # 2

**Presentation Title**  Adolescent Depression in Primary Care: Opportunities for Early Identification and Prevention

**Speaker/Duration:** Jami Young : d. 20 minutes

**Speaker/Institution:** J.F. Young, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|

**Non-Member Justification:** Jami Young : Dr. Young is a clinical psychologist and therefore not eligible to join any of these organizations.

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### Speaker # 3

**Presentation Title**  Implementing, Evaluating and Sustaining a Positive Parenting Intervention in Primary Care

**Speaker/Duration:** Joanne Wood : d. 20 minutes

**Speaker/Institution:** J. Wood, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|

**Non-Member Justification:** Joanne Wood : (none)
**PROPOSAL # 345985**  
**SESSION TITLE:** Screening and Interventions for Behavioral Health in Pediatric Primary Care

<table>
<thead>
<tr>
<th>Speaker # 4</th>
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<tbody>
<tr>
<td><strong>Presentation Title</strong></td>
<td>Engaging families, educators, and primary care providers to reduce services disparities</td>
</tr>
<tr>
<td><strong>Speaker/Duration</strong></td>
<td>Jennifer Mautone : d. 20 minutes</td>
</tr>
<tr>
<td><strong>Speaker/Institution</strong></td>
<td>J.A. Mautone, Child &amp; Adolescent Psychiatry &amp; Behavioral Sciences, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES</td>
</tr>
<tr>
<td><strong>Non-Member Justification</strong></td>
<td>Jennifer Mautone : Dr. Mautone is a clinical psychologist and therefore not eligible to join any of these organizations.</td>
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</table>
PROPOSAL #346002

SESSION TITLE: Expanding Outpatient Antibiotic Stewardship: Practical Strategies, Novel Settings, and Sociobehavioral Influences

**Contact:** Matthew Kronman 
University of Washington 
matthew.kronman@seattlechildrens.org

**Target Audience:** Faculty and trainees in general pediatrics, hospital medicine, emergency medicine, infectious diseases, and those who work in EDs, urgent care, ambulatory clinics, telemedicine, and ambulatory health care systems.

**Audience Size:** 100

**Tracks:** Clinical and Translational Research | Advocacy/Public Policy | Quality Improvement/Patient Safety | Public Health | Health Services Research | General Pediatrics | Infectious Diseases | Diversity and Inclusion | Hospitalists | Health Equity/Social Determinants of Health-AC

**Objectives** After the session, participants will be able: 1. To highlight the importance of outpatient antimicrobial stewardship for child health. 2. To discuss sociobehavioral influences on antibiotic prescribing for ambulatory children. 3. To describe practical and implementable activities that promote stewardship across various outpatient and emergency care 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 remain few formalized activities to promote antibiotic stewardship in this setting. During this session, national leaders will highlight novel settings for 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, harnessing electronic tools to drive improvement, identifying best practices in use of ambulatory diagnostic tests to guide antibiotic management, and data demonstrating ways in which antibiotic prescribing for children is racially biased. This session will therefore provide practical tools for participants to improve the quality of their antibiotic prescribing, will address important issues of equity in medicine, 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:** 120 min.

**QA:** No

**Audience Polling:** Yes

**Sabbath Conflicts:** N/A

**Learning Pathway**
- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

**Conflicting Sessions:** Please avoid conflict with other Pediatric Infectious Diseases sessions

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**Society Affiliation:** PHM | PIDS

**Chairs:** Matthew Kronman (Moderator); Michael Smith (Moderator)
<table>
<thead>
<tr>
<th>Speaker #</th>
<th>Presentation Title</th>
<th>Speaker/Duration</th>
<th>Speaker/Institution</th>
<th>Non-Member Justification</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Racial Bias in Pediatric Antibiotic Prescribing in Outpatient Settings</td>
<td>Matthew Kronman : d. 20 minutes</td>
<td>Matthew Kronman, Pediatrics, Division of Infectious Diseases, University of Washington, Seattle, Washington, UNITED STATES</td>
<td>Matthew Kronman : (none)</td>
</tr>
<tr>
<td>2</td>
<td>Coaxing Commitment: Sociobehavioral Interventions to Improve the Use of Antibiotics in the Outpatient Setting</td>
<td>Julia Szymczak : d. 20 minutes</td>
<td>J.E. Szymczak, University of Pennsylvania, Philadelphia, Pennsylvania, UNITED STATES</td>
<td>Julia Szymczak : (none)</td>
</tr>
<tr>
<td>3</td>
<td>Less is More - Reducing Duration of Therapy in Outpatient Settings</td>
<td>Sameer Patel : d. 20 minutes</td>
<td>S.J. Patel, Northwestern University, Chicago, Illinois, UNITED STATES</td>
<td>Sameer Patel : (none)</td>
</tr>
<tr>
<td>4</td>
<td>Diagnostic Stewardship in Outpatient Pediatric Settings</td>
<td>Jeffrey Gerber : d. 20 minutes</td>
<td>J.S. Gerber, Pediatric Infectious Diseases, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES</td>
<td>Jeffrey Gerber : (none)</td>
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<tr>
<td>5</td>
<td>Children Are Not &quot;Little Adults&quot;: Pediatric Antibiotic Stewardship in Non-Pediatric Outpatient Settings</td>
<td>Nicole Poole : d. 20 minutes</td>
<td>N. Poole, Division of Pediatric Infectious Diseases, University of Colorado, Denver, Colorado, UNITED STATES</td>
<td>Nicole Poole : (none)</td>
</tr>
<tr>
<td>6</td>
<td>Implementing Antibiotic Stewardship in Telemedicine and Urgent Care Settings</td>
<td>Rana Hamdy : d. 20 minutes</td>
<td>R.F. Hamdy, Infectious Diseases, Children's National Medical Center, Washington, District of Columbia, UNITED STATES</td>
<td>Rana Hamdy : (none)</td>
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PROPOSAL #346011

SESSION TITLE: Lactoferrin in Preterm Infants: “Whey-ing” the Evidence and the Lactoferrin content: Are all lactoferrin products the same or does the manufacturing process of some products denature and decrease the lactoferrin content, plus do we know the optimal dose?

Contact: David Kaufman
University of Virginia School of Medicine
dak4r@virginia.edu

Target Audience: Neonatologists, Pediatric Infectious Disease specialists, researchers, trainees, pharmacologists

Audience Size: 200-300

Tracks: Academic and Research Skills | Clinical/Research Pathway | Quality Improvement/Patient Safety | Pharmacology | Infectious Diseases | Neonatology | Critical Care | Core Curriculum for Fellows | Clinical and Translational Research

Objectives
1. Present Lactoferrin activity against neonatal pathogens, anti-inflammatory actions, effect on gastrointestinal maturation, and somatic and brain growth.
2. Review the Neonatal Clinical trials of Lactoferrin supplementation and the differences between products studied in Preterm Infants.
3. Discuss effect of manufacturing process on final active lactoferrin content of study products.
4. Discuss further study of the optimal safe dose of a high quality product.

Description:
There have been several multicenter randomized placebo controlled trials with bovine lactoferrin (LF) and one pilot study with human LF aimed at preventing late-onset sepsis and NEC. The three largest studies have been completed and/or published in the past year. The studies have shown variable results at the doses studied which have all been less than or equal to 200 mg/kg/day. So have we been studying the correct dose? Are all products the same in quality and activity?

Bovine lactoferrin is produced as a nutritional supplement with different degrees of quality control resulting in significant variation in lactoferrin content, activity, iron content, and bioburden. It is also important to know whether the lactoferrin product underwent pasteurization. Pasteurization decreases lactoferrin content by up to 90%. The quality control of lactoferrin content should be known as well as if the content was measured before or after pasteurization, as well as if testing was performed by the company or independently. Additionally, pasteurization may inactive the lactoferrin product tested. For example, if a study used a pasteurized product and intended to deliver 100 mg/kg/day, study patients may have only received as little as 10 mg/kg/day. This may explain the lack of efficacy in some studies.

While we have several studies performed there was never a dose finding study to establish the optimal safe dose to study in preterm infants. Are pharmacokinetic studies needed to find optimal dosing of a high quality safe product that may benefit our infants?

Finally, LF has several mechanisms that play a key role in preventing bloodstream infections and NEC, but can it also help with growth, anemia, development and other long term outcomes?

Additional Comments: (none)
Financial Sponsor? (none)
Society Affiliation: Other/No Affiliation

Learning Pathway
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee

Conflicting Sessions: Neonatal clinical trials, Neonatal Infectious Diseases Platforms, Pediatric Infectious Diseases Platforms

QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A

Monday, October 7, 2019
# PROPOSAL # 346011

**SESSION TITLE:**  Lactoferrin in Preterm Infants: “Whey-ing” the Evidence and the Lactoferrin content: Are all lactoferrin products the same or does the manufacturing process of some products denature and decrease the lactoferrin content, plus do we know the optimal dose t

**Chairs:**  David Kaufman (Moderator); Theresa Ochoa (Moderator); Paolo Manzoni (Presenter); William Tarnow-Mordi (Presenter); Petra Hüppi (Presenter)

**Speaker # 1**
**Presentation Title**  The Power of Lactoferrin against Neonatal Pathogens  
**Speaker/Duration:**  Theresa Ochoa : c. 15 minutes  
**Speaker/Institution:**  T.J. Ochoa, Pediatrics, Universidad Peruana Cayetano Heredia, Lima, Lima, PERU|  
**Non-Member Justification:**  Theresa Ochoa : (none)

**Speaker # 2**
**Presentation Title**  Lactoferrin, Growth and the Brain  
**Speaker/Duration:**  petra huuppi : d. 20 minutes  
**Speaker/Institution:**  P. huuppi, Universite de Geneve, Geneve, SWITZERLAND|  
**Non-Member Justification:**  petra huuppi : (none)

**Speaker # 3**
**Presentation Title**  Outcomes and Differences of Neonatal Clinical Trials and Lactoferrin Products  
**Speaker/Duration:**  Paolo Manzoni : c. 15 minutes  
**Speaker/Institution:**  P. Manzoni, Pediatrics and Neonatology, Degli infermi Hospital, Biella, ITALY|  
**Non-Member Justification:**  Paolo Manzoni : International. Performed first multicenter RCT of Lactoferrin

**Speaker # 4**
**Presentation Title**  The effect of different manufacturing processes and pasteurization on Lactoferrin content in different products.  
**Speaker/Duration:**  William Tarnow-Mordi : c. 15 minutes  
**Speaker/Institution:**  W.O. Tarnow-Mordi, University of Sydney NHMRC CTC, Sydney, New South Wales, AUSTRALIA|  
**Non-Member Justification:**  William Tarnow-Mordi : (none)

**Speaker # 5**
**Presentation Title**  Lactoferrin dosing in Preterm Infants: Do we know the optimal safe dose to study of a high quality product and how best to deliver it (sublingual and the gastrointestinal tract)?  
**Speaker/Duration:**  David Kaufman : c. 15 minutes  
**Speaker/Institution:**  D. Kaufman, Pediatrics, University of Virginia School of Medicine, Charlottesville, Virginia, UNITED STATES|  
**Non-Member Justification:**  David Kaufman : (none)
PROPOSAL #346043
SESSION TITLE: Hot Topic Debates: Antibiotic Use in Hospitalized Children

Contact: Matthew Kronman University of Washington
matthew.kronman@seattlechildrens.org

[session spea Debate/Pro-Con Discussion]

Target Audience: Medical student and resident trainees, general pediatricians, hospitalists, and specialists in emergency medicine, gastroenterology, and infectious diseases

Audience Size: 100

Tracks: Children with Chronic Conditions | Epidemiology | Infectious Diseases | Quality Improvement/Patient Safety | General Pediatrics | Health Services Research | Gastroenterology and Nutrition | Hospitalists | Critical Care | Clinical and Translational Research

Objectives After the session, participants will be able: 1. To describe the data for and against use of antibiotics for non-infectious indications, such as promoting gastric motility. 2. To select infectious conditions in hospitalized children for which oral antibiotic therapy is safe and effective. 3. To review situations in which biomarkers should be used to guide antibiotic management decisions.

Description: Antibiotic use in hospitalized children is now closely scrutinized by antibiotic stewardship programs. This session will involve 3 debates on hot topics relating to how antibiotic use should be managed for hospitalized children, including whether antibiotic use for non-infectious conditions (such as to promote gastric motility) should be regulated and reduced; whether early transition to oral antibiotic therapy for infections in hospitalized children is safe and effective; and whether other diagnostic tests – biomarkers like CRP or procalcitonin – should be used to guide antibiotic therapy in our patients. During this session, national leaders in Gastroenterology, Infectious Diseases, and Critical Care Medicine will debate these topics. The format will involve three 40 minute debates, in which each speaker will review the scientific evidence for her/his position for 10 minutes (20 minutes total), each speaker will have a chance to respond to the other speaker for 5 minutes (10 minutes total), and in which audience participation will be garnered through live polling and questions will be allowed (10 minutes total). The overarching goal of the session is to highlight the evidence for and against the antibiotic management strategies covered for these common situations in hospitalized children, and to provide a fun and interactive session reaching a broad multidisciplinary audience.<br />

This engaging session will therefore be relevant to those who care for hospitalized children, including medical student and resident trainees, general pediatricians, hospitalists, and specialists in emergency medicine, gastroenterology, and infectious diseases.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Please do not overlap with PIDS programming.

Additional Comments: Also of note: one speaker (Dr. Rosen) will also be speaking at Digestive Diseases Week (DDW), May 1-5 in Chicago. The DDW schedule is not confirmed yet. We will work with DDW and with Dr. Rosen to ensure that she can participate in PAS. If it becomes impo

Financial Sponsor? (none) If Yes: (none)
PROPOSAL #346043
SESSION TITLE: Hot Topic Debates: Antibiotic Use in Hospitalized Children

Society Affiliation: NASPGHAN|PHM|PIDS

Chairs: Matthew Kronman (Moderator); Jeffrey Gerber (Moderator)

Speaker # 1
Presentation Title  Antibiotic Use for Non-infectious Indications Should Be Unrestricted
Speaker/Duration: Rachel Rosen : d. 20 minutes
Speaker/Institution: R. Rosen, Pediatrics, Division of Gastroenterology, Harvard Medical School, Boston, Massachusetts, UNITED STATES
Non-Member Justification: Rachel Rosen : (none)

Speaker # 2
Presentation Title  Antibiotic Use for Non-infectious Indications Should Be Unrestricted [con]
Speaker/Duration: Preeti Jaggi : d. 20 minutes
Speaker/Institution: P. Jaggi, Emory University, Decatur, Georgia, UNITED STATES
Non-Member Justification: Preeti Jaggi : (none)

Speaker # 3
Presentation Title  Oral Antibiotic Therapy is Safe and Effective for Serious Infections in Hospitalized Children
Speaker/Duration: Kathleen Chiotos : d. 20 minutes
Speaker/Institution: K. Chiotos, Divisions of Critical Care and Infectious Diseases, The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES
Non-Member Justification: Kathleen Chiotos : (none)

Speaker # 4
Presentation Title  Oral Antibiotic Therapy is Safe and Effective for Serious Infections in Hospitalized Children [con]
Speaker/Duration: Sarah Long : d. 20 minutes
Speaker/Institution: S. Long, Pediatrics, Drexel U College of Medicine, Gladwyne, Pennsylvania, UNITED STATES
Non-Member Justification: Sarah Long : (none)

Speaker # 5
Presentation Title  Biomarkers Should Be Used to Guide Inpatient Antibiotic Management
Speaker/Duration: Kevin Downes : d. 20 minutes
Speaker/Institution: K.J. Downes, Infectious Diseases, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES
Non-Member Justification: Kevin Downes : (none)
## Speaker # 6

**Presentation Title:** Biomarkers Should Be Used to Guide Inpatient Antibiotic Management [con]

**Speaker/Duration:** Maya Dewan : d. 20 minutes

**Speaker/Institution:** M. Dewan, Critical Care, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES |

**Non-Member Justification:** Maya Dewan : (none)
SESSION TITLE: The Effects of Prenatal Addiction on Children from Conception through Adolescence - Integrating Current Evidence into Practice

Contact: Christine Murphy  
Atrium Health’s Carolinas Medical Center  
christine.murphy66@gmail.com

Target Audience: The intended audience for this session includes: primary care providers, neonatologists, nursery providers, adolescent medicine providers, child abuse providers, and medical toxicologists.

Audience Size: 50-100

Tracks:  
Adolescent Medicine | Advocacy/Public Policy | Well Newborn | Hospitalists | Neonatology | Core Curriculum for Fellows | General Pediatrics | Children with Chronic Conditions | Developmental and Behavioral Pediatrics | Basic Science | Cross-Disciplinary Spotlight | Community P

Objectives: By the end of this session, participants should be able to: 1. Describe the effects of common drugs of abuse on fetal development  
2. Recognize benefits and pitfalls of common neonatal drug screens  
3. Differentiate between neonatal toxicity and withdrawal syndromes associated with prenatal drug exposure  
4. Dispel common toxicological myths related to drug testing and breastmilk drug excretion  
5. Recognize effects common drugs of abuse have on early childhood development & adolescence

Description: Substance use during pregnancy remains a significant problem in the United States. In reviewing the 2018 National Survey on Drug Use and Health, 128,000 pregnant women (15 to 44 years of age) admitted to illicit drug use in the past month. Past month tobacco use was reported by 271,000 pregnant women and past month alcohol use by 233,000 pregnant women. Additionally, adolescent and young adult (15-25 years) past month drug use was reported by 4,481,000 respondents. Given the frequency of drug use and as half of all pregnancies in the US are unplanned, a significant number of pregnancies are unintentionally affected by drugs of abuse. Pediatric providers play a significant role in providing anticipatory guidance to adolescents regarding drug use and contraception in addition to providing care for children born after in utero exposure to drugs of abuse. Understanding the risks for congenital malformations following maternal substance use, legal implications of drug use during pregnancy, nuances of drug screening mothers and the neonate, as well as the developmental implications for children exposed to common drugs of abuse in utero will reinforce the importance of routine substance use screening. This will also allow for improved anticipatory guidance to expectant parents and enhance the overall care of children with in utero exposure to common drugs of abuse.

The goal of this session is to educate providers on: 1) the in utero teratogenic effects of common drugs of abuse based on review of the literature – highlighting current findings, 2) the intricacies of drug testing, including advantages and limitations of current neonatal drug testing techniques and how they compare to maternal drug testing, 3) the differences between toxicity and withdrawal syndromes associated with prenatal drug exposure, 4) the common misconceptions about breastfeeding and breastmilk drug excretion, and 5) the impact of prenatal exposure on childhood and adolescent development. Case examples will be used to reinforce these concepts. By increasing provider knowledge, we hope to empower providers in their care of pregnant adolescents and young adults with active or previous substance use and in the care of children with in utero exposure to drugs of abuse.
PROPOSAL # 346046
SESSION TITLE: The Effects of Prenatal Addiction on Children from Conception through Adolescence - Integrating Current Evidence into Practice

Time Block: 120 min.
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: Please do not schedule at the same time as "Toxicology Critical Cases" if both abstracts submitted as there are overlapping speakers in these two sessions. Thank you.

Additional Comments: A medium or large room set up as described above would be ideal.
Financial Sponsor? (none) If Yes: (none)
Society Affiliation: Other/No Affiliation
Chairs: Christine Murphy (Contact Person)

Speaker # 1
Presentation Title  Intrauterine Effects of Prenatal Addiction
Speaker/Duration: Christine Murphy : g. 45 minutes
Speaker/Institution: C. Murphy, Emergency Medicine, Atrium Health's Carolinas Medical Center, Huntersville, North Carolina, UNITED STATES|
Non-Member Justification: Christine Murphy : Dr. Murphy is an AAP affiliate member. She is board certified in emergency medicine, medical toxicology, and addiction medicine. Her presentation will be 35 min.

Speaker # 2
Presentation Title  Drug Testing and the Newborn
Speaker/Duration: Abby Montague : g. 45 minutes
Speaker/Institution: A. Montague, Pediatrics, Hennepin County Medical Center, Minneapolis, Minnesota, UNITED STATES|
Non-Member Justification: Abby Montague : Dr. Montague is an AAP member. She is board certified in pediatrics and medical toxicology. Her talk will be 35 min.

Speaker # 3
Presentation Title  The Effects of Prenatal Drug Exposure on Early Childhood & Adolescent Development
Speaker/Duration: Elizabeth Hines : f. 30 minutes
Speaker/Institution: E.Q. Hines, Pediatric Emergency Medicine, University of Maryland School of Medicine, Baltimore, Maryland, UNITED STATES|
Non-Member Justification: Elizabeth Hines : Dr. Hines is an AAP member. She is also board certified in pediatrics, pediatric emergency medicine, and medical toxicology. Her presentation will be 35 min.
PROPOSAL #346048
SESSION TITLE: Non-invasive hemodynamic monitoring in neonatal care

Contact: Willem de Boode Radboudumc Amalia Children's Hospital
willem.deboode@radboudumc.nl

Target Audience: Neonatologists, fellows, NICU nursing staff, physician assistants
Audience Size: 100-150
Tracks: Cardiology|Neonatology|Critical Care

Objectives
To provide an introduction to neonatal cardiovascular physiology in order to understand the necessity
To improve our assessment of the hemodynamic status of critically ill newborn infants - To appraise
different technologies of non-invasive hemodynamic monitoring, such as near infrared spectroscopy,
perfusion index, neonatologist performed echocardiography and cardiac output monitoring using
bioimpedance, addressing both the advantages and pitfalls of each method - To interactively improve
the understanding of advanced hemodynamic monitoring in neonates

Description: After an introduction to neonatal cardiovascular physiology an overview of several technologies of non-
invasive hemodynamic monitoring will be presented in this session highlighting the benefits and pitfalls
of each method. This session will have an interactive character to promote active involvement of the
attendees.

Time Block: 120 min.
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: Saturday
Conflicting Sessions: Neonatology sessions

Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: SPR|Other/No Affiliation

Chairs: Willem de Boode (Chair); Bernard Barzilay (Chair); Petra Lemmers (Presenter); Eugene Dempsey (Presenter);
Patrick McNamara (Presenter)

Speaker # 1
Presentation Title: Neonatal Cardiovascular Physiology
Speaker/Duration: Bernard Barzilay: d. 20 minutes
Speaker/Institution: B. Barzilay, Neonatology, Assaf Harofeh Medical Center, Rishon Lezion, ISRAEL
Non-Member Justification: Bernard Barzilay: (none)
<table>
<thead>
<tr>
<th>Speaker #</th>
<th>Presentation Title</th>
<th>Duration</th>
<th>Institution</th>
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<tbody>
<tr>
<td>2</td>
<td>Near InfraRed Spectroscopy</td>
<td>20 minutes</td>
<td>P. Llemers, Neonatology, Wilhelmina Children's Hospital/University Medical Center Utrecht, Utrecht, Utrecht, NETHERLANDS</td>
</tr>
<tr>
<td>3</td>
<td>Perfusion Index</td>
<td>20 minutes</td>
<td>E.M. Dempsey, Paediatrics and Child Health, University College Cork, Cork, IRELAND</td>
</tr>
<tr>
<td>4</td>
<td>Neonatologist Performed Echocardiography</td>
<td>20 minutes</td>
<td>P.J. McNamara, Pediatrics, University of Iowa, Iowa city, Iowa, UNITED STATES</td>
</tr>
<tr>
<td>5</td>
<td>Cardiac output assessment using bioimpedance technology</td>
<td>20 minutes</td>
<td>W.P. de Boode, Neonatology, Radboudumc Amalia Children's Hospital, Nijmegen, NETHERLANDS</td>
</tr>
</tbody>
</table>
**PROPOSAL # 346057**

**SESSION TITLE:** Non-Invasive Ventilation in Neonates - how to do it the right way!

<table>
<thead>
<tr>
<th>Contact:</th>
<th>Manoj Biniwale</th>
<th>USC Keck school of Medicine</th>
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<tbody>
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<td></td>
<td><a href="mailto:biniwale@usc.edu">biniwale@usc.edu</a></td>
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</table>

**Target Audience:** neonatology attending physicians, fellows and trainees, critical care and pulmonology faculty

**Audience Size:** 500

**Tracks:** Critical Care | Pulmonology | Neonatology

**Objectives**

- To get comprehensive knowledge of noninvasive ventilation use in newborns and infants
- Evaluate different types of noninvasive ventilation modes including mechanisms, usage and recommendations
- Compare and contrast physiology, reasoning and applications for use of different strategies
- Identify how to choose right modality of ventilation for a specific patient population
- Facilitate discussions for further research on noninvasive ventilation

**Description:**

Non-invasive ventilation (NIV) refers to administration of positive pressure support delivered through nasal interface using a dedicated device or a ventilator. Different modes of NIV, with a variety of patient nasal interfaces and individualized settings are used with the goal of keeping infants from getting intubated. The symposium will focus on optimal application of different modes of NIV in newborn infants.

There are several modes of NIV that are currently available. The speakers are the leading experts in the field of managing infants with different modes of NIV. Nasal 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 (NHV) are some of the NIV modes that will be discussed in this session.

**Noninvasive ventilation: current questions and dilemmas**

Speaker: Manoj Biniwale, MD.
Duration 5 minutes
In this introductory talk Dr. Biniwale will discuss what are the reasons behind using NIV and highlight current problems associated with different modes.

**High flow nasal cannula or CPAP – how to choose?**

Speaker: Brett Manley, MD, PhD.
Duration 20 minutes
Dr. Manley is Consultant Neonatologist at the Royal Women's Hospital in Melbourne, and a Senior Lecturer at The University of Melbourne. For his PhD, he studied the use of nasal high-flow therapy as respiratory support for preterm infants. He has led several large clinical trials pertaining to HFNC including the clinical trials comparing high flow cannula to CPAP as primary mode (HUNTER Trial and HIPSTER Trial). His talk will focus on the physiology behind use of cannula, review of the evidence from trials comparing high flow cannula and CPAP as well as specific indications for the use of high flow cannula. He will also highlight the consensus approach for the use of nasal high flow therapy.

**Bubble CPAP vs ventilator CPAP – how is it different?**

Speaker: Rakesh Sahni, MD.
Duration 15 minutes
Dr. Sahni is Professor of Pediatrics at Columbia University Medical Center, Medical Director of the Neonatal Intensive Care Unit at New York-Presbyterian/Morgan Stanley Children’s Hospital, and Director of the Infant Physiology Laboratory at Columbia University’s College of Physicians and Surgeons. He has done extensive research with bubble CPAP over last 30 years.

Dr. Sahni will discuss studies related to bubble CPAP and its applications in infants. He will compare and contrast studies related to different CPAP machines. He will also highlight important steps to be taken for preventing CPAP failure with different machines.

**Effective use of RAM Cannula**

Speaker: Rangasamy Ramanathan, MD.
Duration 15 minutes
Dr. Ramanathan is the inventor of RAM Cannula. He is Professor of Pediatrics at USC Keck School of Medicine and is one of the leading researchers performing clinical trials with NIPPV. Dr. Ramanathan will focus on discussions pertaining to NIPPV using RAM Cannula. He will discuss mechanisms of NIPPV in improving gas exchange.
and providing respiratory support in infants using RAM Cannula. He will highlight physiology behind development of the cannula and talk on studies with RAM Cannula showing conflicting results. He will give the recommendations on the best ventilation strategies to be adopted while using RAM Cannula. CPAP vs NIPPV: ongoing battle? Speaker: Vineet Bhandari MD, DM. Duration 20 Minutes Dr. Bhandari is Professor of Pediatrics at Drexel University College of Medicine who has presented one of the early studies on NIPPV 20 years ago and since then has performed several studies looking at different aspects pertaining to management of infants using NIPPV. He will discuss various studies comparing CPAP and NIPPV from the aspects of reintubation, apnea prevention, and effects on bronchopulmonary dysplasia. He will highlight pros and cons of each modality and discuss current recommendations. NIV NAVA: is this the way forward? Speaker: Howard Stein, MD. Duration 15 minutes Dr. Stein is Professor of Pediatrics at University of Toledo College of Medicine and Life Sciences who has been doing research using NAVA mode of ventilation over the last 10 years. He is an expert in using NIV NAVA technology. Dr. Stein will compare and contrast the flow and neural trigger for patient-ventilatory interaction with NIV-NAVA. Enhanced synchrony using the neural trigger will be described. The current literature of all studies addressing the use of NIV-NAVA will be presented including the clinical experience from one center that predominantly uses NIV-NAVA to deliver NIV in premature neonates. Noninvasive high frequency ventilation in infants – is this a viable alternative? Speaker: Amit Mukerji MD, MS. Duration 15 Minutes Dr. Mukerji has been a faculty member at McMaster University and working with this new modality of noninvasive ventilation over last 5 years. This modality is gaining popularity all over the world with large clinical trials being conducted in Europe and China. His talk will focus on physiology behind use of this modality, current status of its use and outcomes from the completed studies. He will also discuss its applicability for infants and evidence to support its use. Interactive question answer session – all speakers Duration 15 minutes Interactive question and answer session will involve all speakers at the conclusion. Discussions related to applications for these devise and potential areas of future research will be facilitated during this period.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: neonatology pulmonary sessions

Additional Comments: (none)

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

Society Affiliation: SPR | AAP | AAP SoNPM

Chairs: Vineet Bhandari (Chair); Manoj Biniwale (Chair)
# PROPOSAL #346057

**SESSION TITLE:** Non-Invasive Ventilation in Neonates - how to do it the right way!

### Speaker # 1

**Presentation Title**  Noninvasive ventilation: current questions and dilemmas  
**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**  High flow nasal cannula or CPAP – how to choose?  
**Speaker/Duration:**  B.J. Manley : d. 20 minutes  
**Speaker/Institution:**  B.J. Manley, Newborn Research Centre, The Royal Women's Hospital, Parkville, Victoria, AUSTRALIA  
**Non-Member Justification:**  Brett Manley : Dr Manley has done extensive research in this field with heading the largest clinical trials

### Speaker # 3

**Presentation Title**  Bubble CPAP vs ventilator CPAP – how is it different?  
**Speaker/Duration:**  Rakesh Sahni : c. 15 minutes  
**Speaker/Institution:**  R. Sahni, Pediatrics, Columbia University, New York, New York, UNITED STATES  
**Non-Member Justification:**  Rakesh Sahni : (none)

### Speaker # 4

**Presentation Title**  Effective use of RAM Cannula  
**Speaker/Duration:**  Rangasamy Ramanathan : c. 15 minutes  
**Speaker/Institution:**  R. Ramanathan, Pediatrics/Division of Neonatal Medicine, Keck School of medicine of USC, LAC+USC Medical Center, Los Angeles, California, UNITED STATES  
**Non-Member Justification:**  Rangasamy Ramanathan : (none)

### Speaker # 5

**Presentation Title**  CPAP vs NIPPV: ongoing battle?  
**Speaker/Duration:**  Vineet Bhandari : d. 20 minutes  
**Speaker/Institution:**  V. Bhandari, Pediatrics, Drexel University College of Medicine, Philadelphia, Pennsylvania, UNITED STATES  
**Non-Member Justification:**  Vineet Bhandari : (none)

### Speaker # 6

**Presentation Title**  NIV NAVA: is this the way forward?  
**Speaker/Duration:**  Howard Stein : c. 15 minutes  
**Speaker/Institution:**  H.M. Stein, NICU, Promedica Toledo Children's Hospital, Toledo, Ohio, UNITED STATES  
**Non-Member Justification:**  Howard Stein : (none)
PROPOSAL #346057
SESSION TITLE: Non-Invasive Ventilation in Neonates - how to do it the right way!

Speaker # 7
Presentation Title  Noninvasive high frequency ventilation in infants – is this a viable alternative?
Speaker/Duration:  Amit Mukerji : c. 15 minutes
Speaker/Institution:  A. Mukerji, Pediatrics, McMaster University, Hamilton, Ontario, CANADA|
Non-Member Justification:  Amit Mukerji : This modality has been studied outside USA. There is no local expert in this field. Dr Mukerji has done several studies in this field.
SESSION TITLE: Bots for Tots: Artificial Intelligence and Machine Learning in Pediatric Biomedical Research

Contact: Judith Dexheimer  
Cincinnati Children’s Medical Center  
judith.dexheimer@cchmc.org

Objectives: To educate the general pediatric audience about machine learning, artificial intelligences, and state-of-the-art advances in informatics research in pediatric institutions. The attendees will learn about a primer in machine learning to provide a basic overview and understanding and then highlights of important informatics projects at three major pediatric institutions.

Description: Applied machine learning and artificial intelligence continue to invade modern life, driving everything from advertising to automobiles. Big Data are increasingly being used for both research and clinical care. Despite the increase of machine learning applications in both these fields, there remains minimal work being done specifically in pediatrics, which presents a unique environment compared to adult care. Thankfully, pediatricians hold a unique understanding of brain development, which helps provide a baseline for understanding the machine learning concepts modeled after the human brain. At this critical point in informatics research and application, pediatricians must develop a conceptual model of machine learning techniques, identify acceptable use of artificial intelligence methods in medicine, and provide examples of state-of-the-art projects being done to help provide the best possible care for their patients.

Dr. Dufendach is a neonatologist, assistant professor, and informaticist at Cincinnati Children’s Hospital Medical Center. He will provide a complete primer on machine learning and artificial intelligence from the pediatrics perspective, leveraging the clinician’s conceptual model of brain development to help explain how a neural network works. He will introduce and illustrate the seven steps for developing machine learning algorithms using tangible examples.

Dr. Dexheimer is a biomedical informaticist with a focus in machine learning and decision support, and associate professor at Cincinnati Children’s Hospital Medical Center. She will highlight research being performed at Cincinnati Children’s. She will discuss the role and impact of AI and ML in research with the electronic health records, explore unique aspects of conducting work in pediatrics with biomedical informatics, and discuss the integration of ML into clinical care.

Dr. Kirkendall is the Deputy Director, Center for Healthcare Innovation & Director of Digital Health Innovation at Wake Forest Baptist Health. He will discuss the integration of ML and Natural Language Processing into clinical care and the challenges associated with doing so. He will also highlight research using artificial intelligence being performed at both Cincinnati Children's Hospital and Wake Forest Medical Center.

Dr. Grundmeier is a pediatrician and the Director of Clinical Informatics at the Children’s Hospital of Philadelphia. He is a national expert in the repurposing of clinical data for secondary use in clinical and genomics research. He will provide a broad review of the pediatric-related machine-learning literature and put it into context for the pediatric provider and will highlight state of the art work currently being performed at the Children’s Hospital of Philadelphia.
PROPOSAL #346058
SESSION TITLE: Bots for Tots: Artificial Intelligence and Machine Learning in Pediatric Biomedical Research

Time Block: 120 min.

QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: N/A

Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: Other/No Affiliation

Chairs: Judith Dexheimer (Presenter)

Speaker # 1
Presentation Title  Innovating in Pediatrics using Artificial Intelligence: The Hope, The Hype, and the Realities...and How to Tell Them Apart
Speaker/Duration: Kevin Dufendach : e. 25 minutes
Speaker/Institution: K.R. Dufendach, Pediatrics and Biomedical Informatics, University of Cincinnati and Cincinnati Children's, Cincinnati, Ohio, UNITED STATES
Non-Member Justification: Kevin Dufendach : (none)

Speaker # 2
Presentation Title  Big Data for Tiny Patients: Applications and Integration of Machine Learning
Speaker/Duration: Judith Dexheimer : e. 25 minutes
Speaker/Institution: J. Dexheimer, Emergency Medicine, Biomedical Informatics, Cincinnati Children's Medical Center, Cincinnati, Ohio, UNITED STATES
Non-Member Justification: Judith Dexheimer : (none)

Speaker # 3
Presentation Title  Innovating in Pediatrics and Beyond: The Hope, The Hype, and the Realities...and How to Tell them Apart
Speaker/Duration: Eric Kirkendall : e. 25 minutes
Speaker/Institution: E.S. Kirkendall, Center for Healthcare Innovation , Wake Forest Baptist Medical Center, Winston-Salem, North Carolina, UNITED STATES
Non-Member Justification: Eric Kirkendall : (none)

Speaker # 4
Presentation Title  The Promises and Challenges of Using Machine Learning to Improve Child Health
Speaker/Duration: Robert Grundmeier : e. 25 minutes
Speaker/Institution: R.W. Grundmeier, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES
Non-Member Justification: Robert Grundmeier : (none)
SESSION TITLE: X+Y Scheduling in Pediatric Residency – What is it and how can I make it work?”

Objectives
1. Summarize the background of resident scheduling and the effects on education, wellness, and outpatient continuity.
2. Describe the implementation of an X+Y schedule in a pediatrics residency program and compare X+Y scheduling to a traditional block schedule.
3. Explore current outcomes data related to X+Y schedule implementation.

Description:
Residency scheduling is a complex topic that affects education, wellness and patient continuity. Through the Advancing Innovation in Residency Education (AIRE) pilot of the ACGME, a cohort of programs from around the country have implemented X+Y scheduling in pediatrics. Speakers from three of the initial pilot programs will introduce the concept of X+Y scheduling and its history in resident education. They will then describe implementation methods and barriers to change for programs involved in the study. Finally, current outcomes data will be shared with the group to allow analysis of benefits and challenges to this innovative model. The presenters are program leaders from three institutions that will guide faculty and trainees from all types of programs, large to small and community-based to academic, to understand how X+Y scheduling may work for their programs.

Learning Pathway
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee

Chairs: Joanna Lewis (Presenter); Ross Myers (Presenter); Lynn Thoreson (Presenter)
**PROPOSAL # 346065**  
**SESSION TITLE:**  X+Y Scheduling in Pediatric Residency – What is it and how can I make it work?”

<table>
<thead>
<tr>
<th>Speaker # 2</th>
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</table>
| **Presentation Title** | X+Y In Depth: Implementation strategies and outcomes  
| **Speaker/Duration:** | Joanna Lewis : d. 20 minutes  
| **Speaker/Institution:** | J. Lewis, Pediatrics, Advocate Children's Hospital - Park Ridge, Park Ridge, Illinois, UNITED STATES  
| **Non-Member Justification:** | Joanna Lewis : (none)  

<table>
<thead>
<tr>
<th>Speaker # 3</th>
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</table>
| **Presentation Title** | Preliminary Data from the Pediatric X+Y Scheduling Collaborative  
| **Speaker/Duration:** | Ross Myers : d. 20 minutes  
| **Speaker/Institution:** | R.E. Myers, Pediatrics, Case Western Reserve University / Rainbow Babies and Children's Hospital, Richmond Heights, Ohio, UNITED STATES  
| **Non-Member Justification:** | Ross Myers : (none)  

PROPOSAL # 346076
SESSION TITLE: Exploring the Benefits and Challenges of Rapid Genomic Sequencing for Critically Ill Children

Contact: James Bennett Seattle Childrens / University of Washington
james.bennett@seattlechildrens.org

Target Audience: Neonatologists, PICU physicians, Neurologists, Pathologists and laboratory medicine specialists, Geneticists, Hospital or lab administrators

Audience Size: 200

Tracks: Clinical and Translational Research | Critical Care | Neonatology | Genomics | Cross-Disciplinary Spotlight

Objectives
1. Identify the institutional hurdles and discuss how to enact this process in the real world of insurance payers.
2. Review the laboratory process to achieve a rapid diagnosis and how this leads to changes in management by neonatologists.
3. Discuss future directions of rapid genomic testing.

Description: Rapid genomic testing is quickly becoming the standard of care for critically ill children with a suspected genetic disorder. It has been demonstrated to be an effective diagnostic tool that in many cases leads to changes in management in the ICU. Pursuing this testing in a timely manner requires close collaboration and communication between the ICU physicians, clinical geneticists and genetic counselors, and laboratory medicine and genetic counselors. We propose a multidisciplinary hot topic symposium to review the challenges and opportunities of implementing an effective rapid genomic testing program. We will review how to identify and overcome institutional hurdles and enact this process in the real world of insurance payers. We will review the laboratory process to achieve a rapid diagnosis and how this leads to changes in management by neonatologists. Lastly we will discuss future directions of rapid genomic testing and how this test can be used in the prenatal setting to effect delivery and early neonatal management.

Time Block: Either

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Genomic, Critical care, laboratory medicine

Additional Comments: (none)

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

Society Affiliation: Other/No Affiliation

Chairs: James Bennett (Organizer); Amanda Freed (Contact Person)

Speaker # 1
Presentation Title: Recipe for Success: Establishing a Process for Rapid Genomic Testing in the ICU
Speaker/Duration: Sarah Clowes Candadai: c. 15 minutes

Speaker/Institution: S. Clowes Candadai, PLUGS (Patient-centered Laboratory Utilization Guidance Services), Seattle Children's Hospital, Seattle, Washington, UNITED STATES

Non-Member Justification: Sarah Clowes Candadai: (none)
<table>
<thead>
<tr>
<th>Speaker # 2</th>
<th><strong>Presentation Title</strong></th>
<th>Rapid Genomic Sequencing and the Need for Speed – Laboratory Challenges and Opportunities</th>
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</thead>
<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Shimul Chowdhury</td>
<td>c. 15 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>S. Chowdhury, Rady Children’s Institute for Genomic Medicine, San Diego, California, UNITED STATES</td>
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<td>Shimul Chowdhury : (none)</td>
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<tr>
<th>Speaker # 3</th>
<th><strong>Presentation Title</strong></th>
<th>Impact of Rapid Genomic Testing in the NICU — the perspective from Neonatology</th>
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<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Zeenia Billimoria</td>
<td>c. 15 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>Z. Billimoria, Pediatrics, University of Washington, Seattle, Washington, UNITED STATES</td>
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<td><strong>Non-Member Justification:</strong></td>
<td>Zeenia Billimoria : (none)</td>
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<tr>
<th>Speaker # 4</th>
<th><strong>Presentation Title</strong></th>
<th>Future Directions of Rapid Genomic Testing: Infants with Prenatally Diagnosed Fetal Structural Anomaly</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Amanda Freed</td>
<td>c. 15 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>A. Freed, University of Washington, Seattle, Washington, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Amanda Freed : (none)</td>
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PROPOSAL # 346081

SESSION TITLE: Choosing wisely for the other 80% of NICU patients: how to approach the study of lower acuity NICU patient care practices

Contact: David Braun
Kaiser Permanente Southern California
davidxbraun@mac.com

[session spea Panel Discussion]

Target Audience: neonatologists, family-centered birth care pediatricians and nurses: those caring for inborn in NICUs and family-centered care

Audience Size: 30

Tracks: Community Pediatrics|General Pediatrics|Medical Informatics/Data Science|Quality Improvement/Patient Safety|Health Services Research|Neonatology|Hospitalists

Objectives
Identifying challenges, opportunities and "low hanging fruit" in the study of the care of this large, understudied population.

Description: NICU care can be lifesaving but is very expensive, and can cause harm. About 9% of all US births, 80% of all NICU admissions and one-third of all NICU patient days involve lower acuity infants. The care of this group has received little attention to date. This group's care is not captured in most NICU care registries. In 2018 there was a proposal to make NICU admission a target of the "choosing wisely" campaign. A number of studies in the last few years have started to describe the care of these patients. Initial findings have revealed large variation in NICU admission rates, length of stay care of these patients, suggesting there is a large opportunity for optimizing this group's care. There is a need to develop research approaches to determine the modifiable drivers of this variation and approaches to care practice changes to address those drivers. In this roundtable we will bring researchers in this area to discuss the opportunities, challenges and "low hanging fruit" for research in this large population

Time Block: Either

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: Saturday

Conflicting Sessions: none

Additional Comments: none

Financial Sponsor? (none)

Society Affiliation: AAP SoNPM

If Yes: (none)

Chairs: David Goodman (Panelist); John Zupancic (Panelist); Dewayne Pursley (Panelist); Erika Edwards (Panelist); David Braun (Moderator); Joseph Schulman (Panelist); Jochen Profit (Panelist)

Speaker # 1

Presentation Title: Choosing Wisely in NICU care

Speaker/Duration: DeWayne Pursley : b. 10 minutes

Speaker/Institution: D.M. Pursley, Neonatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, UNITED STATES

Non-Member Justification: DeWayne Pursley : (none)
## SESSION TITLE: Choosing wisely for the other 80% of NICU patients: how to approach the study of lower acuity NICU patient care practices

### Speaker # 2
**Presentation Title:** Strategies for assessing population based variation of NICU admissions and care practices: experience in Texas and Norway  
**Speaker/Duration:** David Goodman : c. 15 minutes  
**Speaker/Institution:** D.C. Goodman, Dartmouth Institute for Health Policy and Clinical Practice, Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire, UNITED STATES  
**Non-Member Justification:** David Goodman : (none)

### Speaker # 3
**Presentation Title:** Approaching California statewide registry (CPQCC) based care practice research in lower acuity NICU patients  
**Speaker/Duration:** Joseph Schulman : b. 10 minutes  
**Speaker/Institution:** J. Schulman, NICU Quality Measurement and Improvement, California Department of Health Care Services, Sacramento, California, UNITED STATES  
**Non-Member Justification:** Joseph Schulman : (none)

### Speaker # 4
**Presentation Title:** EMR based study of NICU care practices in a large integrated health care system in California  
**Speaker/Duration:** David Braun : b. 10 minutes  
**Speaker/Institution:** D. Braun, Pediatrics, Kaiser Permanente Southern California, Santa Monica, California, UNITED STATES  
**Non-Member Justification:** David Braun : 20 years as leader of neonatology of a large health care system with large scale QI improvement activities and a number of publications and a prior speaker at CPQCC and VON Quality Congress

### Speaker # 5
**Presentation Title:** Approaching the variation in NICU admission in the Vermont Oxford Neonatal Network registry  
**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 # 6
**Presentation Title:** Quantifying Quality and Waste in the NICU  
**Speaker/Duration:** John Zupancic : c. 15 minutes  
**Speaker/Institution:** J. Zupancic, Neonatology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, UNITED STATES  
**Non-Member Justification:** John Zupancic : (none)
**Objectives**

1. To explore alternative predictors of respiratory morbidity in preterm infants due to limitations of the predictive value of BPD.
2. To identify novel genetic and immune-mediated pathways associated with respiratory morbidity in preterm infants.
3. To review the association of preterm birth and more long-term outcomes of persistent wheezing and asthma.

**Description:**

Bronchopulmonary dysplasia (BPD) has been used for over 30 years as a predictor of early respiratory morbidity, but increased survival of extremely low gestational age newborns (ELGANs) and changes in NICU practice have resulted in limitations to BPD as a predictive value. The Premature Respiratory Outcomes Program (PROP) and Trial of Late Surfactant for Prevention of BPD (TOLSURF) Study are NIH-funded longitudinal birth cohorts of ELGANs that have provided a wealth of clinical, biochemical, and genetic data to study the association of preterm birth with respiratory morbidity. This session hopes to provide clinicians from Neonatology, General Pediatrics, and Pulmonology with an update on predictors of respiratory morbidity in preterm children.

**Time Block:** 120 min.

**Learning Pathway**

- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee

**Additional Comments:** (none)

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

**Society Affiliation:** SPR|AAP

**Speakers:**

- **Speaker # 1**
  - **Presentation Title:** Premature Infant Respiratory Status (PIRS): A new classification system to predict early childhood respiratory morbidity associated with preterm birth
  - **Speaker/Duration:** Judy Aschner: d. 20 minutes
  - **Speaker/Institution:** J.L. Aschner, Pediatrics, Joseph M Sanzari Children's Hospital at Hackensack Meridian Health, Hackensack, New Jersey, UNITED STATES
  - **Non-Member Justification:** Judy Aschner: (none)
PROPOSAL #346088
SESSION TITLE: Early Childhood Respiratory Morbidity Associated with Preterm Birth

Speaker # 2
Presentation Title  Early neonatal oxygen exposure predicts pulmonary morbidity and functional deficits at one year
Speaker/Duration:  Andrew Dylag : d. 20 minutes
Speaker/Institution:  A.M. Dylag, Department of Pediatrics, University of Rochester Medical Center, Rochester, New York, UNITED STATES
Non-Member Justification:  Andrew Dylag : (none)

Speaker # 3
Presentation Title  All oxygen requirements are not created equal- intermittent hypoxia and ventilatory pattern instability
Speaker/Duration:  James Kemp : d. 20 minutes
Speaker/Institution:  J. Kemp, Washington University, St. Louis, Missouri, UNITED STATES
Non-Member Justification:  James Kemp : (none)

Speaker # 4
Presentation Title  Genetics of chronic lung disease in preterm infants
Speaker/Duration:  Dara Torgerson : d. 20 minutes
Speaker/Institution:  D. Torgerson, Department of Human Genetics, McGill University and Genome Quebec Innovation Center, Montreal, Quebec, CANADA
Non-Member Justification:  Dara Torgerson : (none)

Speaker # 5
Presentation Title  A systems biology approach to understanding immune-mediated respiratory morbidity in the first year of life
Speaker/Duration:  Kristin Scheible : d. 20 minutes
Speaker/Institution:  K. Scheible, School of Medicine and Dentistry, University of Rochester Medical Center, Rochester, New York, UNITED STATES
Non-Member Justification:  Kristin Scheible : (none)

Speaker # 6
Presentation Title  Why do former preterm infants wheeze?
Speaker/Duration:  Roberta Keller : d. 20 minutes
Speaker/Institution:  R. Keller, Pediatrics, University of California San Francisco, San Francisco, California, UNITED STATES
Non-Member Justification:  Roberta Keller : (none)
PROPOSAL #346101
SESSION TITLE: Clinical Videorecording During Resuscitative Care: Applications for Quality Improvement, Care Optimization, and Education and Skill Maintenance

Contact: Aaron Donoghue
donoghue@email.chop.edu

Target Audience: Emergency medicine; Critical care medicine; simulation education specialists
Audience Size: 50-100
Tracks: Critical Care | Emergency Medicine | Quality Improvement/Patient Safety | Neonatology | Hospitalists

Objectives
1) To describe the use of video review as a quality improvement endeavor in pediatric resuscitation
2) To describe preliminary data and potential applications of video review on procedural training, skill maintenance, and cognitive aid creation
3) To describe the use of video review to improve crisis resource management, teamwork, and communication in dynamic clinical environments

Description: Resuscitation of critically ill children presents unique challenges to both pediatric and general acute care providers. 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. Such fundamental procedures as cardiopulmonary resuscitation (CPR) and tracheal intubation (TI) are universally required but infrequently performed. The high acuity, low frequency nature of these events make it difficult for the individual health care provider, and by extension, the resuscitation team, to maintain clinical competency and to provide optimal resuscitation to those children who are critically ill.<br/>The use of videorecording during clinical care has robust history in trauma resuscitation and care of the newly born infant in the delivery room. Over the past decade, a growing body of literature has demonstrated the usefulness of video review as a needs assessment, a quality improvement tool, and a data source for research in pediatric resuscitation. Video review provides clear, unbiased data on these uncommon and highly dynamic patient encounters and can yield elusive information about clinical care, teamwork, communication, and provider interactions.<br/>In this presentation, we explore the use of clinical videorecording and several applications to assessing and improving resuscitative care. 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.
**PROPOSAL #346101**

**SESSION TITLE:** Clinical Videorecording During Resuscitative Care: Applications for Quality Improvement, Care Optimization, and Education and Skill Maintenance

<table>
<thead>
<tr>
<th>Society Affiliation:</th>
<th>Other/No Affiliation</th>
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<tbody>
<tr>
<td>Chairs:</td>
<td>Aaron Donoghue (Contact Person)</td>
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</table>

**Speaker # 1**  
**Presentation Title**  Primer on Clinical Videorecording and Quality Improvement  
**Speaker/Duration:** Sage Myers : c. 15 minutes  
**Speaker/Institution:** S. Myers, Pediatrics, Emergency Medicine, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|  
**Non-Member Justification:** Sage Myers : (none)

**Speaker # 2**  
**Presentation Title**  Quantifying and Improving CPR Performance at the Individual Provider Level  
**Speaker/Duration:** Aaron Donoghue : c. 15 minutes  
**Speaker/Institution:** A.J. Donoghue, CHOP, Philadelphia, Pennsylvania, UNITED STATES|  
**Non-Member Justification:** Aaron Donoghue : (none)

**Speaker # 3**  
**Presentation Title**  Ad Hoc Video Review and Purposeful Practice to Improve Pediatric Emergency Provider Airway Skills  
**Speaker/Duration:** Benjamin Kerrey : c. 15 minutes  
**Speaker/Institution:** B. Kerrey, CCHMC, Cincinnati, Ohio, UNITED STATES|  
**Non-Member Justification:** Benjamin Kerrey : (none)

**Speaker # 4**  
**Presentation Title**  The effects of checklist use on teamwork and workload during pediatric trauma resuscitations (15 minutes)  
**Speaker/Duration:** Karen O'Connell : c. 15 minutes  
**Speaker/Institution:** K. O'Connell, Emergency Medicine, Children's National Health System, Washington, District of Columbia, UNITED STATES|  
**Non-Member Justification:** Karen O'Connell : (none)

**Speaker # 5**  
**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 : c. 15 minutes  
**Speaker/Institution:** D. Kessler, Columbia Univ, New York, New York, UNITED STATES|  
**Non-Member Justification:** David Kessler : (none)
| Speaker # 6 |  
| --- | --- |
| **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 : c. 15 minutes |
| **Speaker/Institution** | T.L. Neubrand, Pediatric Emergency Department, University of Colorado/Children's Hospital Colorado, Denver, Colorado, UNITED STATES |
| **Non-Member Justification** | Tara Neubrand : (none) |
PROPOSAL #346114
SESSION TITLE: Redefining a Recruitment Strategy for Academic Faculty

Contact: Leslie Walker-Harding Seattle Children's Hospital
leslie.walker-harding@seattlechildrens.org

Session Type: Panel Discussion

Target Audience: Department Chairs, Division Chief, Administrative leaders in Pediatric Departments, Senior and junior faculty, Deans

Audience Size: 30-80

Tracks: Career Development | Diversity and Inclusion | Leadership and Business Training | Health Equity/Social Determinants of Health-ACEs/Social Justice

Objectives
- To have a frank discussion about the challenges and mechanics of identifying diverse candidates for academic positions
- To explore expert perspectives on how to improve recruitment of underrepresented faculty
- To share perspectives on the utility and ability of search firms to produce diverse candidates
- Engage participants to act upon identified solutions to appropriately identify and recruit faculty

Description:
Academic Pediatric Departments and Schools of Medicine across the country struggle with how to diversify their faculty recruitment and applicant pools. For the best childhood and adolescent cures, science, clinical care, and provider education, and to meet the needs of our rapidly evolving pediatric population in which there is no majority, it is essential to have diverse faculty contributing to the mission. In particular there has not been significant improvement in identifying and engaging the talent pool of those traditionally underrepresented in medicine for academic positions. This panel discussion will explore the challenges and mechanics of identifying diverse candidate pools, and define the appropriate interface with search firms in effectively managing the academic search process. Identifying solutions is possible and this plenary session will explore innovative and effective approaches to accomplish such.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Diversity and Inclusion offerings, APS day on Sunday, APS Diversity reception

Additional Comments: Microphones and seats for each panelist on a raised platform so the panelists can be seen by participants and have ease interacting.

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

Society Affiliation: APS

Chairs: Joseph Wright (Moderator); Leslie Walker-Harding (Chair)
**PROPOSAL #346114**

**SESSION TITLE:** Redefining a Recruitment Strategy for Academic Faculty

<table>
<thead>
<tr>
<th>Speaker # 1</th>
<th>Presentation Title</th>
<th>Maria Soto-Greene : d. 20 minutes</th>
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<tbody>
<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>M. Soto-Greene, Executive Vice Dean and Professor Medicine, Rutgers New Jersey Medical School, Newark, New Jersey, UNITED STATES</td>
<td></td>
</tr>
<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Maria Soto-Greene : Dr. Soto-Greene is an expert on faculty recruitment particularly underrepresented</td>
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<thead>
<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>Roderick King, MD, MPH : d. 20 minutes</th>
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<tbody>
<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>R. King, MD, MPH, Assoc Dean for Diversity Assoc Prof Pediatrics, University of Miami Miller School of Medicine, Miami, Florida, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Roderick King, MD, MPH : AAP</td>
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<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>Angela Ellison : d. 20 minutes</th>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>A.M. Ellison, Pediatrics/Emergency Medicine, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES</td>
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<td><strong>Non-Member Justification:</strong></td>
<td>Angela Ellison : AAP</td>
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<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Deborah Prothrow-Stith : d. 20 minutes</th>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>D. Prothrow-Stith, Dean, College of Medicine, Charles R. Drew University of Medicine, Los Angeles, California, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Deborah Prothrow-Stith : National expert Dean on recruitment and retention of diverse faculty</td>
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</table>
**SESSION TITLE:** Probiotics in pediatrics: risks vs. potential benefits in 2020 – what you need to know

**Contact:** Gregory Priebe Boston Children’s Hospital  
gregory.priebe@childrens.harvard.edu

**Audience Size:** 200

**Tracks:** Critical Care | Emergency Medicine | Infectious Diseases | Neonatology

**Objectives**

1. Explain the differences between probiotics, prebiotics, and synbiotics
2. List conditions for which probiotics are “recommended” by expert groups and why these recommendations might be problematic
3. Describe how probiotics are regulated in the US and why this matters to children (and everyone else)
4. Describe what is known about the impact of probiotics on the microbiome and understand the mechanisms and challenges of gut microbiome manipulation
5. Review the potential benefits of probiotic administration in the neonatal intensive care unit (NICU) including decreased risk of necrotizing enterocolitis, sepsis, and death
6. Review the risks of probiotic administration in the NICU and PICU, including contamination of commercial probiotics with pathogens, probiotic sepsis, and cross contamination between patients.
7. List risk factors for developing invasive infections from probiotics.
8. Understand the evolution of the evidence related to the use of probiotics to treat gastroenteritis in children and its implications to the larger field of probiotic research

**Description:** Probiotics are increasingly used in pediatrics, spanning outpatient general pediatric practice, the emergency department, and hospitalized patients, including those in intensive care units. Although some studies have shown efficacy in acute infectious diarrhea, antibiotic-associated diarrhea, and inflammatory bowel disease, reported benefits are typically probiotic-formulation-specific, and recent clinical trials have raised questions about the potential benefits. Recent data also highlight the risks of bacteremia and sepsis related to probiotics as well as the impact of probiotics on the microbiome. This session will provide an overview of probiotic use and clinical trials in pediatrics, including recent results involving probiotics containing *Lactobacillus rhamnosus* GG.

**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** No

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** Probiotics

**Additional Comments:** (none)

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

**Society Affiliation:** PIDS | SPR

**Chairs:** Gregory Priebe (Chair); Patricia Hibberd (Chair)
### Speaker # 1
**Presentation Title:** Why are probiotics becoming more controversial? Implications for pediatrics  
**Speaker/Duration:** Patricia Hibberd : f. 30 minutes  
**Speaker/Institution:** P. Hibberd, Department of Global Health, Boston University School of Public Health, Boston, Massachusetts, UNITED STATES|  
**Non-Member Justification:** Patricia Hibberd : Dr. Hibberd is an IDSA member and is a leader in the field of probiotic research. She is Chair and Professor of the Department of Global Health at Boston University School of Public Health and is also Professor of Medicine (Infectious D

### Speaker # 2
**Presentation Title:** Risks and benefits of probiotics in the neonatal intensive care unit  
**Speaker/Duration:** Mark Underwood : f. 30 minutes  
**Speaker/Institution:** M. Underwood, Pediatrics, University of California Davis, Sacramento, California, UNITED STATES|  
**Non-Member Justification:** Mark Underwood : (none)

### Speaker # 3
**Presentation Title:** Direct genomic evidence of probiotic bacteremia in pediatric ICU patients  
**Speaker/Duration:** Gregory Priebe : f. 30 minutes  
**Speaker/Institution:** G.P. Priebe, Anesthesiology, Critical Care and Pain Medicine, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES|  
**Non-Member Justification:** Gregory Priebe : (none)

### Speaker # 4
**Presentation Title:** The unfulfilled promise of probiotics and the complexities of manipulating the gut microbiome  
**Speaker/Duration:** David Schnadower : f. 30 minutes  
**Speaker/Institution:** D. Schnadower, Pediatrics, Cincinnati Children's Hospital Medical Center - University of Cincinnati College of Medicine, Cincinnati, Ohio, UNITED STATES|  
**Non-Member Justification:** David Schnadower : (none)
Objectives:

1. Review the epidemiology of child and adolescent contact with the juvenile justice system and discuss trends in state and national juvenile justice reform.
2. Examine the role of pediatricians as advocates for social justice and juvenile justice reform.
3. Give examples of youth-led advocacy initiatives related to social justice and juvenile justice reform, discuss the importance of supporting such initiatives.
4. Examine the intersections between juvenile justice policy, child development, toxic stress, health equity and life-course epidemiology.
5. Develop health and juvenile justice advocacy action plans for implementation in the home communities of session participants.

Description:

In a single year in the United States, approximately 810,000 youth under the age of 18 are arrested. These youth represent a high-risk population with complex physical, mental and behavioral health needs. They are exposed to high levels of trauma and have complex social circumstances that complicate their health status and contribute to their involvement with the justice system. The 2018 PAS Invited Science Presentation, “Responding to Injustice in the Juvenile Justice System: The Emerging Role of Academic Pediatricians,” highlighted the critical role pediatricians play in advocating for a juvenile justice system that is equitable, trauma-informed and developmentally appropriate. This session aims to build on the 2018 presentation by engaging participants in the development and implementation of an interdisciplinary health and juvenile justice advocacy campaign. (Participants are encouraged to attend this session whether or not they attended the 2018 presentation).

First, the session will review the epidemiology of child and adolescent contact with the juvenile justice system and discuss national and state trends in juvenile justice reform. Next, the session will examine the role of pediatricians as advocates for justice involved youth and explore opportunities for pediatricians to become involved in local and national juvenile justice advocacy initiatives. Lastly, the session will work with participants to develop a health and juvenile justice advocacy action plan, outlining concrete steps pediatricians and pediatric institutions can take to advocate for an equitable, trauma-informed and developmentally appropriate juvenile justice system. Following the completion of the session, the interdisciplinary team of session organizers will work to connect session participants to juvenile justice advocates in their home communities, thus helping to facilitate the implementation of the health and juvenile justice advocacy action plan.
PROPOSAL #346121

SESSION TITLE: Creating an Interdisciplinary Health and Juvenile Justice Advocacy Campaign: Opportunities for Pediatricians and Pediatric Institutions.

Additional Comments: Speaker Marcía Hopkins is the Senior Manager, Youth Advocacy Program & Policy for the Juvenile Law Center, youth advocates for juvenile justice reform will be her co-presenters for this session. Ms. Hopkins is not sure which youth will accompany her but h

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

Society Affiliation: Other/No Affiliation

Chairs: Mikah Owen (Presenter); Elizabeth Barnert (Presenter); Alyson Clements (Presenter); Jennifer Lutz (Presenter); Marcía Hopkins (Presenter)

Speaker # 1
Presentation Title  Pediatricians for Juvenile Justice Reform: Creating a Tipping Point for Pediatric Advocacy
Speaker/Duration: Mikah Owen : b. 10 minutes
Speaker/Institution: M. Owen, Pediatrics, University of Florida College of Medicine - Jacksonville, Jacksonville, Florida, UNITED STATES|
Non-Member Justification: Mikah Owen : (none)

Speaker # 2
Presentation Title  National and State Trends in Juvenile Justice Reform
Speaker/Duration: Alyson Clements : d. 20 minutes
Speaker/Institution: A. Clements, Director of Membership and Advocacy, National Juvenile Justice Network , Washington, District of Columbia, UNITED STATES|
Non-Member Justification: Alyson Clements : Ms. Clements is the director of membership and advocacy for the National Juvenile Justice Network. Ms. Clements has extensive knowledge regarding national and local trends in juvenile justice reform and has extensive national contacts re

Speaker # 3
Presentation Title  Following Their Lead: Supporting Youth-Led Advocacy Initiatives
Speaker/Duration: Marcía Hopkins : e. 25 minutes
Speaker/Institution: M. Hopkins, Senior Manager, Youth Advocacy Program & Policy, Juvenile Law Center , Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification: Marcía Hopkins : Ms. Hopkins has extensive expertise in youth engagement as the Senior Manager, Youth Advocacy Program & Policy at the Juvenile Law Center. Ms. Hopkins will co-present with youth with juvenile justice experience, the youth will speak abou
### Speaker # 4
**Presentation Title**: Get Involved! Opportunities for Physician Advocacy and Engagement Throughout the Juvenile Justice System.

**Speaker/Duration**: Jennifer Lutz : d. 20 minutes

**Speaker/Institution**: J. Lutz, Staff Attorney, Campaign Manager, Stop Solitary for Kids, Center for Children's Law and Policy, Washington, District of Columbia, UNITED STATES

**Non-Member Justification**: Jennifer Lutz : Ms. Lutz is a staff attorney at the Center for Children's Law and Policy (a leading organization for juvenile justice reform) and the campaign manager for the stop solitary for kids campaign. Ms. Lutz has has developed training materials

### Speaker # 5
**Presentation Title**: Reflections from the University of California Criminal Justice and Health Consortium

**Speaker/Duration**: Elizabeth Barnert : d. 20 minutes

**Speaker/Institution**: E.S. Barnert, UCLA, Los Angeles, California, UNITED STATES

**Non-Member Justification**: Elizabeth Barnert : (none)

### Speaker # 6

**Speaker/Duration**: Mikah Owen : b. 10 minutes

**Speaker/Institution**: M. Owen, Pediatrics, University of Florida College of Medicine - Jacksonville, Jacksonville, Florida, UNITED STATES

**Non-Member Justification**: Mikah Owen : (none)
SESSION TITLE: Bringing stem cell therapy into neonatology – Experience from phase I clinical trials

Contact: Bernard Thebaud
Ottawa Hospital Research Institute
bthebaud@toh.ca

Target Audience: Health care providers and scientists in the field of neonatology and pediatrics with a special interest in regenerative medicine.

Audience Size: 500

Tracks: Basic Science | Clinical and Translational Research | Quality Improvement/Patient Safety | Neonatology | Pulmonology | Ethics/Bioethics | Clinical/Research Pathway

Objectives
To improve the success of clinical translation of this disruptive technology, principal investigators who have initiated/completed clinical trials using cell-based therapies we will share their experience to answer the following questions: -How to choose the optimal cell-based product? -How to monitor safety of cellular biological products in a neonatal setting? -What are the optimal outcome end-points to assess safety of cell-based interventions? -What is the optimal target population for early phase trials? -What are the regulatory requirements for cellular biological products?

Description: While neonatal mortality has significantly decreased over the past decades, long-term morbidity following prematurity or neonatal injury remains a significant problem. Cell-based therapies have created much excitement in neonatology based on the promise of organ regeneration. Fueled by promising preclinical studies, first early phase clinical trials have begun using a variety of cells for different indications. While mesenchymal stromal cells (MSCs) isolated from umbilical cord tissue or cord blood represent the front runner amongst cell-based therapies, the feasibility and safety of human amnion epithelial cells or cord blood derived mononuclear cells are also being explored to prevent lung and brain injury. These are early days for cell-based therapies in neonatology and much remains to be learned about the biology of repair cells, their manufacturing, safe and practical delivery and clinical trial design to optimize their efficacy.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Clinical trials in Neonatology; Sessions on neonatal lung injury; Sessions on neonatal brain injury

Additional Comments: (none)

Financial Sponsor: (none)

Society Affiliation: SPR

Chairs: Bernard Thebaud (Organizer); Maria Jesus del Cerro Marin (Presenter); Rebecca Lim (Presenter); Charles Cotten (Presenter); Won Soon Park (Presenter); Mario Rüdiger (Discussant)
## Speaker # 1
**Presentation Title**  Introduction to cell-based therapies for complications of prematurity  
**Speaker/Duration:** Bernard Thebaud : b. 10 minutes  
**Speaker/Institution:** B. Thebaud, Pediatrics/Regenerative Medicine, Ottawa Hospital Research Institute, Ottawa, Ontario, CANADA |  
**Non-Member Justification:** Bernard Thebaud : (none)

## Speaker # 2
**Presentation Title**  Umbilical cord tissue mesenchymal stromal cells (MSCs) for treating bronchopulmonary dysplasia (BPD)  
**Speaker/Duration:** Maria Jesus del Cerro Marin : d. 20 minutes  
**Speaker/Institution:** M. del Cerro Marin, Pediatric Cardiology, Ramón y Cajal University Hospital, Madrid, SPAIN |  
**Non-Member Justification:** Maria Jesus del Cerro Marin : international

## Speaker # 3
**Presentation Title**  Human Amnion Epithelial cells for BPD – better than MSC?  
**Speaker/Duration:** Rebecca Lim : d. 20 minutes  
**Speaker/Institution:** R. Lim, Monash University, Melbourne, Victoria, AUSTRALIA |  
**Non-Member Justification:** Rebecca Lim : international

## Speaker # 4
**Presentation Title**  Umbilical cord blood-derived MSC for intraventricular hemorrhage  
**Speaker/Duration:** Won Soon Park : d. 20 minutes  
**Speaker/Institution:** W. Park, Pediatrics, Samsung Medical Center, Sungkyunkwan University, Seoul, Kangnam-gu, KOREA (THE REPUBLIC OF) |  
**Non-Member Justification:** Won Soon Park : international

## Speaker # 5
**Presentation Title**  Umbilical cord blood-derived mononuclear cells and cooling for Hypoxic Ischemic Encephalopathy  
**Speaker/Duration:** Charles Cotten : d. 20 minutes  
**Speaker/Institution:** C.M. Cotten, Pediatrics, Duke University, Durham, North Carolina, UNITED STATES |  
**Non-Member Justification:** Charles Cotten : APS

## Speaker # 6
**Presentation Title**  Summary and panel discussion  
**Speaker/Duration:** Mario Rüdiger : f. 30 minutes  
**Speaker/Institution:** M. Rüdiger, Neonatology and Pediatric Intensive Care Unit, Technical University Dresden, Dresden, GERMANY |  
**Non-Member Justification:** Mario Rüdiger : international
PROPOSAL #346158
SESSION TITLE: Diseases that are Rare: Don’t Despair, Hope is Here!

Contact: Pankaj Agrawal
Boston Children’s Hospital and Harvard Medical School
pagrawal@enders.tch.harvard.edu

Target Audience: The target audience will include geneticists, researchers interested in Mendelian disorders, genetic counselors and proactive families.

Audience Size: 75-100

Tracks: Clinical and Translational Research | Genomics

Objectives
1. How to navigate diagnostic odysseys when dealing with a rare disease of unknown etiology.
2. Evaluation of personalized therapeutic approaches in patients with a known genetic defect. The options may include antisense oligonucleotides, gene therapy or CRISPR-based editing.
3. Advocacy to not give up on diagnosis and treatment of rare diseases

Description:
Over 30 million patients in the US live with a rare disease; 80% of these are genetic, majority affect children, 30% will die before the age of five. Exome/Genome sequencing is helping accelerate the diagnosis of these patients, although many challenges remain. The Undiagnosed Disease Network (UDN) and The Manton Center are at the forefront of helping such patients reach a diagnosis. Further, treatment options do not exist for most patients, and the rarity of their conditions leaves many individuals effectively orphaned. New and creative tools and frameworks will be necessary to address these challenges. The approaches may include antisense oligonucleotides (ASO)/siRNAs, gene therapy, and CRISPR-CAS9 based gene editing. The therapeutic promise of ASOs has been seen especially in the CNS with the remarkable success of nusinersen for spinal muscular atrophy (SMA) as well as promising early phase investigations of oligonucleotides for ALS and Huntington’s Disease. We have recently shown that it is possible to effectively deploy a custom-designed ASO in less than a year for an eight-year-old girl with <i>CLN7</i>-related Batten disease, a rare, fatal disorder of neuronal lysosomal storage. Similarly, the recent approval of zolgensma in SMA has shown the potential of gene therapy in the near future. Hundreds of clinical trials are currently ongoing to use gene therapy approach in rare diseases. Lastly, the promise of CRISPR-based therapies where gene editing can fix the defect in the gene itself is rapidly progressing with many ongoing clinical trials.

Time Block: 120 min.

QA: No

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Genomics and Genetics events, therapeutics

Additional Comments: (none)

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

Society Affiliation: SPR

Chairs: Pankaj Agrawal (Chair); monkol lek (Chair)
**PROPOSAL #346158**
**SESSION TITLE: Diseases that are Rare: Don’t Despair, Hope is Here!**

**Speaker # 1**
**Presentation Title**: Navigating Diagnostic challenges (Manton Center and Undiagnosed Diseases Network)
**Speaker/Duration**: Pankaj Agrawal : e. 25 minutes
**Speaker/Institution**: P. Agrawal, Newborn Medicine and Genetics & Genomics, Boston Children's Hospital and Harvard Medical School, Boston, Massachusetts, UNITED STATES
**Non-Member Justification**: Pankaj Agrawal : (none)

**Speaker # 2**
**Presentation Title**: Antisense oligonucleotide therapy approaches to therapies
**Speaker/Duration**: Timothy Yu : e. 25 minutes
**Speaker/Institution**: T. Yu, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES
**Non-Member Justification**: Timothy Yu : (none)

**Speaker # 3**
**Presentation Title**: Gene replacement therapy
**Speaker/Duration**: Guangping Gao : e. 25 minutes
**Speaker/Institution**: G. Gao, UMass Medical School, Worcester, Massachusetts, UNITED STATES
**Non-Member Justification**: Guangping Gao : (none)

**Speaker # 4**
**Presentation Title**: CRISPR-based approaches to gene editing
**Speaker/Duration**: monkol lek : e. 25 minutes
**Speaker/Institution**: M. lek, Yale University, New Haven, Massachusetts, UNITED STATES
**Non-Member Justification**: monkol lek : (none)
PROPOSAL #346168
SESSION TITLE: Adolescent Sexual Health: The Debate of Contraceptive Provision and Expedited Partner Therapy in the Emergency Department

Contact: Colleen Gutman Emory University ckays@emory.edu

Session type: Debate/Pro-Con Discussion

Target Audience: Emergency Medicine Advanced Practice Providers and Clinicians, Pediatricians, Urgent Care Providers, Residents, Medical Students

Audience Size: 50


Objectives: At the end of this session, participants will be able to 1) Discuss the rationale for initiating vs. not initiating effective contraceptives in the ED setting 2) Discuss the options for EPT in the ED that take into account local and systems-based considerations such as STI rates, antibiotic stewardship, and adolescent follow-up rates. 3) Understand the challenges of implicit/explicit biases in providing reproductive healthcare to adolescents.

Description: Adolescent sexual care in the emergency department (ED) is controversial. The ED is busy with limited resources & time, yet adolescents present with high risk sexual behaviors. This session will explore the pros & cons of 1) providing contraception in the ED & 2) providing expedited partner therapy (EPT) in the ED. This session will include experts in pediatric emergency and adolescent medicine, infectious disease, implementation science, and reproductive justice.

PART 1: Contraceptive Provision
Topics may include: Is the ED the appropriate place to start contraception? What is the research on adolescent contraceptive desires in the ED? Do adolescents require follow-up if started on contraception? From the ED, what is the most appropriate contraceptive method for adolescents? What form of consent is required if the adolescent is <18? What policies protect adolescents from contraceptive coercion? Case: A 16y F presents with dysuria. She thinks she is pregnant but does not want to be. She is sexually active with 1 partner and doesn’t use contraception. Your workup reveals no abdominal tenderness. Urinalysis (UA) is consistent with a UTI; her bHCG is negative. 2 min: Audience poll: Would you offer contraceptive? 20 min: Pros/cons for contraceptive provision in the ED 10 min: Small group discussion 5 min: Presentation on contraceptive coercion, systemic racism, adolescent sexual health 20 min: Panel 2 min: Audience poll: Would you offer contraceptive? 10 min: Break 2 min: Audience poll: Would you offer contraceptive? 20 min: Pros/cons of contraceptive provision in the ED 10 min: Small group discussion 20 min: Panel 2 min: Audience poll: Would you provide EPT?

PART 2: EPT
Topics may include: what symptoms warrant empiric antibiotics for sexually transmitted infections (STIs)? Should empiric treatment of STIs be based on the type of testing available? Is EPT appropriate in the ED? What laws effect EPT provision? What are health disparities in EPT treatment? Do our biases affect our decision to empirically treat? What is our obligation to antibiotic stewardship? Case: A 16y F presents with dysuria. She thinks she is pregnant but does not want to be. She is sexually active with 1 partner and does not use contraception. Your workup reveals pelvic tenderness. Her UA shows WBCs and is positive for leukocyte esterase. Her bHCG is negative. You would like to treat for UTIs. 2 min: Audience poll: Would you offer EPT? 20 min: Pros/cons of EPT in the ED 10 min: Small group discussion 20 min: Panel 2 min: Audience poll: Would you provide EPT?
PROPOSAL #346168
SESSION TITLE: Adolescent Sexual Health: The Debate of Contraceptive Provision and Expedited Partner Therapy in the Emergency Department

Time Block: 120 min.
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: Avoid Peds Emergency Medicine Sessions when scheduling

Learning Pathway
☑ Advocacy
☐ Digital Therapeutics
☐ Clinical/Research
☐ Education
☐ Trainee

Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: AAP

Chairs: Lauren Chernick (Chair); Colleen Gutman (Contact Person)

Speaker # 1
Presentation Title  Contraceptive Provision to Adolescents in the ED: Pros and Cons
Speaker/Duration: Erin Hoehn : b. 10 minutes
Speaker/Institution: E.F. Hoehn, Division of Emergency Medicine, Children's Hospital of Pittsburgh, Pittsburgh, Pennsylvania, UNITED STATES|
Non-Member Justification: Erin Hoehn : (none)

Speaker # 2
Presentation Title  Contraceptive Provision to Adolescents in the ED: Pros and Cons
Speaker/Duration: Kayleigh Fischer : b. 10 minutes
Speaker/Institution: K. Fischer, Pediatrics, Washington University, St Louis, Missouri, UNITED STATES|
Non-Member Justification: Kayleigh Fischer : (none)

Speaker # 3
Presentation Title  Contraceptive Provision to Adolescents in the ED: Pros and Cons
Speaker/Duration: Lauren Chernick : b. 10 minutes
Speaker/Institution: L.S. Chernick, Pediatrics, Columbia University, New York, New York, UNITED STATES|
Non-Member Justification: Lauren Chernick : (none)

Speaker # 4
Presentation Title  Contraceptive Provision to Adolescents in the ED: Pros and Cons
Speaker/Duration: Colleen Gutman : b. 10 minutes
Speaker/Institution: C.K. Gutman, Pediatrics, Emory University, Atlanta, Georgia, UNITED STATES|
Non-Member Justification: Colleen Gutman : (none)
PROPOSAL # 346168
SESSION TITLE: Adolescent Sexual Health: The Debate of Contraceptive Provision and Expedited Partner Therapy in the Emergency Department

Speaker # 5
Presentation Title  Contraceptive Provision to Adolescents in the ED: Coercion, Systemic Racism, and Reproductive Justice  Expert Panelist: Contraceptive Provision (Part 1) and EPT (Part 2)
Speaker/Duration: Erin Grant : d. 20 minutes
Speaker/Institution: E. Grant, Abortion Care Network, Minneapolis, Minnesota, UNITED STATES
Non-Member Justification: Erin Grant is a non-physician expert in reproductive justice and advocacy. She will provide a unique and essential perspective on contraceptive coercion and the role that systemic racism and implicit/explicit biases play in effecting provider

Speaker # 6
Presentation Title  Adolescent Sexual Health: Implementation in the ED  Expert Panelist: Contraceptive Provision (Part 1) and EPT (Part 2)
Speaker/Duration: Srikant Iyer : d. 20 minutes
Speaker/Institution: S.B. Iyer, Department of Pediatrics, Emory University School of Medicine, Atlanta, Georgia, UNITED STATES
Non-Member Justification: Srikant Iyer : (none)

Speaker # 7
Presentation Title  Expedited Partner Therapy in the ED: Pros and Cons
Speaker/Duration: Michelle Pickett : b. 10 minutes
Speaker/Institution: M.L. Pickett, Pediatrics, Medical College of Wisconsin, Milwaukee, Wisconsin, UNITED STATES
Non-Member Justification: Michelle Pickett : (none)

Speaker # 8
Presentation Title  Expedited Partner Therapy in the ED: Pros and Cons
Speaker/Duration: Atsuko Koyama : b. 10 minutes
Speaker/Institution: A. Koyama, Pediatrics, Emory University, Atlanta, Georgia, UNITED STATES
Non-Member Justification: Atsuko Koyama : (none)

Speaker # 9
Presentation Title  Expedited Partner Therapy in the ED: Pros and Cons
Speaker/Duration: Jennifer Reed : b. 10 minutes
Speaker/Institution: J.L. Reed, Department of Pediatrics, Division of Emergency Medicine, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES
Non-Member Justification: Jennifer Reed : (none)
PROPOSAL # 346168
SESSION TITLE: Adolescent Sexual Health: The Debate of Contraceptive Provision and Expedited Partner Therapy in the Emergency Department

<table>
<thead>
<tr>
<th>Speaker # 10</th>
<th>Presentation Title</th>
<th>Expert Panelist: EPT (Part 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Natalie Neu : b. 10 minutes</td>
<td></td>
</tr>
<tr>
<td>Speaker/Institution</td>
<td>N. Neu, Pediatric Infectious Disease, Columbia University, New York, New York, UNITED STATES</td>
<td></td>
</tr>
<tr>
<td>Non-Member Justification</td>
<td>Natalie Neu : (none)</td>
<td></td>
</tr>
</tbody>
</table>
SESSION TITLE: The Pediatric Subspecialty Workforce: Possible Shortages and Possible Solutions

Objectives
By the end of the session, the participant will be able to: 1) Describe the strengths and limitations currently available to assess the adequacy of the pediatric subspecialty workforce. 2) Identify 3 ways in which workforce shortages (or surpluses) impact access to care in different parts of the United States. 3) Discuss the pros and cons of specific legislative remedies to address potential pediatric subspecialty shortages in the future.

Description: Shortages in various pediatric subspecialties have been reported by families, primary care pediatricians and academic department chairs for years. In 2010, federal legislation was passed that authorized, but did not fund, a loan repayment program to partially remedy that situation. Ten years later, we are still struggling to understand the size and scope of shortages in the pediatric subspecialty workforce, in order to devise an effective remedy that will improve access to appropriate levels of care for all children.

In this session, we will examine the current state of research on the adequacy of our pediatric subspecialty workforce, discuss the ways in which workforce adequacy affects access to care around the country and consider how legislation currently under consideration in Congress could impact the pediatric subspecialty workforce of the future.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: APS Presidential Plenary, PPC sponsored sessions

Additional Comments: AMSPDC would also like to be a sponsor of this session. Doesn’t seem to be an option in the drop down menu.

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

Society Affiliation: AAP | PPC | APS | Other/No Affiliation

Chairs: David Keller (Chair)
**PROPOSAL #346172**

**SESSION TITLE:** The Pediatric Subspecialty Workforce: Possible Shortages and Possible Solutions

<table>
<thead>
<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>Pediatric subspecialty workforce: Is there a shortage?</th>
<th>Speaker/Duration:</th>
<th>Gary Freed : d. 20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker/Institution:</td>
<td>G. Freed, Pediatrics, University of MI, Ann Arbor, Michigan, UNITED STATES</td>
<td>Non-Member Justification:</td>
<td>Gary Freed : (none)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>Pediatric subspecialty workforce shortages: The Chair's perspective</th>
<th>Speaker/Duration:</th>
<th>Sherin Devaskar : d. 20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker/Institution:</td>
<td>S. Devaskar, pediatrics, ucla, Los Angeles, California, UNITED STATES</td>
<td>Non-Member Justification:</td>
<td>Sherin Devaskar : (none)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>The pediatric subspecialty pipeline: Do we know what we need?</th>
<th>Speaker/Duration:</th>
<th>Laurel Leslie : d. 20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker/Institution:</td>
<td>L.K. Leslie, American Board of Pediatrics, Chapel Hill, North Carolina, UNITED STATES</td>
<td>Non-Member Justification:</td>
<td>Laurel Leslie : (none)</td>
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<tr>
<th>Speaker # 5</th>
<th>Presentation Title</th>
<th>Adjusting the mix: The potential impact of loan repayment programs on the pediatric subspecialty workforce.</th>
<th>Speaker/Duration:</th>
<th>Candice Chen : d. 20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker/Institution:</td>
<td>C. Chen, Health Policy and Management, GW Milken School of Public Health, Washington, District of Columbia, UNITED STATES</td>
<td>Non-Member Justification:</td>
<td>Candice Chen : (none)</td>
<td></td>
</tr>
</tbody>
</table>
Proposition #346174

Session Title: Young Brains; Old Consequences: San Teeth, San Eyes, Sans Taste, Sans Everything; as Shakespeare Anticipated, Brain Aging is not that Simple

Contact: Frances Northington Johns Hopkins University
frances@jhmi.edu

Target Audience: Pediatricians, Neonatologists, Neurologists, Critical Care, Developmental Medicine and Neuropsychology, Basic Science

Audience Size: 350

Tracks: Basic Science | Clinical and Translational Research | Neurology | Neonatology | Developmental and Behavioral Pediatrics | Cross-Disciplinary Spotlight | Critical Care

Objectives
1. To understand the bench, translational and human data linking early brain injury and late neurodegeneration in genetically predisposed subjects.
2. To review the putative role of preterm birth, nutrient deprivation in utero, persistent cholinergic disturbances produced by hypoxic-ischemic brain injury in reframing brain growth and function for life.
3. To explore potential common mechanisms, questions of lifelong monitoring of neonatal brain injuries and exposures and what these data mean for future therapies.

Description: In the years to come, some disorders of brain aging will reach epidemic proportions. Now, there is greater appreciation of how fetal and early life exposures, lifestyles, and injuries are determinants of adult health in many domains of medicine. However, astonishingly, the fields of neonatal brain injury and adult brain disease have been viewed historically as distinct non-overlapping entities, despite the existence of disorders like Down’s syndrome and leukodystrophy. Currently in neurology and neuropathology, repetitive and chronic traumatic encephalopathy and the recognition that diseases like Alzheimer’s disease and even ALS might have very long prodromal states are focusing more light on the relationships of brain events in early and later life. In this seminar we will focus on consequences of early life brain injury when superimposed on genetic predisposition to adult neurodegeneration, long term structural alterations in the brain and attention deficits as a consequence of intrauterine growth restriction, potential reprogramming of brain growth after preterm birth, and mechanisms of cholinergic systems injury and recovery after neonatal hypoxia-ischemia.

Session Content

Overview: A problem without known scope

Dr. Raul Chavez-Valdez

The intersection of early life brain development and injury and genetic susceptibility to adult neurodegeneration

Dr. Lee J. Martin

Does preterm birth reprogram brain growth and function?: What does it mean for the future adult?

Dr. Terrie E. Inder

The Cholinergic system after neonatal HI: Not dead but is it functional?

Dr. Frances J Northington

Multiple structural and functional alterations of the CNS in adults after being SGA at birth.

Dr. Gregory A. Lodygensky

Wrap up and Discussion

Dr. Raul Chavez-Valdez

Adult consequences exist for every alteration or injury to the developing brain and examining multiple models of early injury and the multitude of consequences will reveal mechanisms that can inform recovery, appropriately timed interventions, need for lifelong monitoring of outcomes, and options for “late” therapeutics. The public health import of a link of common early life brain alterations and injuries to late in life brain function and neurodegeneration cannot be overstated.

Monday, October 7, 2019
PROPOSAL #346174

SESSION TITLE: Young Brains; Old Consequences: San Teeth, San Eyes, Sans Taste, Sans Everything; as Shakespeare Anticipated, Brain Aging is not that Simple

- **Time Block:** 120 min.
- **QA:** Yes
- **Audience Polling:** No
- **Sabbath Conflicts:** N/A
- **Conflicting Sessions:** Brain Club, Neonatal Neurology basic science
- **Additional Comments:** If we could be scheduled for Saturday or Sunday this would ensure that all of our speakers have the opportunity to attend. Please consider a Saturday or Sunday time slot for us. Thank you.
- **Financial Sponsor?** (none)
- **If Yes:** (none)
- **Society Affiliation:** CNS|AAP|SPR
- **Chairs:** Frances Northington (Organizer); Raul Chavez-Valdez (Moderator); Lee Martin (Presenter); Terrie Inder (Presenter); Frances Northington (Presenter); Gregory Lodygensky (Presenter)

### Speaker # 1
**Presentation Title**  Overview of the session: A problem without known scope.

**Speaker/Duration:** Raul Chavez-Valdez : b. 10 minutes

**Speaker/Institution:** R. Chavez-Valdez, Pediatrics, Johns Hopkins University, Baltimore, Maryland, UNITED STATES

**Non-Member Justification:** Raul Chavez-Valdez : (none)

### Speaker # 2
**Presentation Title**  The intersection of early life brain injury and genetic susceptibilities to adult neurodegeneration

**Speaker/Duration:** Lee Martin : d. 20 minutes

**Speaker/Institution:** L.J. Martin, pathology, Johns Hopkins, Baltimore, Maryland, UNITED STATES

**Non-Member Justification:** Lee Martin : This scientist recent published the most comprehensive study of genetic predisposition and translational brain injury to date. His work is the primary underpinning of this topic.

### Speaker # 3
**Presentation Title**  Does preterm birth reprogram brain growth and function?: What does it mean for the future adult?

**Speaker/Duration:** Terrie Inder : d. 20 minutes

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

**Non-Member Justification:** Terrie Inder : (none)

### Speaker # 4
**Presentation Title**  The Cholinergic system after neonatal HI; Not dead but is it functional?

**Speaker/Duration:** Frances Northington : d. 20 minutes

**Speaker/Institution:** F.J. Northington, Pediatrics, Johns Hopkins University, Baltimore, Maryland, UNITED STATES

**Non-Member Justification:** Frances Northington : (none)
### Speaker # 5
**Presentation Title**  Multiple structural and functional alterations of the CNS in adults that were SGA at birth.

**Speaker/Duration:**  Gregory Lodygensky : d. 20 minutes

**Speaker/Institution:**  G.A. Lodygensky, Pediatrics, University of Montreal, Montreal, Quebec, CANADA

**Non-Member Justification:**  Gregory Lodygensky : (none)

### Speaker # 6
**Presentation Title**  Wrap-up and Discussion

**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)
**PROPOSAL #346175**

**SESSION TITLE:** Non-Invasive Ventilation in Neonates - how to do it the right way!

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

**Target Audience:** neonatology faculty, fellows and trainees, critical care faculty

**Tracks:** Critical Care | Neonatology

**Objectives**  
- Evaluate different types on noninvasive ventilation modes including mechanisms, usage and recommendations
- Compare and contrast physiology, reasoning and applications for use of different strategies
- Differentiate needs of infants requiring noninvasive ventilation
- Facilitate discussions for further research on noninvasive ventilation

**Description:**  
Non-invasive ventilation (NIV) refers to administration of positive pressure support delivered through nasal interface using a dedicated device or a ventilator. Different modes of NIV, with a variety of patient nasal interfaces and individualized settings are used with the goal of keeping infants from getting intubated. The symposium will focus on optimal application of different modes of NIV in newborn infants. There are several modes of NIV that are currently available. The speakers are the leading experts in the field of managing infants with different modes of NIV. Nasal 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 NIV modes that will be discussed in this session.

In this introductory talk Dr. Biniwale will discuss what are the reasons behind using NIV and highlight current problems associated with different modes. Audience response activity will be used to answer the proposed questions.

- **High flow nasal cannula or CPAP – how to choose?**  
  Speaker: Brett Manley, MD.  
  Duration 15 minutes

Dr. Manley is Consultant Neonatologist at the Royal Women’s Hospital in Melbourne, and a Senior Lecturer at The University of Melbourne. For his PhD, he studied the use of nasal high-flow therapy as respiratory support for preterm infants. He has led several large clinical trials pertaining to HFNC including the clinical trials comparing high flow cannula to CPAP as primary mode (HUNTER Trial and HIPSTER Trial). His talk will focus on the physiology behind use of cannula, review of the evidence from trials comparing high flow cannula and CPAP as well as specific indications for the use of high flow cannula. He will also highlight the consensus approach for the use of nasal high flow therapy.

- **Bubble CPAP vs ventilator CPAP – how is it different?**  
  Speaker: Rakesh Sahni, MD.  
  Duration: 15 minutes

Dr. Sahni is Professor of Pediatrics at Columbia University Medical Center, Medical Director of the Neonatal Intensive Care Unit at New York-Presbyterian/Morgan Stanley Children’s Hospital, and Director of the Infant Physiology Laboratory at Columbia University’s College of Physicians and Surgeons. He has done extensive research with bubble CPAP over last 30 years. Dr. Sahni will discuss studies related to bubble CPAP and its applications in infants. He will compare and contrast studies related to different CPAP machines. He will also highlight important steps to be taken for preventing CPAP failure with different machines.

- **Effective use of RAM Cannula**  
  Speaker: Rangasamy Ramanathan, MD.  
  Duration 15 minutes

Dr. Ramanathan is the inventor of RAM Cannula. He is Professor of Pediatrics at USC Keck School of Medicine and is one of the leading researchers performing clinical trials with NIPPV. Dr. Ramanathan will focus on discussions pertaining to NIPPV using RAM Cannula. He will discuss mechanisms of NIPPV in improving gas exchange and providing respiratory support.
support in infants using RAM Cannula. He will highlight physiology behind development of the cannula
and talk on studies with RAM Cannula showing conflicting results. He will give the recommendations on
the best ventilation strategies to be adopted while using RAM Cannula.<br />

CPAP vs NIPPV - Ongoing battle?<br />
Speaker: Vineet Bhandari MD, DM.<br />
Duration 15 Minutes<br />
Dr. Bhandari is Professor of Pediatrics at Drexel University College of Medicine who has presented one of
the early studies on NIPPV 20 years ago and since then has performed several studies looking at
different aspects pertaining to management of infants using NIPPV.<br />

He will discuss various
studies comparing CPAP and NIPPV from the aspects of reintubation, apnea prevention, and effects on
bronchopulmonary dysplasia. He will highlight pros and cons of each modality and discuss current
recommendations.<br />

NIV NAVA: is this the way forward?<br />
Speaker: Howard Stein, MD.<br />
Duration 15 minutes<br />
Dr. Stein is Professor of Pediatrics at University of Toledo College of Medicine and Life Sciences who has been doing research using NAVA mode of ventilation over the last 10 years. He is an expert in using NIV NAVA technology.<br />

Dr. Stein will compare and contrast the flow and neural trigger for patient-ventilatory interaction with NIV-NAVA. Enhanced synchrony using the neural trigger will be described. The current literature of all studies addressing the use of NIV-NAVA will be presented including the clinical experience from one center that predominantly uses NIV-NAVA to deliver NIV in premature neonates.<br />

Noninvasive high frequency ventilation in infants – is this a viable alternative?<br />
Speaker: Amit Mukerji MD, MS.<br />
Duration 15 Minutes<br />
Dr. Mukerji has been a faculty member at McMaster University and working with this new modality of noninvasive ventilation over last 5 years. This modality is gaining popularity all over the world with large clinical trials being conducted in Europe and China. His talk will focus on physiology behind use of this modality, current status of its use and outcomes from the completed studies. He will also discuss its applicability for infants and evidence to support its use.<br />

Interactive question answer session – all speakers<br />
Duration 25 minutes<br />
Interactive question and answer session will involve all speakers at the conclusion. The moderators will facilitate discussions pertaining to use of NIV in various settings. Discussions related to applications for individual devises and potential areas of future research will be facilitated during this period as well.<br />
# Proposal #346175

**Session Title:** Non-Invasive Ventilation in Neonates - how to do it the right way!

## Speaker 1
**Presentation Title:** Noninvasive ventilation: current questions and dilemmas  
**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:** High flow nasal cannula or CPAP – how to choose?  
**Speaker/Duration:** Brett Manley : c. 15 minutes  
**Speaker/Institution:** B.J. Manley, Newborn Research Centre, The Royal Women's Hospital, Parkville, Victoria, AUSTRALIA

**Non-Member Justification:** Brett Manley : Dr Manley has done extensive research in this field with the largest clinical trials

## Speaker 3
**Presentation Title:** Bubble CPAP vs ventilator CPAP – how is it different?  
**Speaker/Duration:** Rakesh Sahni : c. 15 minutes  
**Speaker/Institution:** R. Sahni, Pediatrics, Columbia University, New York, New York, UNITED STATES

**Non-Member Justification:** Rakesh Sahni : (none)

## Speaker 4
**Presentation Title:** Effective use of RAM cannula  
**Speaker/Duration:** Rangasamy Ramanathan : c. 15 minutes  
**Speaker/Institution:** R. Ramanathan, Pediatrics/Division of Neonatal Medicine, Keck School of medicine of USC, LAC+USC Medical Center, Los Angeles, California, UNITED STATES

**Non-Member Justification:** Rangasamy Ramanathan : (none)

## Speaker 5
**Presentation Title:** CPAP vs NIPPV - Ongoing battle?  
**Speaker/Duration:** Vineet Bhandari : c. 15 minutes  
**Speaker/Institution:** V. Bhandari, Pediatrics, Drexel University College of Medicine, Philadelphia, Pennsylvania, UNITED STATES

**Non-Member Justification:** Vineet Bhandari : (none)

## Speaker 6
**Presentation Title:** NIV NAVA - is this the way forward?  
**Speaker/Duration:** Howard Stein : c. 15 minutes  
**Speaker/Institution:** H.M. Stein, NICU, Promedica Toledo Children's Hospital, Toledo, Ohio, UNITED STATES

**Non-Member Justification:** Howard Stein : (none)
PROPOSAL # 346175
SESSION TITLE: Non-Invasive Ventilation in Neonates - how to do it the right way!

Speaker # 7
Presentation Title: Noninvasive high frequency ventilation in infants – is this a viable alternative?
Speaker/Duration: Amit Mukerji : c. 15 minutes
Speaker/Institution: A. Mukerji, Pediatrics, McMaster University, Hamilton, Ontario, CANADA
Non-Member Justification: Amit Mukerji: This strategy has been studied in Canada and Europe. There is no local expert. Dr Mukerji has done multiple studies in this field.
PROPOSAL #346176
SESSION TITLE: How to create and implement pediatric Enhanced Recovery After Surgery (ERAS) protocol?

Contact: Mirna Giordano Columbia mg2267@columbia.edu

Target Audience: Pediatric hospitalists, complex care pediatricians, general pediatricians, surgeons, anesthesiologists, intensivists, NPs, PAs, physical/occupational therapists

Audience Size: 50-100


Objectives
1. Compare checklists, protocols, pathways and guidelines in pediatric hospital medicine
2. Recognize differences between the concepts of Perioperative Surgical Home and ERAS
3. Describe Enhanced Recovery After Surgery (ERAS) protocol elements in each category: pre, intra, and post-operative and provide Evidence Based Medicine (EBM) supported indications
4. Assess specific roles of interdisciplinary team members
5. Discuss implementation process, including specific enablers and barriers

Description: Checklists, protocols, pathways and guidelines have become the essentials of standardization process in pediatric hospital medicine. This session uses one clinical case scenario (a child with cerebral palsy undergoing selective dorsal rhizotomy) to introduce the core elements of Enhanced Recovery After Surgery (ERAS) protocols including pre-operative evaluation/optimization, surgical site infection preparations, perioperative multi-modal analgesia, DVT prophylaxis, antibiotic and opioid stewardship; and emphasize many ways in which pediatric hospitalists collaborate with complex care pediatricians, anesthesiologists, surgeons, and physical/occupational therapists. The one page samples of ERAS protocols for a number of procedures will be provided during/after the session, so that audience can bring the useful material back to home institutions. The discussion on challenging process of implementation in different environments will open up the session for questions and answers.

Time Block: 90 min.

QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A

Learning Pathway
- [ ] Advocacy
- [ ] Digital Therapeutics
- [x] Clinical/Research
- [x] Education
- [ ] Trainee

Conflicting Sessions: This topic is widely applicable and relevant, but surgical co-management/complex care/multidisciplinary collaboration would be three areas to avoid scheduling at the same time slot

Additional Comments: (none)

Financial Sponsor? (none)
Society Affiliation: Other/No Affiliation

Chairs: Mirna Giordano (Presenter)
PROPOSAL #346176
SESSION TITLE: How to create and implement pediatric Enhanced Recovery After Surgery (ERAS) protocol?

Speaker # 1
Presentation Title How to create and implement Enhanced Recovery After Surgery (ERAS) protocol?
Speaker/Duration: Mirna Giordano : i. 90 minutes
Speaker/Institution: M. Giordano, Pediatrics, Columbia, New York, New York, UNITED STATES|
Non-Member Justification: Mirna Giordano : (none)
PROPOSAL # 346199

SESSION TITLE: Across the Life Span: Cross-Disciplinary Considerations to Provide Optimal Care for Children with Special Health Care Needs

Contact: Priscilla Mpasi
University of Maryland Medical Center
priscillampasi@gmail.com

Target Audience: General pediatricians, pediatric subspecialists, residents, fellows, faculty interested in care delivery, research and/or policy efforts focused on children and youth with special health care needs

Audience Size: 30-50

Tracks: Cross-Disciplinary Spotlight | Advocacy/Public Policy | Public Health | Community Pediatrics | General Pediatrics | Children with Chronic Conditions | Advocacy Pathway

Objectives
- Recognize priority health system areas to address the health and needs of children and youth with special health care needs (CYSHCN)
- Learn approaches to create care coordination models and integrate community resources to ensure quality delivery of primary pediatric care for CYSHCN
- Develop strategies using care coordination models specific for CYSHCN to promote timely and efficient transition to adult care
- Identify state programs and health department services that address social determinants of health to improve overall care delivery and health care outcomes for CYSHCN
- Promote collaboration between primary care practices, tertiary centers, health departments and policy makers to create comprehensive care models and to develop quality, measurable health metrics that promote optimal care and positive health outcomes for CYSHCN

Description: Children and youth with special health care needs (CYSHCN) are a growing pediatric population, where approximately 15-20% of US children have a disability or medically complex health issue. In general, CYSHCN are defined as children with a chronic physical, developmental, behavioral or emotional condition and who require health services and therapies more than what is usually required for children. Standard health care services for this group of children include primary care providers, pediatric specialists, therapies, medications, medical equipment and home health. However, creating a comprehensive, quality system of care for CYSHCN continues to be a significant challenge for multiple stakeholders that include clinicians, health systems, payers, state health leaders and community organizations. As such, expert pediatricians, researchers and policy makers dedicated to this medical population have advocated for the development of state and national agendas focused on comprehensive and integrated health system areas to promote quality health care delivery for CYSHCN. Commonly identified priority health system areas include: 1) medical homes, 2) care coordination, 3) transition to adult health care, 4) caregiver support policies, 5) state and community programs and 6) payment models. This session will take a cross-disciplinary approach to explore and discuss the multiple health system areas of a comprehensive system of care that can impact health services and support resources for CYSHCN. Attendees will hear from expert panelists from various disciplines on how their specific system area impacts care delivery and integrates with other system areas to promote comprehensive care for CYSHCN. In addition, the session will discuss the challenges faced by medical teams to conduct care coordination and the difficulty for health systems to integrate services, with panelists to offer approaches on how to mitigate burden and enhance overall health system navigation for children and youth with special health care needs.
PROPOSAL #346199

SESSION TITLE: Across the Life Span: Cross-Disciplinary Considerations to Provide Optimal Care for Children with Special Health Care Needs

Time Block: Either
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: 1. Care Coordination for Children with Disabilities, 2. Children with Chronic Conditions, 3. Title V Programs

Additional Comments: N/A
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: AAP | APA

Chairs: Priscilla Mpasi (Organizer); Angelico Razon (Organizer)

Speaker # 1
Presentation Title Chief of Pediatrics, Cohen Children's Medical Center Medical Director, Northwell Health's Health Homes Serving Children
Speaker/Duration: Sophia Jan : c. 15 minutes
Speaker/Institution: S. Jan, Pediatrics, Cohen Children's Medical Center of Northwell Health, New Hyde Park, New York, UNITED STATES |
Non-Member Justification: Sophia Jan : (none)

Speaker # 2
Presentation Title Director, Center for Special Health Care Needs Christiana Care Health System
Speaker/Duration: Charmaine Wright : c. 15 minutes
Speaker/Institution: C. Wright, Internal Medicine/Pediatrics, Christiana Care Health System, Wilmington, Delaware, UNITED STATES |
Non-Member Justification: Charmaine Wright : (none)

Speaker # 3
Presentation Title Director, Division of Maternal, Child and Family Health Philadelphia Department of Public Health
Speaker/Duration: Stacey Kallem : c. 15 minutes
Speaker/Institution: S. Kallem, Maternal, Child and Family Health, Philadelphia Department of Public Health, Philadelphia, Pennsylvania, UNITED STATES |
Non-Member Justification: Stacey Kallem : (none)
**Speaker # 4**  
**Presentation Title**  Policy Director, Government Relations Nemours A.I./duPont Hospital for Children  
**Speaker/Duration:** Patricia Redmond : c. 15 minutes  
**Speaker/Institution:** P. Redmond, Government Relations, Nemours/A.I duPont Hospital for Children, Wilmington, Delaware, UNITED STATES |  
**Non-Member Justification:** Patricia Redmond : Policy director with primary focus on children with special health care needs. Currently serves on Delaware statewide committee for children with medical complexity

**Speaker # 5**  
**Presentation Title**  Director of Community Education Transition to Adult Care Program Children’s Hospital of Philadelphia  
**Speaker/Duration:** Symme Trachtenberg : c. 15 minutes  
**Speaker/Institution:** S.W. Trachtenberg, Community Education, Director, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES |  
**Non-Member Justification:** Symme Trachtenberg : Invited speaker from local institution with extensive experience specific to care coordination for adolescent with special health care needs and transition to adult care
PROPOSAL # 346201
SESSION TITLE: Point of Care Ultrasound in Low Income Settings: Clinical Care, Training, and Research

Contact: Shaun Morris The Hospital for Sick Children and University of Toronto
shaun.morris@sickkids.ca

Target Audience: pediatricians, neonatologists, trainees, global health practitioners and researchers, academic pediatricians, infectious diseases

Audience Size: 125

Tracks: International and Global Health | Infectious Diseases

Objectives 1. Describe approach to training of health care workers in use of point of care ultrasound in low income settings. 2. Present research about use of point of care ultrasound for lung diseases, including pneumonia and tuberculosis, in low income settings. 3. Discuss approach to implementation of point of care ultrasound in low income country health systems.

Description: Point-of-care ultrasound (POCUS) is a disruptive innovation in imaging technology that is spreading rapidly through all areas of medicine. Low cost, ultraportable hand-held POCUS units are increasingly recognized as a valuable tool in resource-limited settings where access to traditional radiology is limited or not possible. Uses of POCUS include in the diagnosis of diseases of the lung, abdominal pathology, obstetrical purposes, assessment of lines, tubes, and foreign bodies, and many others. This session brings together global experts in the research and clinical uses of this technology as well as those involved in training health care workers to use POCUS to improve child health in low income settings.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: other CGCGH and global/international health sessions

Additional Comments: (none)

Financial Sponsor? (none)

Learning Pathway

☐ Advocacy
☐ Digital Therapeutics
☐ Clinical/Research
☐ Education
☐ Trainee

Society Affiliation: CCGCH

Chairs: Shaun Morris (Chair); Suzinne Pak-Gorstein (Chair)

Speaker # 1
Presentation Title Introduction to Point of Care Ultrasound in Global Health
Speaker/Duration: Shaun Morris : b. 10 minutes
Speaker/Institution: S. Morris, Pediatric Infectious Diseases, The Hospital for Sick Children and University of Toronto, Toronto, Ontario, CANADA

Non-Member Justification: Shaun Morris : (none)
### Speaker # 2
**Presentation Title**: Training Clinical Officers for Point of Care Ultrasound in South Sudan  
**Speaker/Duration**: Adi Nadimpalli : d. 20 minutes  
**Speaker/Institution**: A. Nadimpalli, Medecins Sans Frontieres (MSF), New York, New York, UNITED STATES|  
**Non-Member Justification**: Adi Nadimpalli : This presenter is not a member of one of the stated groups and is international. He is an expert implementer and trainer for point of care ultrasound with MSF in Sudan and we believe the best person to speak to training global health wor

### Speaker # 3
**Presentation Title**: Point of Care Ultrasound for Pulmonary Disease in Low Income Settings  
**Speaker/Duration**: Patricia Henwood : d. 20 minutes  
**Speaker/Institution**: P. Henwood, Brigham and Women’s Hospital, Boston, Massachusetts, UNITED STATES|  
**Non-Member Justification**: Patricia Henwood : (none)

### Speaker # 4
**Presentation Title**: Point of Care Ultrasound in the Emergency Department in Low Income Settings  
**Speaker/Duration**: Alexandra Vinograd : d. 20 minutes  
**Speaker/Institution**: A. Vinograd, Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|  
**Non-Member Justification**: Alexandra Vinograd : (none)

### Speaker # 5
**Presentation Title**: Point of Care Ultrasound for the diagnosis of pulmonary TB in children  
**Speaker/Duration**: Charlotte Heuvelings : d. 20 minutes  
**Speaker/Institution**: C. Heuvelings, University of Amsterdam, Amsterdam, NETHERLANDS|  
**Non-Member Justification**: Charlotte Heuvelings : This speaker is international and not a member of one of the listed groups. She is a world leader on the use of this new technology to diagnose pulmonary TB in children in a highly endemic setting and is the best person to speak to

### Speaker # 6
**Presentation Title**: Implementation of Point of Care Ultrasound in Low and Middle-Income Countries  
**Speaker/Duration**: Anthony Dean : d. 20 minutes  
**Speaker/Institution**: A. Dean, University of Pennsylvania, Philadelphia, Pennsylvania, UNITED STATES|  
**Non-Member Justification**: Anthony Dean : (none)
PROPOSAL #346210

SESSION TITLE: Implementing Suicide Risk Screening in the Outpatient Pediatric Setting: Addressing the Needs of Specialty Populations

Contact: Lisa Horowitz
NIMH
horowitzl@mail.nih.gov

Target Audience: Pediatricians
Audience Size: 100


Objectives
1) Recognize youth suicide as a national and global public health threat and what pediatric providers can do about it. 2) Describe suicide risk as it relates to young people with autism spectrum disorder and other neurodevelopmental disabilities. 3) Discuss approaches to detection and management of youth at increased risk for suicide in the medical setting.

Description: Suicide is an international public health crisis and the second leading cause of death for youth aged 10 to 24 years. In 2017, over a quarter of all deaths of young people were attributable to suicide. The medical setting has been leveraged as a critical venue for early identification of suicide risk, placing pediatric medical providers on the frontlines of this major public health problem. Early identification and treatment of patients at elevated risk of suicide is a key suicide prevention strategy. Extant research has shown that nearly 80% of youth who died by suicide had seen a healthcare provider in a medical setting within months of death, yet few outpatient pediatric clinics screen their patients for suicide risk. Pediatric providers require feasible validated tools to guide them in suicide risk detection. Youth with psychiatric disorders are considered a particularly high-risk group for suicide and suicidal behavior and present further challenges to pediatric providers. Furthermore, an often-overlooked high-risk population are youth with attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD) and other neurodevelopmental disorders (NDD). There has been significant progress in the development and validation of suicide risk tools to detect suicide risk for typically developing youth in medical settings; however, there is limited research to inform how these tools work with specialty populations.

Detection and assessment of suicide risk among youth with NDD, such as ASD or ADHD may be particularly challenging, as clinicians are often unfamiliar with the specific and often changing clinical manifestations that present in youth with these conditions. Due to common communication impairments, circumscribed interests, obsessions with thoughts or topics, and difficulty with abstract thinking, existing suicide risk screening tools may not be optimal for use in populations with NDD. Therefore, further research is needed to identify questions that clinicians can use to validly and reliably screen for suicide risk among youth with NDD in the outpatient setting.

The goal of this educational session is to discuss the topic of implementing suicide risk screening in outpatient settings including specialty populations, such as youth with NDD. In particular, we will present on the development of the Ask Suicide-Screening Questions (ASQ) tool, a clinical pathway that was developed to rapidly detect young people at risk for suicide in medical settings. This brief tool consists of four Yes/No questions, takes 20 seconds to administer, and can be administered by non-psychiatric clinicians. We will review current use of this tool in the general pediatric population, including use in the pediatric emergency department, inpatient medical/surgical units and outpatient primary care and specialty clinic settings.

We will then
discuss the implementation of universal suicide risk screening for children aged 8 years and older utilizing the ASQ in a large, outpatient NDD population in a specialty outpatient medical facility. This process required multi-disciplinary collaboration through a task force including medicine (including psychiatry), nursing, social work, and psychology along with consultation with experts in the public health aspects of suicide prevention. The successes and challenges faced will be explored along with outcomes from the screening. We will discuss the reluctance to participate not only by parents but also by staff members. We will also present data from our screenings including institutional rates and demographics of positive and negative screenings, screening results by clinic, and data regarding refusal to participate in screening. Following the review of the process and outcomes of implementation in all clinics, we will more deeply analyze outcomes in specific clinics. We will present data from our Autism clinic including responses to screening, co-morbidities of those who screened positive, use of psychotropic medications, access of mental health services (both psychiatry and psychology) and clinical outcomes of the positive screening. We will also review outcomes in other clinics that had higher than expected rates of positive screening including chronic pain rehabilitation clinic, concussion clinic, and Sturge Weber Syndrome Clinic. Finally, we will discuss the need for additional validation studies in children with NDD especially those with autism and intellectual disability. We will review preliminary data from a ASQ validation study targeting this population, which aims to ensure that children with NDD understand the meaning of suicide along with the specific questions posed by the ASQ.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: n/a

Additional Comments: internet connection

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

Society Affiliation: APS|AAP

Chairs: Lisa Horowitz (Presenter); Suzanne Rybczynski (Presenter); Paul Lipkin (Presenter); Audrey Thurm (Presenter)

Speaker # 1

Presentation Title The Development of the ASQ and its use in General Populations

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: (none)
**PROPOSAL #346210**

**SESSION TITLE:** Implementing Suicide Risk Screening in the Outpatient Pediatric Setting: Addressing the Needs of Specialty Populations

<table>
<thead>
<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>The Process of Implementing Suicide Risk Screening with the ASQ in Pediatric Specialty Clinics</th>
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</thead>
<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Suzanne Rybczynski : e. 25 minutes</td>
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</tr>
<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>S. Rybczynski, Pediatric Rehabilitation, Kennedy Krieger Institute, Parkville, Maryland, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Suzanne Rybczynski : AAP</td>
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<thead>
<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>Discussion of Overall Results from Implementation, with a Focus on Several Special Population Results</th>
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</thead>
<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Paul Lipkin : e. 25 minutes</td>
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</tr>
<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>P.H. Lipkin, Medical Informatics, Kennedy Krieger Institute, Baltimore, Maryland, UNITED STATES</td>
<td></td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Paul Lipkin : APS, AAP</td>
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<thead>
<tr>
<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Future Directions for Validating the ASQ in the NDD Population</th>
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<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Audrey Thurm : e. 25 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>A. Thurm, Office of the Clinical Director, National Institute of Mental Health, Bethesda, Maryland, UNITED STATES</td>
<td></td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Audrey Thurm : (none)</td>
<td></td>
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</tbody>
</table>
PROPOSAL #346211
SESSION TITLE: Coming Ashore: Early Results from the SHIP-AHOY Study

Contact: Donald Batisky
Emory University
dbatisk@emory.edu

Target Audience: General pediatricians, pediatric nephrologists, pediatric cardiologists and anyone else interested in children and adolescents with risks for cardiovascular disease

Audience Size: 200


Objectives
1. Review results from the SHIP AHOY study.
2. Review the study rationale and design of SHIP-AHOY.
3. Understand the relationships between casual BP and ABPM to TOD.
4. Recognize the impact that elevated BP has on neurocognition.

Description:
Although hypertension is identifiable in children and adolescents, there are many knowledge gaps on how to best define and manage high blood pressure in the young. SHIP-AHOY (Study of High Blood Pressure in Pediatrics: Adult Hypertension Onset in Youth) is being conducted to address these knowledge gaps. With a goal to recruit five hundred adolescents who will undergo ambulatory blood pressure monitoring, echocardiographic, vascular, and cognitive assessments, as well as epigenetic studies to identify mechanisms that underlie the development of hypertensive target organ damage, we expect to be able to fill some of these gaps. The primary aim of the study is to develop a risk-based definition of hypertension in the young that will result in better understanding of the transition from blood pressure in youth to adult cardiovascular disease.

Details of the rationale for and design of this study will be discussed, and early results of outcomes of SHIP-AHOY will be presented here.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Pediatric Nephrology (ASPN) topics, IPHA sponsored sessions

Additional Comments: (none)

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

Society Affiliation: IPHA | ASPN

Chairs: Donald Batisky (Chair); Daniel Feig (Organizer); Bonita Falkner (Presenter); Elaine Urbina (Presenter); Joseph Flynn (Presenter); Marc Lande (Presenter)
PROPOSAL #346211
SESSION TITLE: Coming Ashore: Early Results from the SHIP-AHOY Study

Speaker # 1
Presentation Title  Study rationale and design
Speaker/Duration: Bonita Falkner : e. 25 minutes
Speaker/Institution: B. Falkner, Nephrology, Thomas Jefferson University, Philadelphia, Pennsylvania, UNITED STATES
Non-Member Justification: Bonita Falkner : (none)

Speaker # 2
Presentation Title  Casual BP and Target Organ Effects
Speaker/Duration: Elaine Urbina : e. 25 minutes
Speaker/Institution: E. Urbina, Heart Institute, Cincinnati Children's Hospital, Cincinnati, Ohio, UNITED STATES
Non-Member Justification: Elaine Urbina : (none)

Speaker # 3
Presentation Title  ABPM and Target Organ Effects
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 : (none)

Speaker # 4
Presentation Title  Effects on neurocognition
Speaker/Duration: Marc Lande : e. 25 minutes
Speaker/Institution: M. Lande, University of Rochester, Rochester, New York, UNITED STATES
Non-Member Justification: Marc Lande : (none)
PROPOSAL # 346218

SESSION TITLE: The Role of Ambulatory BP Monitoring (ABPM) in the Assessment of Children and Adolescents

Contact: Donald Batisky
          Emory University
dbatisk@emory.edu

Target Audience: General pediatricians and subspecialists interested in learning more about the use of ABPM in the pediatric population,

Audience Size: 50

Tracks: Community Pediatrics | Adolescent Medicine | General Pediatrics | Obesity/Metabolism | Nephrology | Endocrinology | Clinical and Translational Research | Children with Chronic Conditions | Cardiology

Objectives
1. Understand ABPM as a tool in the management of elevated BP in children and adolescents.
2. Learn to manage a program using ABPM in clinical practice.
4. Review opportunities for use of ABPM in research and QI projects.
5. Practice interpreting a variety of ABPM reports with experienced clinicians.

Description: In this session, we will explore Ambulatory BP Monitoring from a number of perspectives. This will give participants an opportunity to hear about this modality, to work through actual cases with faculty, to explore setting up a program and the costs involved, as well as billing for interpretation. In addition, participants will be able to get a look the various ways that ABPM technology can be used in the pediatric setting, including clinical, research and quality improvement activities.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: IPHA and ASPN sponsored sessions

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: ASPN | IPHA

Chairs: Donald Batisky (Chair); Elaine Urbina (Presenter); Joshua Samuels (Presenter); Susan Halbach (Presenter); Ian Macumber (Presenter); Tammy Brady (Discussant)

Speaker # 1

Presentation Title: Using ABPM to confirm the diagnosis of hypertension, to assess white coat hypertension and to elucidate masked hypertension.

Speaker/Duration: Elaine Urbina: e. 25 minutes

Speaker/Institution: E. Urbina, Heart Institute, Cincinnati Children's Hospital, Cincinnati, Ohio, UNITED STATES

Non-Member Justification: Elaine Urbina: (none)
## Speaker # 2
**Presentation Title**: How to develop an ABPM program: equipment, logistics and reimbursement  
**Speaker/Duration**: Joshua Samuels : e. 25 minutes  
**Speaker/Institution**: J. Samuels, Pediatric Nephrology & Hypertension, McGovern Medical School at the University of Texas, Houston, Texas, UNITED STATES  
**Non-Member Justification**: Joshua Samuels : (none)

## Speaker # 3
**Presentation Title**: The cutting edge of ABPM: Use in children and adolescents with obesity and other conditions  
**Speaker/Duration**: Susan Halbach : e. 25 minutes  
**Speaker/Institution**: S. Halbach, Seattle Children’s, Seattle, Washington, UNITED STATES  
**Non-Member Justification**: Susan Halbach : (none)

## Speaker # 4
**Presentation Title**: The cutting edge: Use of ABPM in research and quality improvement initiatives  
**Speaker/Duration**: Ian Macumber : e. 25 minutes  
**Speaker/Institution**: I. Macumber, Connecticut Children’s, Hartford, Connecticut, UNITED STATES  
**Non-Member Justification**: Ian Macumber : (none)

## Speaker # 5
**Presentation Title**: Interpretation of ABPM: Facilitation of interpreting actual ABPM studies with audience participation  
**Speaker/Duration**: Tammy Brady : d. 20 minutes  
**Speaker/Institution**: T. Brady, Pediatrics, Johns Hopkins University, Baltimore, Maryland, UNITED STATES  
**Non-Member Justification**: Tammy Brady : (none)
PROPOSAL #346226

SESSION TITLE: Navigating the stormy seas of chronic illness from the Islets of Langerhans to Santorini: an interdisciplinary approach to the patient with pancreatitis

Contact: Jefferson Brownell  
Children's Hospital of Philadelphia  
brownellj@email.chop.edu

Target Audience: General pediatricians, pediatric hospitalists, pediatric emergency medicine physicians, pediatric critical care physicians, pediatric pain specialists, pediatric dietitians, pediatric psychologists

Audience Size: 100


Objectives  
The objectives of this session cross multiple domains:  
- Front-line clinicians will be able to evaluate, diagnose, and manage acute and chronic presentations of pancreatitis, armed with the most up-to-date professional society recommendations and evidence-based tools.  
- Front-line clinicians will recognize the integral role of allied health professionals in disease management, across healthcare settings (ED, inpatient, outpatient), the spectrum of disease severity, and over time.  
- Integrating clinical knowledge and recalling the value of the interdisciplinary approach to chronic diseases, practitioners will be empowered to confidently enlist the help of allied professions early in the course of chronic illnesses to maximize impact on quality of life and functional outcomes.  
- Clinicians will be able to recognize gaps in the current evidence base and the medical system in providing care to patients with chronic illnesses.

Description: This session will explore state-of-the-art interdisciplinary management of patients with chronic disease, specifically patients with acute, acute recurrent, and chronic pancreatitis. In addition to taking the opportunity to discuss up-to-date, evidence-based guidelines for evaluation and management of children with acute and chronic pancreatitis, the session will explore how the roles of various members of the interdisciplinary team evolve longitudinally with the patient's disease process. Guided by a moderator, the presenters will discuss specific aspects of a case as the disease process evolves. At particular points, the discussion will be punctuated by short, high-yield and evidence-based slide presentations relating to the discussion. Audience participation during and after the presentation will be encouraged.

Time Block: Either

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Additional Comments: As the session is a moderator-panel case discussion with slide presentation, no further setup will be needed beyond a screen, podium and panel table with microphones.

Learning Pathway

☐ Advocacy  ☐ Digital Therapeutics  
☒ Clinical/Research  ☐ Education  ☐ Trainee

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

Society Affiliation: AAP

Chairs: Jefferson Brownell (Moderator); Asim Maqbool (Discussant); F. Kraemer (Discussant); Sarah Barnes (Discussant); Maria Hanna (Discussant); Sarah Mayer-brown (Discussant)
PROPOSAL # 346226
SESSION TITLE: Navigating the stormy seas of chronic illness from the Islets of Langerhans to Santorini: an interdisciplinary approach to the patient with pancreatitis

Speaker # 1
Presentation Title  Introduction and Initial Case Presentation
Speaker/Duration:  Jefferson Brownell : b. 10 minutes
Speaker/Institution:  J.N. Brownell, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification:  Jefferson Brownell : AAP

Speaker # 2
Presentation Title  Discussion of Presentation, Diagnostic Criteria, and Initial Management of Pancreatitis
Speaker/Duration:  Asim Maqbool : b. 10 minutes
Speaker/Institution:  A. Maqbool, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification:  Asim Maqbool : AAP

Speaker # 3
Presentation Title  Pathways of Pain in Pancreatitis And Evidence-Based Therapeutic Options
Speaker/Duration:  F. Kraemer : b. 10 minutes
Speaker/Institution:  F.W. Kraemer, Anesthesia and Critical Care Medicine, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification:  F. Kraemer : (none)

Speaker # 4
Presentation Title  Continuing Case Discussion
Speaker/Duration:  Jefferson Brownell : a. 5 minutes
Speaker/Institution:  J.N. Brownell, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification:  Jefferson Brownell : (none)

Speaker # 5
Presentation Title  Challenges in Diagnosis and Management of Chronic Pancreatitis
Speaker/Duration:  Asim Maqbool : b. 10 minutes
Speaker/Institution:  A. Maqbool, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification:  Asim Maqbool : (none)

Speaker # 6
Presentation Title  Evidence-Based Nutritional Management of Pancreatitis
Speaker/Duration:  Sarah Barnes : b. 10 minutes
Speaker/Institution:  S. Barnes, Clinical Nutrition, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification:  Sarah Barnes : (none)
**PROPOSAL #346226**

**SESSION TITLE:** Navigating the stormy seas of chronic illness from the Islets of Langerhans to Santorini: an interdisciplinary approach to the patient with pancreatitis

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<tr>
<th>Speaker # 7</th>
<th>Presentation Title</th>
<th>Integrative Approaches to Chronic Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Maria Hanna</td>
<td>b. 10 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>M. Hanna, Integrative Medicine, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Maria Hanna : (none)</td>
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<thead>
<tr>
<th>Speaker # 8</th>
<th>Presentation Title</th>
<th>Psychosocial Challenges for the Patient Coping with Chronic Disease</th>
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<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Sarah Mayer-brown</td>
<td>b. 10 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>S. Mayer-brown, Child &amp; Adolescent Psychiatry, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Sarah Mayer-brown : (none)</td>
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<tr>
<th>Speaker # 9</th>
<th>Presentation Title</th>
<th>Case Wrap-Up and Audience/Panel Discussion</th>
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<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Jefferson Brownell</td>
<td>a. 5 minutes</td>
</tr>
<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>J.N. Brownell, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Jefferson Brownell : (none)</td>
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PROPOSAL #346244
SESSION TITLE: Ending Preventable Newborn Deaths: Contributing to Achievement of Sustainable Development Goal 3

Contact:  Susan Niermeyer  University of Colorado School of Medicine
susan.niermeyer@cuanschutz.edu

Target Audience:  All professionals interested and involved in global health, especially maternal, newborn and child health
Audience Size:  50
Tracks:  Advocacy/Public Policy | Clinical/Research Pathway | Neonatology | Public Health | International and Global Health

Objectives
- To describe the global evolution and challenges related to newborn care in both high- and low-and middle-income countries (LMICs)
- To analyze key elements of two national programs that address high neonatal mortality and achievement of SDG 3
- To understand the roles of donor agencies in supporting countries to achieve their goals

Description: Neonatal mortality now accounts for nearly half of deaths globally among children under 5 years age. SDG 3.2.2. aims to end preventable deaths of newborns and children under 5 years of age by 2030, with all countries reducing neonatal mortality to <12 per 1,000 live births and under-5 mortality to <25 per 1,000 live births. In order to achieve these goals, national health programs will need to adopt successful strategies and avoid the pitfalls of specialized newborn care in high-income countries, take advantage of opportunities on the path to universal health care and employ new technologies, and implement systems with equity at large scale. The panel will highlight the role of donor agencies and health professionals in supporting countries to achieve their goals. Presenters will bring perspectives as clinical neonatologists, medical educators, public health professionals, representatives of national health services, and technical experts with UN agencies and US development agencies. Moderator: Lily Kak, PhD, Newborn Health Team Lead, USAID Learning from the development of newborn care in high-income countries - Susan Niermeyer, MD, MPH Changing landscapes in low- and middle-income countries - Indira Narayanan, MD The Ghana Experience: Developing costed national newborn health strategy and action plans - Isabella Sagoe-Moses, MD The India Experience: Improving facility-based newborn care - Gagan Gupta, MD Roles and responsibilities of donor agencies - Lily Kak, PhD

Time Block:  120 min.

QA:  Yes
Audience Polling:  No
Sabbath Conflicts:  N/A

Additional Comments: At the beginning of the session, audience members will be asked to identify 2-3 key actions that support achievement of SDG 3.2.2. (By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality)

Financial Sponsor?  (none)
If Yes:  (none)
Society Affiliation:  AAP | APS | SPR | Other/No Affiliation | AAP SoNPM

Learning Pathway
- Clinical/Research
- Education
- Trainee
- Advocacy
- Digital Therapeutics
PROPOSAL # 346244

SESSION TITLE: Ending Preventable Newborn Deaths: Contributing to Achievement of Sustainable Development Goal 3

Chairs: Susan Niermeyer (Contact Person)

Speaker # 1
Presentation Title  Learning from the development of newborn care in high-income countries
Speaker/Duration: Susan Niermeyer : c. 15 minutes
Speaker/Institution:  S. Niermeyer, Pediatrics, University of Colorado School of Medicine, Aurora, Colorado, UNITED STATES|
Non-Member Justification: Susan Niermeyer : SPR, AAP member

Speaker # 2
Presentation Title  Changing landscapes in low- and middle-income countries
Speaker/Duration: Indira Narayanan : c. 15 minutes
Speaker/Institution:  I. Narayanan, Pediatric/Neonatology, Georgetown University Medical Center, Arlington, Virginia, UNITED STATES|
Non-Member Justification: Indira Narayanan : international

Speaker # 3
Presentation Title  The Ghana Experience: Developing costed national newborn health strategy and action plans
Speaker/Duration: Isabella Sagoe-Moses : c. 15 minutes
Speaker/Institution:  I. Sagoe-Moses, Reproductive and Child Health, Ghana Health Service, Tema, GHANA|
Non-Member Justification: Isabella Sagoe-Moses : international

Speaker # 4
Presentation Title  The India Experience: Improving facility-based newborn care
Speaker/Duration: Gagan Gupta : c. 15 minutes
Speaker/Institution:  G. Gupta, Health Section, UNICEF, New York, New York, UNITED STATES|
Non-Member Justification: Gagan Gupta : international

Speaker # 5
Presentation Title  Roles and responsibilities of donor agencies
Speaker/Duration: Lily Kak : c. 15 minutes
Speaker/Institution:  L. Kak, Global Health/Maternal Newborn and Child Health, United States Agency for International Development, Washington DC, District of Columbia, UNITED STATES|
Non-Member Justification: Lily Kak : US Government
SESSION TITLE: Vaping: The New Adolescent Epidemic?

Contact: Shan Yin
Cincinnati Children’s Hospital Medical Center
shan.yin@cchmc.org

Session spea: Hot Topic Symposia

Target Audience: All providers who care for adolescents and young adults including primary care pediatricians, emergency medicine and critical care providers, and allied health professionals

Audience Size: 50

Tracks: Adolescent Medicine | Emergency Medicine | Critical Care | Hospitalists | Community Pediatrics | General Pediatrics

Objectives
The overarching objective of this session will be to highlight both the toxicity of e-cigarettes and cannabinoids and their potential benefits. Pediatricians and health care providers can then be more effective advocates from an individual as well as population standpoint. The majority of speakers will be pediatric medical toxicologists who can offer unique insight into epidemiology, toxicity, efficacy, and treatment of these particular substances. The session will end with a question and answer period.

Description:
By the end of this session, audience members will understand 1) the trends in e-cigarette use and the adverse effects associated with vaping, 2) Understand the potential benefits and harms of cannabinoid use in children. The use of e-cigarettes in adolescents has risen dramatically in recent years largely erasing the gains made in curbing adolescent cigarette use. E-cigarettes are the most popular tobacco product among adolescents with more than 3.5 million youth having used e-cigarettes in 2018. E-cigarettes have generally been touted as safer than traditional cigarettes, but safety data has been lacking thus far. With the alarming outbreak of vaping associated lung injury (VALI) seen in 2019, it is apparent that the use of e-cigarettes is not as safe as previously thought. As vaping products become more widespread, it is important to understand the trends in e-cigarette use and toxicity associated with their use. Furthermore, substances other than nicotine such as THC and other illicit drugs are being vapor. The increasing availability of recreational and medical marijuana has caused both increased unintentional exposures in young children and intentional exposures in adolescents and young adults. In addition, cannabidiol products have become readily available over-the-counter in a variety of products. It is important that health care providers be familiar with the potential benefits and harms of cannabinoids.

Time Block: Either

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: None

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: AAP

Chairs: Shan Yin (Contact Person)
**Speaker # 1**
**Presentation Title**  E-Cigarette Use and Vaping: Current Use Among Adolescents
**Speaker/Duration:**  Brian Jenssen  :  d. 20 minutes
**Speaker/Institution:**  B. Jenssen, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|  
**Non-Member Justification:**  Brian Jenssen : (none)

**Speaker # 2**
**Presentation Title**  Vaping Associated Lung Injury (VALI): A National Epidemic
**Speaker/Duration:**  Kevin Osterhoudt  :  c. 15 minutes
**Speaker/Institution:**  K.C. Osterhoudt, Emergency, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|  
**Non-Member Justification:**  Kevin Osterhoudt : (none)

**Speaker # 3**
**Presentation Title**  What is a Cannabinoid?
**Speaker/Duration:**  Elizabeth Hines  :  c. 15 minutes
**Speaker/Institution:**  E.Q. Hines, Pediatric Emergency Medicine, University of Maryland School of Medicine, Baltimore, Maryland, UNITED STATES|  
**Non-Member Justification:**  Elizabeth Hines : (none)

**Speaker # 4**
**Presentation Title**  Recreational and medical marijuana. Lessons learned from Colorado
**Speaker/Duration:**  George Wang  :  d. 20 minutes
**Speaker/Institution:**  G. Wang, Pediatrics, University of Colorado AMC, Aurora, Colorado, UNITED STATES|  
**Non-Member Justification:**  George Wang : (none)

**Speaker # 5**
**Presentation Title**  THC vs CBD: Efficacy and Safety
**Speaker/Duration:**  Shan Yin  :  d. 20 minutes
**Speaker/Institution:**  S. Yin, Emergency, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES|  
**Non-Member Justification:**  Shan Yin : (none)
PROPOSAL #346260
SESSION TITLE: From basic science to clinical trials, physician and researcher journeys in new treatments for Hypoxic Ischemic Encephalopathy

Contact: Nathalie Maitre Nationwide Children’s Hospital nathalie.maitre@nationwidechildrens.org

[session speakers] Panel Discussion

Target Audience: Neonatologists, Neurologists, Clinicians, Researchers, Trainees

Audience Size: 100

Tracks: Career Development | Academic and Research Skills | Neurology | Clinical and Translational Research | Neonatology | Basic Science | Cross-Disciplinary Spotlight | Clinical/Research Pathway

Objectives
1- Gain a longitudinal perspective on neuroprotection therapy development, including obstacles to new pharmacological advancements in neonatal care
2- Contrast and compare the translation process of erythropoietin to that of other new treatments for HIE
3- Develop a new understanding of partnerships in developing HIE treatments, between epidemiology and patient-based neuroscience, or between industry and large NIH-funded clinical trials

Description:
Through the topic of development of HIE therapeutics and trials, we want the audience to gain an understanding of the continuum between basic science, epidemiological, patient-oriented and clinical research, all while keeping in mind the driving reasons behind neonatal research: patient care. Presenters will explain the evolution of their science through their career, and the changes and partnerships they have leveraged along the way. The following four researchers across the continuum of career trajectories will discuss challenges, successes and lessons learned from working in the field of neonatal neuroprotection.

- From the first preclinical work on Erythropoietin to current large clinical trials, Dr. Juul’s research trajectory gives us an overview of what it is to bring a treatment for HIE from the bench to the bedside. She will discuss the key findings, transitions and challenges that led to large scale research on one of the first new neuroprotective agents in neonatal care.

- Dr. Cunnion will discuss the importance of basic science of a research career of HIE treatment research and its translation into partnerships with industry. He will focus on the bench and pre-clinical work surrounding PIC-1, a complement inhibitor which may be the next therapeutic agent for HIE, adjunct or not.

- Dr. Chalak will illustrate the importance of developing novel assessments in patient-based research for HIE. She is investigating physiological biomarkers to evaluate the coupling of cerebral blood flow and neuronal activity in real time. She will demonstrate how an array of rigorous measurement of treatment effect, spanning serum biomarkers to a novel brain-based pattern of classification, can offer mechanistic insights to clinical HIE trials.

- Dr. Wu will describe her combined approach using clinical trials and epidemiologic studies to develop new strategies for treating and preventing HIE. She will discuss her research on high-dose erythropoietin treatment for HIE, and discuss her work on developing novel strategies during labor and delivery that will better predict HIE and related birth outcomes.

Time Block: Either

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Neonatal Neurology all types, Neonatal Clinical trials, Career Development

Additional Comments: The polling response are to query the audience during the Q and A on their thoughts on...
PROPOSAL # 346260

SESSION TITLE: From basic science to clinical trials, physician and researcher journeys in new treatments for Hypoxic Ischemic Encephalopathy

Financial Sponsor? (none)  If Yes: (none)
Society Affiliation: SPR
Chairs: Nathalie Maitre (Moderator); Kristen Benninger (Moderator)

Speaker # 1
Presentation Title  Erythropoietin for HIE: from bench to bedside
Speaker/Duration: Sandra Juul : d. 20 minutes
Speaker/Institution: S.E. Juul, Pediatrics, University of Washington, Seattle, Washington, UNITED STATES
Non-Member Justification: Sandra Juul : (none)

Speaker # 2
Presentation Title  Peptide Complement Inhibitor 1: academic-insdustry partnerships in basic science of HIE therapeutics
Speaker/Duration: Kenji Cunnion : d. 20 minutes
Speaker/Institution: K. Cunnion, Infectious Diseases, Children's Hospital of The King's Daughters, Norfolk, Virginia, UNITED STATES
Non-Member Justification: Kenji Cunnion : (none)

Speaker # 3
Presentation Title  Novel brain-based pattern of classification for HIE
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 # 4
Presentation Title  Epidemiological science improving clinical trials for HIE, from birth to long-term outcomes
Speaker/Duration: Yvonne Wu : d. 20 minutes
Speaker/Institution: Y. Wu, UCSF, San Francisco, California, UNITED STATES
Non-Member Justification: Yvonne Wu : (none)
PROPOSAL #346262
SESSION TITLE: Immigrant Family Detention, Separation, and Unaccompanied Children: Drawing Upon Evidence to Inform Policy and Practice Responses

Contact: Thomas Crea Boston College creat@bc.edu

Target Audience: pediatrics, public health, mental health, social work, legal
Audience Size: 50-100
Tracks: Advocacy Pathway

Objectives
- To provide transdisciplinary perspectives on the health and mental health of immigrant children and families;
- To provide a critical examination of federal immigration policies that adversely affect the physical and mental health of separated parents and families;
- To identify strategies and best practices for responding to this highly marginalized population.

Description:
Overview
Karen Baker, Senior Attorney, Kids in Need of Defense (KIND)

Over the past two years, the Trump administration has forcibly separated thousands of families who fled to the United States to seek safety and protection. Many of these families suffered harm or threats against their lives in their countries of origin, as well as during their journeys to the United States, and their forcible separation by the U.S. government has compounded their trauma. Further, separated families must navigate an immigration labyrinth that becomes increasingly complex in cases of separation. In some circumstances, parents were deported without their children, who remain in limbo in the United States. In others, parents and children have been reunified in the United States but face precarious legal postures and prospects. Where separated parents and/or children have been deported, they may face serious protection needs as they reintegrate in their countries of origin, which require urgent attention and mitigation. Accordingly, the impact of family separation extends beyond our borders and is global.

While the various effects of family separation have yet to be precisely quantified, there is well-documented evidence that this policy adversely affects the physical and mental health of separated parents and children. It is imperative to continue to study, discuss, and address this public health crisis. This timely panel will convene an interdisciplinary group of research and legal who have significant experience working with separated families to discuss the harmful impact of U.S. immigration policies on children, families, and human rights. It is critical to collaborate across professions to advance holistic representation and advocacy for this vulnerable population and to identify the strongest strategies around and solutions to current events that will have lasting consequences.

Traumas of Children in Migration, Immigration Detention, and Family Separation
Luis H. Zayas, Dean and Professor, Steven B. Hicks School of Social Work, University of Texas at Austin

Placing children and families from the Central American countries of El Salvador, Guatemala, and Honduras seeking asylum in immigration detention has reflected a policy of deterrence. Since 2014, this approach to immigration enforcement has ensnared thousands of parents and children and disrupted already traumatized lives. Then in 2018, the Zero Tolerance policy took the callous form of separating children from parents, a practice that took infants, toddlers, and children of all ages from their parents arms and placed them apart, sometimes hundreds of miles apart. Now there is an effort to institute a policy that detains families indefinitely, essentially a prison sentence with no end date.

The harms to children’s mental health and development of accumulated adversity, hardship, trauma, stress, and harsh conditions have been well-documented in the developmental literature. The effects of aggressive immigration enforcement policies on asylum-seeking children and parents are now being studied and documented. In this presentation, I will describe the experience of children from the Northern Triangle countries of Central
America from pre-migration to in-transit migration through Mexico and into custody by Customs and Border Protection and Immigration and Customs Enforcement. Drawing from the extant literature and available public materials, the presentation will show the effects of detention and family separation. The talk will also present preliminary findings from a research project in progress on children who have been held in detention.

**Broken Families: Examining the Impact of Deportation of Immigrant Parents On Their U.S. Citizen Children.**

Ana P. Martinez-Donate, Associate Professor, Dornsife School of Public Health, Drexel University

Over 4 million U.S. citizen children live with an undocumented parent and are at risk of experiencing the arrest, detention, and deportation of one of their parents at any time. The Trump administration has intensified immigration enforcement practices and taken them to unprecedented levels. Notably, it has done away with the more targeted nature of these practices under previous administrations, which focused on new arrivals and immigrants with criminal records. Under Trump, detentions and deportations have become more indiscriminate and, as a result, U.S. citizen children in mixed-legal status households are at heightened vulnerability. While the overall number of daily arrests has increased by 1.5 since Trump took office, the number of arrests of immigrants without criminal records has almost tripled. Children are the unintended victims of these widespread enforcement approach. By the most recent estimates, 90,000 immigrants deported between 2015 and 2017 had at least a U.S. citizen child and faced the impossible decision of leaving their children behind or taking them to a country they do not know and where safety and opportunities may be lacking. Children of Mexican immigrants are disproportionately represented among this population, as 1 out of 3 deported immigrants are from Mexico and, among them, a third is estimated to have one or more citizen children in the U.S.

Parental deportation can have profound and long-lasting consequences for children, but research on this topic is sparse. Studies have shown financial hardship, child behavior changes, academic impacts, and in some cases children being placed in foster care following detention and deportation of their parents. Despite a dramatic escalation in anti-immigration efforts, little quantitative research has examined the short- and long-term impact of current deportation policies on the well-being of U.S.-citizen children.

In this presentation, we will review the available evidence on the effects of parental deportation on immigrant families. We will also present the methods and preliminary findings from an ongoing study that examines changes in health, behavior, and psychosocial factors among a sample of U.S. citizen children of recently deported Mexican immigrants and a sample of control children who have not experienced parental deportation. The challenges of conducting this type of research will also be discussed.

**Unaccompanied Immigrant Children in the US: Documenting Outcomes and Best Practices through a University-Agency Partnership**

Thomas M. Crea, Associate Professor and Assistant Dean of Global Programs, School of Social Work, Boston College
Andrew Lorenzen-Strait, Director of Children & Family Services, Lutheran Immigration & Refugee Service

The number of families and unaccompanied children immigrating to the United States has reached record levels, despite federal policy efforts at deterring such migration. Most of these children have faced significant adversities in their countries of origin. These adversities are frequently compounded by hardships and assaults during the migration journey, and increasingly, the prospects of family separation and indefinite detention once in the US. In spite of the overwhelming number of unaccompanied children entering the US since 2012 – over 350,000 according to Customs and Border Patrol – research has not kept pace with this pressing social issue. A recent report by the US Office of the Inspector General shows that immigrant children in detention have significant mental health needs that are unmet by woefully inadequate facilities. Existing evidence suggests that children placed in US communities or in foster care also face serious mental health
PROPOSAL # 346262

SESSION TITLE: Immigrant Family Detention, Separation, and Unaccompanied Children: Drawing Upon Evidence to Inform Policy and Practice Responses

consequences related to trauma, and anecdotally these consequences are even more dire for children deported to Mexico or to their countries of origin. Many children also face significant educational challenges in local school systems, particularly related to language issues and limited educational attainment in their countries of origin. In 2014, immediately before the first significant spike in arrivals of unaccompanied children, a university-agency partnership was developed to expand the knowledge base and establish best practices for responding to this population. Given the significant difficulties for researchers to access such a marginalized population, partnership with a national agency and its community-based partners has proved invaluable. Over the past four years, this partnership has generated such knowledge using a combination of agency administrative data, focus group discussions and key informant interviews, and survey data collection.

In the presentation, we will discuss results from a variety of studies conducted through our partnership. These studies include quantitative placement outcomes and predictors of heightened adversity for children in foster care, qualitative results of best practices according to a variety of practitioners, practitioners’ perceptions of how family separation affects tender age children’s mental health in care, rates of PTSD using a standardized measure among a sample of children in foster care, and correlates of educational success. These results will be discussed in light of existing literature in the US and internationally. We will also discuss the most pressing issues for further research with this population, barriers to be overcome in accessing this population, and how research findings can best be integrated both within agency policy and practice and as part of the larger policy agenda related to unaccompanied children in the US.

Untailored Interventions: The Challenges of Serving Children in Migrant Shelters along the Mexican Border

Alejandro Olayo-Méndez, Assistant Professor, School of Social Work, Boston College

The migration patterns in Mexico have changed rapidly from the end of 2018 to the middle of 2019. During that time, groups of migrants and asylum seekers which included children, women, and families mostly —but not exclusively— from Central American countries, were moving through Mexico intending to claim asylum in the United States. While Central American migration towards the United States is not new, intense media coverage of these migrant caravans or ‘migrant exodus’ —as migrants and asylum seekers call it— gave intense focus to the issue both in Mexico and the United States.

The political responses to the influx of migrants and asylum seekers varied as the situation became more and more politicized. The Mexican government approached caravans with adversarial, protective, and controlling practices. On its part, by the end of January 2019, the Department of Homeland Security (DHS) announced it would ask some asylum seekers arriving at the U.S. southern border to remain in Mexico while their applications will be processed. This policy is known as the Migrant Protection Protocols (MPP) or ‘Remain in Mexico.’ Initially, the program started operating in Tijuana/San Diego, Mexicali/Calexico and then Ciudad Juárez/El Paso. At a later time, Nuevo Laredo/Laredo joined the list.

The result of this policy has left ‘asylum seekers’ stranded along the border. By mid-September 2019, estimates indicate that near to 60,000 asylum seekers are waiting in Mexico for their claims for asylum to be processed. Among these people, children are one of the most vulnerable groups. At the same time, humanitarian organizations in Mexico face enormous challenges in trying to address the medium and long term needs of this population. While the humanitarian responses to these groups and especially children have varied, without a specific model of attention and accompaniment humanitarian actors face an uphill battle. Based on ethnographic research and participant observation in two border cities (Tijuana and Ciudad Juarez, Mexico), this presentation discusses the needs of asylum seekers as they remain indefinitely stranded in some cities along the border between Mexico and the United States. The presentation focuses, highlights, and discusses the particular needs and challenges children face in
these types of settings. Finally, it also reviews the challenges of humanitarian workers to address the long term needs of asylum seekers (e.g., overcrowded shelters, safety protocols, and the lack of a useful humanitarian service model).

Time Block: 120 min.

Learning Pathway
- [x] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

Conflicting Sessions: Immigration; US Border; Separated Immigrant Families; Unaccompanied Immigrant Children

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: Other/No Affiliation

Chairs: Thomas Crea (Organizer)

Speaker # 1

Presentation Title  Immigrant Family Detention, Separation, and Unaccompanied Children: Drawing Upon Evidence to Inform Policy and Practice Responses

Speaker/Duration: Karen Baker : b. 10 minutes

Speaker/Institution: K. Baker, Kids in Need of Defense, Washington, DC, District of Columbia, UNITED STATES

Non-Member Justification: Karen Baker : (none)

Speaker # 2

Presentation Title  Traumas of Children in Migration, Immigration Detention, and Family Separation

Speaker/Duration: Luis Zayas : d. 20 minutes

Speaker/Institution: L. Zayas, Steve Hicks School of Social Work, University of Texas at Austin, Austin, Texas, UNITED STATES

Non-Member Justification: Luis Zayas : (none)

Speaker # 3

Presentation Title  Broken Families: Examining the Impact of Deportation of Immigrant Parents On Their U.S. Citizen Children

Speaker/Duration: Ana Martinez-Donate : d. 20 minutes

Speaker/Institution: A. Martinez-Donate, Dornsife School of Public Health, Drexel University, Philadelphia, Pennsylvania, UNITED STATES

Non-Member Justification: Ana Martinez-Donate : (none)
# PROPOSAL #346262

## SESSION TITLE:
Immigrant Family Detention, Separation, and Unaccompanied Children: Drawing Upon Evidence to Inform Policy and Practice Responses

### Speaker # 4

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<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Thomas Crea : b. 10 minutes</td>
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<tr>
<td>Speaker/Institution</td>
<td>T.M. Crea, School of Social Work, Boston College, Chestnut Hill, Massachusetts, UNITED STATES</td>
</tr>
<tr>
<td>Non-Member Justification</td>
<td>Thomas Crea : (none)</td>
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### Speaker # 5

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<tr>
<td>Speaker/Duration</td>
<td>Andrew Lorenzen-Strait : b. 10 minutes</td>
</tr>
<tr>
<td>Speaker/Institution</td>
<td>A. Lorenzen-Strait, Children &amp; Family Services, Lutheran Immigration &amp; Refugee Service, Baltimore, Maryland, UNITED STATES</td>
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<td>Non-Member Justification</td>
<td>Andrew Lorenzen-Strait : (none)</td>
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### Speaker # 6

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<td>Speaker/Duration</td>
<td>Alejandro Olayo-Méndez : d. 20 minutes</td>
</tr>
<tr>
<td>Speaker/Institution</td>
<td>A. Olayo-Méndez, School of Social Work, Boston College, Chestnut Hill, Massachusetts, UNITED STATES</td>
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<tr>
<td>Non-Member Justification</td>
<td>Alejandro Olayo-Méndez : (none)</td>
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PROPOSAL #346277

SESSION TITLE: Genomic Sequencing for Universal Newborn Screening: Is it a compelling and inevitable result of the genomic revolution or an ethically troubling application of genetic technology?

Contact: [session speaker]

Target Audience: General Pediatricians, Pediatric Geneticists, Public Health Leaders, Laboratorians

Audience Size: 100

Tracks: Clinical and Translational Research | Advocacy/Public Policy | Well Newborn | Public Health | Neonatology | Ethics/Bioethics | Genomics | General Pediatrics | Community Pediatrics

Objectives

Attendees will:

- examine the principles that support universal newborn screening and the development of the Recommended Uniform Screening Panel
- explore the implications of utilizing genomic screening in a population-based program
- discuss the potential for nuanced usage of genomic sequencing in newborn screening

Description:

Every newborn in the United States is screened shortly after birth for a recommended panel of serious disorders that present in early infancy and for which there are effective treatment measures. Dr. Francis Collins, Director of the NIH has said “as we learn more about effective interventions for genetic risk factors, and recognize that interventions early in life provide significant advantages, it will become more and more compelling to determine this information at birth.”

The panelists will review information from recently completed studies including the NIH funded projects: BabySeq, NSIGHT, and the NSIGHT Ethics and Policy Board and will discuss these and other important questions:

- Is genomic sequencing for all newborns in the U.S. beneficial, inevitable, and a public health imperative?
- Are there foreseeable negative consequences of universal genomic screening?
- Should parents be offered direct-to-consumer genomic testing for their newborns?
- Is it possible to create a more nuanced usage of this new technology in a population-based context?

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: Saturday

Conflicting Sessions: None known

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP | SPR | APS

Chairs: Alan Fleischman (Moderator); Cynthia Powell (Panelist); Josephine Johnston (Panelist); Jeffrey Botkin (Panelist)

Learning Pathway

- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee

Additional Comments:

Monday, October 7, 2019
PROPOSAL #346280
SESSION TITLE: Dangerous Drug Epidemic: Opioids, Cannabis and Vaping

Contact: Janelle Vaughns
jvaughns@childrensnational.org

Target Audience: Academia, Clinicians, Trainees/Fellows, Faculty, Pharmacology, General Pediatricians, Subspecialists
Audience Size: 50-100

Objectives
By the end of this symposium participants will:
1. Have an understanding of current trending regarding opioid, cannabis and vaping use among pediatric populations
2. Learn about new methodology and technology regarding pain and analgesic drug effect measurement
3. Gain insight into the factors impacting cannabis drug disposition in pediatric patients
4. Understand vaping as an evolving epidemic with regulatory considerations regarding Electronic Nicotine Delivery Systems (ENDS) including vaporizers and e-cigarettes.

Description:
The dangers of opioid, vaping and cannabis consumption are ever present within the pediatric community. Current U.S. trends related to these substances reveal an alarming dependence and abuse potential for these drugs with lethal consequences. This session will consider and present:
1) the current status of the opioid crisis across pediatric population groups specifically focusing upon new and innovative technology that is able to detect drug withdrawal in neonatal abstinence syndrome (NAS) and analgesia, diversion or recreational use in children and adolescents;
2) describe the natural history of current use and disposition of medical cannabis products and understand the pharmacokinetic and pharmacodynamics of these products in pediatrics;
3) provide up-to-date regulatory data and information from the Food and Drug Administrative (FDA) concerning the agency’s actions and recommendations for the public regarding Electronic Nicotine Delivery Systems (ENDS) including vaporizers and e-cigarettes and
4) describe the health risks associated with the use of vaping, an evolving epidemic in children and adolescents.

Session speakers are recognized experts in their respective fields, including academia and the FDA. The session will include an interactive panel discussion, designed to facilitate discussion of high-impact clinical questions and strategies with potential for multi-institutional collaboration.

Time Block: 120 min.
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: Opioids, Cannabis. Vaping

Additional Comments: (none)
Financial Sponsor? (none)
Society Affiliation: APA | AAP | SPR

Chairs: Janelle Vaughns (Chair)
### Speaker # 1
**Presentation Title**: Development of a Non-invasive PD Biomarker of Opioids and Cannabis in Infants, Children and Adolescents  
**Speaker/Duration**: Julia Finkel : d. 20 minutes  
**Speaker/Institution**: J. Finkel, Anesthesiology, Children's National Hospital, Washington, District of Columbia, UNITED STATES|  
**Non-Member Justification**: Julia Finkel : Nonmember justification: Dr. Finkel is a Professor of Anesthesiology & Critical Care Medicine and Pediatrics at the Children's National Hospital in Washington, DC and serves as vice chief for Pain Medicine and Research. She is also a princi

### Speaker # 2
**Presentation Title**: Medical Cannabis- Registry and Pharmacology  
**Speaker/Duration**: Athena Zuppa : d. 20 minutes  
**Speaker/Institution**: A. Zuppa, Anesthesia and CCM, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|  
**Non-Member Justification**: Athena Zuppa : Nonmember justification: Dr. Zuppa is an Associate Professor of Anesthesiology and Critical Care and Director of the Center for Clinical Pharmacology at the Children's Hospital of Philadelphia. In addition to her clinical expertise in pedia

### Speaker # 3
**Presentation Title**: FDA’s Efforts to Address Tobacco Use in Youth  
**Speaker/Duration**: Lisa Faulcon : d. 20 minutes  
**Speaker/Institution**: L.M. Faulcon, Center for Tobacco Products, FDA, Silver Spring, Maryland, UNITED STATES|  
**Non-Member Justification**: Lisa Faulcon : member of AAP

### Speaker # 4
**Presentation Title**: Vaping: An Evolving Epidemic  
**Speaker/Duration**: Paul Moore : d. 20 minutes  
**Speaker/Institution**: P. Moore, Pediatrics, Vanderbilt University Medical Center, Nashville, Tennessee, UNITED STATES|  
**Non-Member Justification**: Paul Moore : member of AAP, SPR
PROPOSAL #346281
SESSION TITLE: Cannabis used for medical purposes in children

Contact: [session spea

Target Audience: General Pediatrics
Audience Size: 100
Tracks: Clinical and Translational Research | Adolescent Medicine

Objectives: Our cross-disciplinary panel of speakers will provide comprehensive views on the use of cannabis products for medical purposes in children. Speakers will discuss the current landscape of therapeutic cannabis use in children, challenges for research, provide policy updates and results from two ongoing clinical studies in oncology and epilepsy.

Description: The use of cannabis for medical purposes in children; landscape, challenges for research and opportunities
<br/>
Speaker: Dr. Lauren E Kelly, PhD, Assistant Professor, Department of Pediatrics and Child Health, University of Manitoba<br/>
Update from the Canadian Paediatric Society on the current state of evidence and practice points for therapeutic cannabis use in children<br/>
Speaker: Dr. Geert W ‘t Jong MD, PhD, Assistant Professor, Department of Pediatrics and Child Health, University of Manitoba<br/>
Study results: CARE-E which evaluated the tolerability of a 1:20 whole plant cannabis extract in children with encephalitic encephalopathy.<br/>
Speaker: Dr. Richard Huntsman, MD, Department of Pediatrics, University of Saskatchewan<br/>
Study results: Observational pharmacokinetics of cannabinoids in children with cancer in British Columbia, Canada<br/>
Speaker: Dr. Rod Rassekh, MD, Department of Pediatrics, University of British Columbia<br/>
Discussion/Facilitator: Charlotte Moore-Hepburn (30 minutes)

Time Block: Either
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: None.
Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: AAP | Other/No Affiliation

Chairs: Charlotte Moore-Hepburn (Workshop Co-Leader); Geert ‘t Jong (Presenter); Rod Rassekh (Presenter); Richard Huntsman (Presenter); Lauren Kelly (Workshop Leader)

Learning Pathway
☐ Advocacy ☐ Digital Therapeutics
☐ Clinical/Research ☐ Education ☐ Trainee

Speaker #
Presentation Title
Speaker/Duration:
Speaker/Institution:
Non-Member Justification:
**PROPOSAL #346291**

**SESSION TITLE:** A National Perspective on Social Determinants of Health: How to Effectively Screen and Connect Children and Families to Resources in Their Communities and Make a Real Difference in Children's Lives.

**Contact:** Benard Dreyer
NYU School of Medicine
Benard.Dreyer@nyumc.org

**Target Audience:** students, residents, fellows, pediatricians, PNPs, researchers, policy makers, health care systems leaders

**Audience Size:** 300

**Tracks:** Child Abuse | Advocacy/Public Policy | Quality Improvement/Patient Safety | Social Determinants/Health Disparities | Health Equity/Social Determinants of Health-ACEs/Social Justice | School and Community Health | General Pediatrics | Public Health | Developmental and Beh

**Objectives**
1. Describe the SDOH and the links between these underlying social, economic and environmental conditions and child health outcomes.
2. Analyze the facilitators and barriers in primary care for successful implementation of SDOH screening and referral and collaboration with community partners.
3. Reflect on how to disseminate such programs throughout pediatric practices around the US.

**Description:** In 2016, the American Academy of Pediatrics published a policy entitled "Poverty and Child Health" recommending screening families for the social determinants of health (SDOH) and connecting families with resources in their community to help them with basic needs and benefits. Many pediatricians and pediatric programs have worked on setting up systems to make this happen. We know from research performed by the faculty of this session that while most pediatricians think that screening and community referral is important, many fewer report that screening is feasible or feel prepared to address families’ social needs. This symposium has brought together national experts in SDOH and implementation science and members of a large collaborative that worked with 11 health institutions over several years to integrate SDOH screening and referral at the primary care level with community-based organizations to improve the health and welfare of children. We will start with an overview of the evidence for both the need for these activities as well as the evidence for effective implementation and positive effects on child outcomes. We will next describe the design and results of the collaborative effort mentioned above with real-life details from one of the health care sites. This will allow attendees to get into the nuts and bolts of such efforts. Faculty will then reflect on what was presented and re-connect these efforts to the national scene. Finally, there will be time for interactive questions and comments from the audience and discussion with the presenters.

**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** Yes

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** Social Determinants of Health, AAP Presidential Plenary, APA Presidential Plenary

**Additional Comments:** (none)

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

**Society Affiliation:** AAP | APA | SPR

**Chairs:** Benard Dreyer (Chair)
PROPOSAL # 346291

SESSION TITLE: A National Perspective on Social Determinants of Health: How to Effectively Screen and Connect Children and Families to Resources in Their Communities and Make a Real Difference in Children's Lives.

Speaker # 1

Presentation Title  Introduction and context
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  National overview of screening and referral for SDOH, including rationale, evidence for effective screening tools and implementations, attitudes of pediatricians, and barriers to success,
Speaker/Duration: Arvin Garg : d. 20 minutes
Speaker/Institution: A. Garg, Boston Medical Center, Newton, Massachusetts, UNITED STATES| Non-Member Justification: Arvin Garg : (none)

Speaker # 3

Presentation Title  Description of the Partnerships for Early Childhood Development (PECD), a learning collaborative to create and strengthen clinical-community partnerships that address the SDOH in early childhood, involving 11 hospital-based primary care practices and 17 c
Speaker/Duration: Suzanne Brundage : d. 20 minutes
Speaker/Institution: S. Brundage, United Hospital Fund, New York City, New York, UNITED STATES| Non-Member Justification: Suzanne Brundage : Suzanne Brundage led the collaborative effort in NY and is a critical presenter

Speaker # 4

Presentation Title  The experience of one of the 11 hospital-based primary care clinics and its community partners, presented jointly by pediatric leadership and leadership of the human services organization: successes, challenges, and system change
Speaker/Duration: Omolara Uwemedimo : c. 15 minutes
Speaker/Institution: O.T. Uwemedimo, Pediatrics, Hofstra Northwell School of Medicine, New Hyde Park , New York, UNITED STATES| Non-Member Justification: Omolara Uwemedimo : (none)

Speaker # 5

Presentation Title  Perspective from the Human Services Organization
Speaker/Duration: Linda Rodriguez : a. 5 minutes
Speaker/Institution: L. Rodriguez, Child Center of NY, New York, New York, UNITED STATES| Non-Member Justification: Linda Rodriguez : She is a community partner in the effort to describe screening and referral for SDOH
PROPOSAL # 346291

SESSION TITLE: A National Perspective on Social Determinants of Health: How to Effectively Screen and Connect Children and Families to Resources in Their Communities and Make a Real Difference in Children's Lives.

Speaker # 6
Presentation Title  Reflections on presentations concerning initiatives around the nation: thoughts on dissemination
Speaker/Duration: Andrew Beck : d. 20 minutes
Speaker/Institution: A.F. Beck, Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES
Non-Member Justification: Andrew Beck : (none)
PROPOSAL # 346305
SESSION TITLE: Starting Off Right: Tools to Engage Stakeholders in Improving Vaccination Rates in your Community

Contact: Stephanie Staras University of Florida
sstaras@ufl.edu

Target Audience: General pediatricians
Audience Size: 100


Objectives
Participants will:
1. Recognize the importance and benefit of cross-disciplinary collaborations in improving vaccination rates
2. Formulate strategies to focus on facilitators of establishing cross-disciplinary collaborations
3. Summarize real-world strategies to build stakeholder collaborations
4. Discuss multiple techniques to include stakeholders in intervention development and implementation
5. Plan how the covered strategies and techniques could be applied to his or her local setting to improve vaccination rates

Description: During the past 20 years, vaccines have prevented an estimated 732,000 deaths and 21 million hospitalizations. Yet, a growing fraction of parents are hesitant to vaccines and rates remain especially low for some adolescent vaccines, particularly human papillomavirus (HPV) and meningococcal B (MenB). In 2018, only 51% of 13- to 17-year-olds were up-to-date for HPV vaccination. Nationwide, MenB vaccination, a vaccine recommended following shared clinical decision-making, is received by only 10% of the highest risk age-group (16- to 18-year-olds). Evidence-based interventions targeting increasing adolescent vaccination rates exist and many are included in the Centers for Disease Control and Preventions Community Guide. But research is needed on the best ways to integrate these strategies into the diversity of real-world clinical and community settings. Implementation science provides a methodology and rigorous framework to guide this integration. The first and possibly most critical step for implementation of evidence-based interventions is engaging stakeholders — any individual, community, or organization that is likely to be affected or invested in the objective. In this scholarly session, we will present a variety of cutting-edge approaches to engaging stakeholders in vaccination improvement efforts within clinics and communities. In the first presentation, a general pediatrician will discuss her perspectives on creating effective collaborations between pediatricians and population health researchers. In the second presentation, an infectious disease pediatrician will discuss successful examples of bringing community stakeholders together to administer vaccinations in local school settings. In the third presentation, an implementation science researcher will demonstrate three techniques (clinician feedback, focus groups, and clinical workflow analysis) to incorporate pediatric staff and providers opinions into intervention development. In the fourth presentation, an economist will present how to conduct a discrete choice experiment to engage stakeholders in implementation. Finally, a pediatrician leader in health services research, and past chair of the Department of Health and Human Services National Vaccine Advisory Committee, will summarize how pediatric researchers can use stakeholder engagement to begin research and quality improvement project on increasing vaccination rates in their communities. Together these presentations introduce pediatrics to a variety of strategies to engage stakeholders in vaccination efforts. Each presentation will include an interactive discussion facilitated via NearPod or other interactive audience polling/response software that will enable the audience to share experiences, challenges, and strategies.
From the perspective of a pediatrician, this presentation will introduce the importance of cross-disciplinary collaborations in implementation science and quality improvement research. With audience participation, Dr. Thompson will lead a discussion of institutional barriers to research collaborations and strategies to focus on the facilitators that build lasting relationships.

Engaging Community Partners in School-Based Vaccination Programs: Dr. Kathleen Ryan

Dr. Ryan, a pediatric infectious disease specialist, will present her research partnering with community stakeholders to build influenza and MenB school-based vaccination programs. She will present on how she established and led a partnership between the local school district, the University student health services, and the Florida Department of Health to provide vaccines in schools countywide. Regarding MenB vaccine, a local foundation led an educational campaign including student-hosted educational booths, advertisements via Facebook and radio, and a website. Dr. Ryan will lead a discussion on building collaborative relationships will local agencies.

Engaging Primary Care Providers in Intervention Development and Implementation - Dr. Stephanie Staras

To increase vaccination in clinics, interventions need to appeal to provider needs. Dr. Staras, an implementation science researcher, will present the Diffusion of Innovation framework and how it guided her development of an app to increase HPV vaccination in Florida clinics. The presentation will focus on three techniques (clinician feedback, focus groups, and clinical workflow analysis) used to incorporate pediatric staff and providers opinions in intervention development and implementation. Dr. Staras will lead a discussion on how these strategies may apply to the participants’ local settings.

Informing Stakeholder Decision-Making about Implementation Using Discrete Choice Experiments - Dr. Ramzi Salloum

Dr Salloum, a health economist and implementation science research, will introduce the value and discuss the use of discrete choice experiments (DCEs) to engage stakeholders in the implementation of evidence-based interventions in pediatric settings. The DCE technique can be used to systematically measure the preferences of various stakeholders – such as patients, caregivers, clinicians, and healthcare administrators. The identified stakeholder preferences in decisions about investing time, money, and resources, can be incorporated into implementation. The presentation will demonstrate the application of DCEs to: (1) characterizing demand for therapies and treatment technologies; (2) comparing implementation strategies; (3) prioritizing interventions; and (4) incentivizing participants. DCEs can be conducted across pediatric settings and contexts, including clinical settings (inpatient and outpatient), community-based settings, and at the policy/population level. Dr. Salloum will include an interactive option for participants to practice using a DCE and lead a discussion on how participants could incorporate DCEs into their research.

Discussant- Dr. Gary Freed

Dr. Freed, a well-known leader in pediatric health services research on vaccines, will summarize how the various strategies and techniques presented have been useful in his own work. He will lead a discussion on how to apply these strategies in participants' local settings.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Vaccines, Implementation Science,

Additional Comments: (none)

Financial Sponsor? (none) If Yes: (none)
PROPOSAL # 346305

SESSION TITLE: Starting Off Right: Tools to Engage Stakeholders in Improving Vaccination Rates in your Community

Society Affiliation: APS | AAP | SPR | APA

Chairs: Lindsay Thompson (Presenter); Kathleen Ryan (Presenter); Stephanie Staras (Presenter); Ramzi Salloum (Presenter); Gary Freed (Discussant)

Speaker # 1
Presentation Title: Leaving the silos: Pediatricians Collaborating with Implementation Scientists
Speaker/Duration: Lindsay Thompson: d. 20 minutes
Speaker/Institution: L.A. Thompson, Pediatrics, University of Florida, Gainesville, Florida, UNITED STATES
Non-Member Justification: Lindsay Thompson: (none)

Speaker # 2
Presentation Title: Engaging Community Partners in School-Based Vaccination Programs
Speaker/Duration: Kathleen Ryan: d. 20 minutes
Speaker/Institution: K. Ryan, Pediatrics, University of Florida, Gainesville, Florida, UNITED STATES
Non-Member Justification: Kathleen Ryan: (none)

Speaker # 3
Presentation Title: Engaging Primary Care Providers in Intervention Development and Implementation
Speaker/Duration: Stephanie Staras: d. 20 minutes
Speaker/Institution: S.A. Staras, Health Outcomes and Biomedical Informatics, University of Florida, Gainesville, Florida, UNITED STATES
Non-Member Justification: Stephanie Staras: (none)

Speaker # 4
Presentation Title: Informing Stakeholder Decision-Making about Implementation Using Discrete Choice Experiments
Speaker/Duration: Ramzi Salloum: d. 20 minutes
Speaker/Institution: R.G. Salloum, Health Outcomes and Biomedical Informatics, University of Florida, Gainesville, Florida, UNITED STATES
Non-Member Justification: Ramzi Salloum: (none)

Speaker # 5
Presentation Title: Discussant
Speaker/Duration: Gary Freed: d. 20 minutes
Speaker/Institution: G. Freed, Pediatrics, University of MI, Ann Arbor, Michigan, UNITED STATES
Non-Member Justification: Gary Freed: (none)
### PROPOSAL # 346308

**SESSION TITLE:** Biologic, social and genetic impacts on health: Contributions of Early Career Investigators

**Contact:**
Cynthia Bearer  
University of Maryland School of Medicine  
cbearer@som.umaryland.edu

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<tr>
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**Target Audience:** Learners at every stage of career, senior faculty, junior faculty, fellows, residents

**Audience Size:** 50

**Tracks:**
- Children with Chronic Conditions  
- Clinical/Research Pathway  
- Neonatology  
- Social Determinants/Health Disparities  
- Epidemiology  
- Public Health  
- Clinical and Translational Research  
- International and Global Health  
- Health Equity/Social Determinants of Health-ACEs/S

**Objectives**
At the end of this session, participants will be able to:  
1. Define precision medicine, personalized medicine and social determinants of health  
2. Understand risk factors of individuals versus populations  
3. List 3 risk factors for genetics, biologics and social determinants  
4. Create interventions for each of these risk factors

**Description:**
Many factors impact health, both acutely and remotely. These factors have been separated into biologic, social and genetic. In this session, several of these factors will be described in relation to the health outcome affected to demonstrate that precision medicine cannot be considered in the absence of both social and biologic factors. These studies will be presented by the Early Career Investigators whose work was acknowledged in Pediatric Research. The agenda is:

- **0:00 Introduction**  
  - Eleanor Molloy

- **0:05 Metabolomic profiles and development of metabolic risk during the pubertal transition: A prospective study in the ELEMENT Project**  
  - Wei Perng, Colorado School of Public Health  
  - wei.perng@gmail.com

- **0:25 Q & A**

- **0:30 Interaction between lifestyle behaviors and genetic polymorphism in SCAP gene on blood pressure among Chinese children**  
  - Yide Yang, Hunan Normal University School of Medicine  
  - yangyide2007@126.com

- **0:50 Q & A**

- **0:55 Early changes in pro-inflammatory cytokine levels in neonates with encephalopathy are associated with remote epilepsy**  
  - Adam Numis, UCSF  
  - adam.numis@ucsf.edu

- **1:15 Q & A**

- **1:20 Effect of hemoglobin and cardiac output on cerebral oxygenation in preterm infants receiving packed red cell transfusion**  
  - Deepak Jain, Robert W. Johnson School of Medicine, Rutgers University  
  - dj392@rwjms.rutgers.edu

- **1:45 Q & A**

- **1:50 Panel Discussion**  
  - Cynthia Bearer (Discussant)

**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** No

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** Keynote Speaker, APS Presidential Plenary, SPR Presidential Plenary

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**Society Affiliation:** SPR | APS

**Chairs:** Eleanor Molloy (Chair); Cynthia Bearer (Contact Person)
### PROPOSAL # 346308

**SESSION TITLE:** Biologic, social and genetic impacts on health: Contributions of Early Career Investigators

<table>
<thead>
<tr>
<th>Speaker # 1</th>
<th>Presentation Title</th>
<th>Metabolomic profiles and development of metabolic risk during the pubertal transition: A prospective study in the ELEMENT Project</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td>Wei Perng : d. 20 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>W. Perng, Epidemiology, Colorado School of Public Health, Aurora, Colorado, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td>Wei Perng : He is an Early Career Investigator in Pediatric Research</td>
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<td>Yide Yang : d. 20 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>Y. Yang, Hunan Normal University, Changsha, CHINA</td>
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<td><strong>Non-Member Justification:</strong></td>
<td>Yide Yang : She is a selected Early Career Investigator from Pediatric Research</td>
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<td>Adam Numis : d. 20 minutes</td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td>A.L. Numis, Neurology, University of California, San Francisco, San Francisco, California, UNITED STATES</td>
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<td><strong>Non-Member Justification:</strong></td>
<td>Adam Numis : He is a selected Early Career Investigator from Pediatric Research</td>
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<td><strong>Speaker/Institution:</strong></td>
<td>D. Jain, Pediatrics, Robert W Johnson School of Medicine Rutgers University, New Brunswick, New Jersey, UNITED STATES</td>
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<td><strong>Non-Member Justification:</strong></td>
<td>Deepak Jain : He is a selected Early Career Investigator from Pediatric Research</td>
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PROPOSAL # 346311

SESSION TITLE: Innovative Strategies to Improve Pediatrician-Scientist Training During Residency

Contact: Audrea Burns Baylor College of Medicine audreab@bcm.edu

Target Audience: Faculty, residents, fellows

Audience Size: 175

Tracks: Career Development | Academic and Research Skills | Trainee Pathway | Cross-Disciplinary Spotlight | Education | Clinical/Research Pathway

Objectives:
1. Examine the national state of training pediatrician-scientists in ACGME-accredited residency programs
2. Discuss identified barriers to training in small, mid-, and large-sized programs
3. Design solutions to identified barriers to training pediatrician-scientists
4. Identify approaches to implementing solutions for training pediatrician-scientists

Description:
There is a myriad of complexities in creating a sustainable pediatrician-scientist workforce. Residency is a critical time for fostering a career as a future pediatrician-scientist, as acknowledged by the creation of the Alternative Research Pathways created by the American Board of Pediatrics. Although these pathways provide unique opportunities to carve out protected time for research, the structure of training varies significantly across residency programs as different sized institutions face unique and complex challenges. Moreover, residents in categorical pediatrics who wish to pursue research are not typically included in these pathways. The goal of this session is to offer an innovative and cross-disciplinary collaborative approach to designing novel and tailored solutions to identified barriers to training physician-scientists during residency. We propose a PAS Labs hybrid Cross-Disciplinary Spotlight Session format to foster maximal interaction and discussion from various stakeholders including physician-scientist trainees, residency program directors, physician-scientist training program directors, vice-chairs, and department chairs. This scholarly session will serve as a follow-up from an inaugural scholarly session hosted at PAS 2019 by The National Pediatrician-Scientist Collaborative Workgroup (NPSCW), a newly formed committee of faculty representing over fourteen academic institutions. The current proposal is a collaboration between the NPSCW and the Association of Medical School Pediatric Department Chairs (AMSPDC) to host a joint collaborative session to foster vibrant discussion around solutions to published and identified barriers to pediatrician-scientist training. The proposed scholarly session features a hybrid format of a hot topics symposia with six speakers in a series of rapid-fire short talks to highlight known barriers in training pediatrician-scientists from reported data from a national needs assessment survey along with diverse perspectives (60 minutes) and structured facilitated small group discussions (60') followed by large group report out facilitated by moderators from each small group. Dr. Joe St. Geme, Chair, AMSPDC Research Committee, and Kate Ackerman, Co-Chair, NPSCW will serve as session chairs. Robust engagement will be facilitated during the small group and report out session by members of the NPSCW and AMSPDC. The primary outcome of the session is to allow AMSPDC chairs to provide solutions and engage in dialogue with various stakeholders in identifying innovative and tailored solutions to complex and multi-faceted problems in training physician-scientists during residency training. To ensure time for robust discussion, we propose a three hour format.

Core Topic Areas for Small Group Discussion:
- How do we offer research experiences for residents with little and/or no prior research experience?
- What do best practices look like for training physician-scientists during residency in the areas of a) Recruitment b) Program structure, c) Curricula, d) Mentorship e) Resources?
- How should residency programs support physician-scientists?
- How can best practices be defined for small, mid, and large-sized programs?
programs? How do support and outcomes differ for pediatric residents in categorical pediatrics vs combined programs (i.e. Peds/Neuro, Peds/Genetics, Med/Peds, etc)? What are the largest challenges facing physician-scientist in the next 5-10 years? What strategies can help educational leaders advocate for institutional support for physician-scientist training? What are programs outside of ARP/IRP for support of non-MD/PhD physician-scientist trainees? Agenda: 180’<br /> <b>I. Current Structure of Physician-Scientist Training & Barriers (60 min)- Rapid Fire Talks</b><br /> Introductory Remarks, Session Goals & Objectives, Disclosure- Kate Ackerman, MD<br /> Revisiting PAS 2019: Identified Barriers to Training- Audrea Burns, PhD<br /> Institutional Challenges for Chairs and AMSPDCs Strategic Mission, Joseph St. Geme, MD<br /> Current Structure of Training: National Assessment Survey Results, Pnina Weiss MD<br /> What are Barriers Faced by Recent Physician-Scientist Trainees? A trainee perspective, Weston Powell MD, PhD<br /> Challenges of Supporting Research Scholarly Activity During Residency Training, Suzanne Woods MD<br /> Moderator- Joe St. Geme, MD<br /> Revisiting PAS 2019: Identified Barriers to Training- Audrea Burns, PhD<br /> Developing Innovative Approaches to Identified Barriers Through “Solutions Groups” (50’)- Moderator- Sallie Permar MD, PhD<br /> Activity Introduction- Small Group Formation, Jordan Orange MD, PhD<br /> Small Group Discussions (Groups will be subdivided based on topic area and attendance), Expert Facilitators, Moderators, & NoteTakers- NPSCW & AMSPDC Committee Members<br /> <b>II. Developing Innovative Approaches to Identified Barriers Through “Solutions Groups” (50’)- Moderator- Sallie Permar MD, PhD</b><br /> Activity Introduction- Small Group Formation, Jordan Orange MD, PhD<br /> Small Group Discussions (Groups will be subdivided based on topic area and attendance), Expert Facilitators, Moderators, & NoteTakers- NPSCW & AMSPDC Committee Members<br /> Report Out (Reconvening of All Small Groups): Creating Best Practice Recommendations For Small, Mid-, Large-Sized Programs (50’)<br /> Introduction:, Recap of Goals, Structure for Report Out & Group Dialogue- Jordan Orange, MD, PhD<br /> “Report Out” Small Program Group Discussion & Feedback<br /> <b>III. Report Out (Reconvening of All Small Groups): Creating Best Practice Recommendations For Small, Mid-, Large-Sized Programs (50’)</b><br /> Introduction:, Recap of Goals, Structure for Report Out & Group Dialogue- Jordan Orange, MD, PhD<br /> “Report Out” Small Program Group Discussion & Feedback<br /> <b>IV. Concluding Remarks (20’)</b><br /> Where Do We Go From Here? Next Steps In Implementation of Solutions to Complex Problems in Pediatrician-Scientist Training- Lisa Satlin, MD<br /> Concluding Remarks & Acknowledgements- Jordan Orange MD, PhD<br /> NPSCW Workgroup Membership:<br /> Former Co-Chair, Co-Founder, Jordan Orange MD PhD, Morgan Stanley Children’s Hospital<br /> Co-Chair, Kate Ackerman MD, Golisano Children’s Hospital<br /> Co-Chair, Co-Founder, Audrea Burns PhD, Texas Children’s Hospital<br /> Becky Blankenburg MD, MPH, Stanford Children’s Hospital<br /> Deb Boyer MD, Boston Children’s Hospital<br /> Bobbi Byrne MD, Riley Hospital for Children<br /> Catherine Forster MD, MS, Children’s National Health System<br /> Melvin Heyman MD, UCSF Benioff Children’s Hospital<br /> Michael Hogarty MD, PhD, Children’s Hospital of Philadelphia<br /> Margaret Hostetter MD, Cincinnati Children’s Hospital<br /> Heather McPhillips MD, Seattle Children’s Hospital<br /> Daniel Moore MD, Monroe Carell Jr. Children’s Hospital<br /> Suong Nguyen MD, PhD, St. Louis Children’s Hospital<br /> Will Parsons MD, PhD, Texas Children’s Hospital<br /> Weston Powell MD, PhD, Seattle Children’s Hospital<br /> Carrie Rassbach MD, Stanford Children’s Hospital<br /> Satid Thammasitboon MD, MHPE, Texas Children’s Hospital<br /> Mark Ward MD, Texas Children’s Hospital<br /> Pnina Weiss MD, Yale New Haven Children’s Hospital<br /> Tara Wenger MD, PhD, Seattle Children’s Hospital<br /> Anthony French MD, PhD, St. Louis Children’s Hospital
# PROPOSAL #346311

**SESSION TITLE:** Innovative Strategies to Improve Pediatrician-Scientist Training During Residency

**Time Block:** 120 min.  
**QA:** Yes  
**Audience Polling:** Yes  
**Sabbath Conflicts:** Saturday  

**Conlicting Sessions:** Sallie Permar's Physician-Scientist Session, Saturday afternoon, Sunday morning

**Additional Comments:**  
- Large Workshop Room  
- Roundtables  
- Whiteboards or walls can adhere adhesive white paper sheets  
It would be ideal to ensure we have enough room in one large room or smaller breakout rooms (at least three for each core group or divide to have two groups)

**Financial Sponsor?** (none)  
**If Yes:** (none)  
**Society Affiliation:** APPD|AAP|SPR|APS

**Chairs:** Kate Ackerman (Chair); Joseph St Geme (Chair); Jordan Orange (Chair); Audrea Burns (Organizer); Sallie Permar (Moderator); Satid Thammasitboon (Organizer)

## Speaker # 1
**Presentation Title**  Introductory Remarks, Session Goals & Objectives  
**Speaker/Duration:** Kate Ackerman : a. 5 minutes  
**Speaker/Institution:** K.G. Ackerman, Pediatrics & Biomedical Genetics, University of Rochester Medical Center, Rochester, New York, UNITED STATES|  
**Non-Member Justification:** Kate Ackerman : (none)

## Speaker # 2
**Presentation Title**  Revisiting PAS 2019: Identified Barriers to Training  
**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 : (none)

## Speaker # 3
**Presentation Title**  Institutional Challenges for Chairs and AMSPDCs Strategic Mission  
**Speaker/Duration:** Joseph St Geme : b. 10 minutes  
**Speaker/Institution:** J.W. St Geme, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|  
**Non-Member Justification:** Joseph St Geme : (none)

## Speaker # 4
**Presentation Title**  Current Structure of Physician-Scientist Residency Training: National Needs Assessment Survey Results  
**Speaker/Duration:** Pnina Weiss : b. 10 minutes  
**Speaker/Institution:** P. Weiss, Pediatrics, Yale University, New Haven, Connecticut, UNITED STATES|  
**Non-Member Justification:** Pnina Weiss : (none)
### Speaker # 5
**Presentation Title:** What are Barriers Faced by Recent Physician-Scientist Trainees? A trainee perspective  
**Speaker/Duration:** Weston Powell : b. 10 minutes  
**Speaker/Institution:** W. Powell, Pediatrics, Seattle Children's Hospital/UW, Seattle, Washington, UNITED STATES|  
**Non-Member Justification:** Weston Powell : (none)

### Speaker # 6
**Presentation Title:** Challenges of Supporting Research Scholarly Activity During Residency Training  
**Speaker/Duration:** Suzanne Woods : b. 10 minutes  
**Speaker/Institution:** S.K. Woods, Credentialing/Initial Certification, American Board of Pediatrics, Chapel Hill, North Carolina, UNITED STATES|  
**Non-Member Justification:** Suzanne Woods : (none)

### Speaker # 7
**Presentation Title:** Question & Answer Session  
**Speaker/Duration:** Joseph St Geme : a. 5 minutes  
**Speaker/Institution:** J.W. St Geme, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Texas, UNITED STATES|  
**Non-Member Justification:** Joseph St Geme : (none)

### Speaker # 8
**Presentation Title:** Where Do We Go From Here? Next Steps In Implementation of Solutions to Complex Problems in Pediatrician-Scientist Training  
**Speaker/Duration:** Lisa Satlin : c. 15 minutes  
**Speaker/Institution:** L.M. Satlin, Pediatrics, Icahn School of Medicine at Mt. Sinai, New York, New York, UNITED STATES|  
**Non-Member Justification:** Lisa Satlin : (none)

### Speaker # 9
**Presentation Title:** Session Wrap Up: Concluding Remarks  
**Speaker/Duration:** Jordan Orange : a. 5 minutes  
**Speaker/Institution:** J.S. Orange, Pediatrics, Columbia University, New York, New York, UNITED STATES|  
**Non-Member Justification:** Jordan Orange : (none)
PROPOSAL #346313
SESSION TITLE: Addressing Adverse Social Determinants of Health Across the Pediatric Continuum

Contact: Margaret Parker
margaret.parker@bmc.org

Target Audience: health services and disparities researchers, advocacy/public policy makers, generalists and subspecialists

Audience Size: 100


Objectives: 1. Characterize the array of clinical care models that identify and address social determinants of health in pediatrics
2. Identify the research and policy gaps in clinical care structures that address social determinants of health in pediatric populations
3. Understand practical considerations of launching programs to address social determinants in real time in an array of clinical care settings

Description: Nearly half of all US children live in poverty or near poverty. Addressing social determinants of health in clinical settings is recommended by the <i>American Academy of Pediatrics</i> to offset the negative consequences of childhood poverty. How to accomplish this across the wide range of outpatient, inpatient, general and subspecialty practices is unclear; however, there is no question that current and future effective approaches will vary across clinical care settings. The purpose of this Hot Topic Symposium is to present current models of clinical care that address social determinants of health among an array of vulnerable pediatric populations: 1) prenatal and high-risk newborn; 2) pediatric emergency room; 3) subspecialty care (hematology-oncology); and 4) outpatient pediatric practice. Speakers will also summarize key policy-relevant research gaps in this area. Audience members can expect to take away practical information that will inform clinical care changes in their practice settings.

Time Block: Either

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: any platform session on social determinants of health

Additional Comments: (none)

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

Society Affiliation: APA | AAP | AAP SoNPM

Chairs: Arvin Garg (Moderator); Margaret Parker (Presenter); Danielle Cullen (Presenter); Kira Bona (Presenter); Jean Raphael (Presenter)
**PROPOSAL #346313**

**SESSION TITLE:** Addressing Adverse Social Determinants of Health Across the Pediatric Continuum

**Speaker # 1**

**Presentation Title**  Addressing Social Determinants of Health in Pediatrics: Where Have We Come and Where are We Going  
**Speaker/Duration:**  Arvin Garg : c. 15 minutes  
**Speaker/Institution:**  A. Garg, Boston Medical Center, Newton, Massachusetts, UNITED STATES |  
**Non-Member Justification:**  Arvin Garg : (none)

**Speaker # 2**

**Presentation Title**  Addressing Social Determinants of Health During Pregnancy, Mother-Baby Unit, and NICU  
**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**  Addressing Social Determinants of Health in the Pediatric Emergency Room  
**Speaker/Duration:**  Danielle Cullen : d. 20 minutes  
**Speaker/Institution:**  D.L. Cullen, Pediatric Emergency Medicine, Children's Hospital of Philadelphia, Bala Cynwyd, Pennsylvania, UNITED STATES |  
**Non-Member Justification:**  Danielle Cullen : (none)

**Speaker # 4**

**Presentation Title**  Addressing Social Determinants of Health Among Pediatric Hematology-Oncology Patients  
**Speaker/Duration:**  Kira Bona : d. 20 minutes  
**Speaker/Institution:**  K. Bona, Pediatric Oncology, Dana-Farber Cancer Institute, Boston, Massachusetts, UNITED STATES |  
**Non-Member Justification:**  Kira Bona : (none)

**Speaker # 5**

**Presentation Title**  Addressing Social Determinants of Health in the Outpatient Pediatric Setting  
**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)
PROPOSAL # 346321
SESSION TITLE: Burnout, Stress, Fatigue: Bringing the Joy Back to Medicine

Contact: Archana Dhar UTSW archana.dhar@utsouthwestern.edu

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, emergency medicine physicians, pediatric trainees, NPs.

Audience Size: 50-100

Tracks: Critical Care|Emergency Medicine|Nephrology|Neurology|Neonatology|Infectious Diseases|Hospitalists|Hematology/Oncology|General Pediatrics|Gastroenterology and Nutrition|Endocrinology|Diversity and Inclusion|Cross-Disciplinary Spotlight

Objectives
1. Recognize the scope of burnout in medicine
2. Relate the impact of burnout on the quality of care
3. Develop a wellbeing tool-kit for physicians with an emphasis on self-care
4. Summarize strategies to collaborate with hospital administration and nurture healthy workplaces
5. Outline the steps to rekindle your passion for medicine
6. Explore simple solutions to enhance your joy for practicing medicine

Description: Burnout is a universal problem in medicine and is characterized by emotional exhaustion, depersonalization, and a feeling of low personal accomplishment. In the US physician burn-out has reached epidemic levels, with the prevalence being around 50% among trainees (medical students, residents) as well as practicing physicians. In some high-stress specialties, such as critical care and emergency medicine, up to two-thirds of doctors are burnt out. Burnout results in increased turnover, decreased productivity, difficulties in inter-personal relationships and early retirement. It is not only associated with compassion fatigue but studies link it with increased incidence of both diagnostic and medication errors resulting in sub-optimal care. This condition is preventable and treatable. Self-awareness about vulnerability to burn-out, mindfulness training, a healthy work environment and physician resilience are keys to prevention. Despite this condition being nearly ubiquitous across all medical specialties there is wide variability noted in how physicians from different specialties experience and cope with this syndrome. In more recent years, some hospital systems have taken the lead in focusing on physician well-being. They have initiated programs to efficiently allocate resources to optimize physician well-being and performance and are developing evidence-based interventions to improve the work-lives of physicians and bringing “the joy back to medicine.” Our team brings to you a case scenario based, interactive symposium led by multi-disciplinary faculty from several different hospital systems. Didactic presentations, and an interactive session with audience participation will highlight the phenomenon of physician burnout with the focus being on rekindling our passion and joy for medicine. Participants will leave this workshop with an improved understanding of the scope of the problem, its impact on patient care, strategies to prevent it. The objective of this symposium is to identify personal and organizational strategies that promote coping and resilience in providers. Most importantly we want to focus on the joy and privilege of being a physician. We believe that the best of medicine is yet to come and we want you to be active participants in the fantastic times ahead! Patients want happy doctors. As members of the medical community, we owe it not only to them, but also to ourselves, to stay positive and enjoy what we do.
PROPOSAL #346321
SESSION TITLE: Burnout, Stress, Fatigue: Bringing the Joy Back to Medicine

<table>
<thead>
<tr>
<th>Time Block:</th>
<th>120 min.</th>
<th>Learning Pathway</th>
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<tbody>
<tr>
<td>QA:</td>
<td>Yes</td>
<td>- Advocacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Digital Therapeutics</td>
</tr>
<tr>
<td>Audience Polling:</td>
<td>Yes</td>
<td>- Clinical/Research</td>
</tr>
<tr>
<td>Sabbath Conflicts:</td>
<td>N/A</td>
<td>- Education</td>
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<tr>
<td>Conflicting Sessions:</td>
<td>Any sessions on Physician Well-being,</td>
<td>- Trainee</td>
</tr>
<tr>
<td>Additional Comments:</td>
<td>We have 5 speakers from various disciplines and each speaker will speak for about 20 minutes. The didactics will be followed by a panel discussion with audience participation. Our panel is composed of young and senior faculty as well as trainees,</td>
<td></td>
</tr>
<tr>
<td>Financial Sponsor?</td>
<td>(none)</td>
<td>If Yes: (none)</td>
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<tr>
<td>Society Affiliation:</td>
<td>AAP</td>
<td></td>
</tr>
</tbody>
</table>

Chairs: Archana Dhar (Organizer); Cindy Bowens (Organizer); Richard Brilli (Presenter); Brandon Kozar (Presenter); Elizabeth Daugherty Biddinson (Presenter)

### Speaker # 1
**Presentation Title**  Burnout, Stress, Fatigue: The scope the problem in Medicine  
**Speaker/Duration:** Archana Dhar : d. 20 minutes  
**Speaker/Institution:** A.V. Dhar, Pediatrics, UTSW, Dallas, Texas, UNITED STATES  
**Non-Member Justification:** Archana Dhar : (none)

### Speaker # 2
**Presentation Title**  Impact of Burn-out on Quality of Care  
**Speaker/Duration:** Cindy Bowens : d. 20 minutes  
**Speaker/Institution:** C.D. Bowens, Pediatrics, UTSW, Dallas, Texas, UNITED STATES  
**Non-Member Justification:** Cindy Bowens : (none)

### Speaker # 3
**Presentation Title**  Physician Resilience & Mindfulness-Inner engineering  
**Speaker/Duration:** Brandon Kozar : d. 20 minutes  
**Speaker/Institution:** B.G. Kozar, Nationwide Children's Hospital, Columbus, Ohio, UNITED STATES  
**Non-Member Justification:** Brandon Kozar : Dr. Kozar is a Psychologist and hence not a member of any Pediatric organizations

### Speaker # 4
**Presentation Title**  Introduction to Office of Physician Well Being  
**Speaker/Duration:** Lee Daugherty Biddison : d. 20 minutes  
**Speaker/Institution:** L. Daugherty Biddison, Medicine, Johns Hopkins, Baltimore, Maryland, UNITED STATES  
**Non-Member Justification:** Lee Daugherty Biddison : This is an adult critical care physician. Hence she is not a member of any pediatric organizations.
PROPOSAL # 346321
SESSION TITLE: Burnout, Stress, Fatigue: Bringing the Joy Back to Medicine

Speaker # 5
Presentation Title: The Joy/Privilege of Being a Physician
Speaker/Duration: Richard Brilli: d. 20 minutes
Speaker/Institution: R.J. Brilli, Administration, Nationwide Children's Hospital, Columbus, Ohio, UNITED STATES
Non-Member Justification: Richard Brilli: AAP
SESSION TITLE: The 3 strategies to the management of severe bronchopulmonary displasia.

Contact: Milenka Cuevas Guaman  
Baylor College of Medicine  
mile_cuevas@yahoo.com  

Target Audience: Clinicians and researchers in BPD  
Audience Size: 30  
Tracks: Children with Chronic Conditions | Critical Care | Pulmonology | Neonatology

Objectives: Discuss the different ventilatory strategies: non-invasive, conventional and long term ventilatory support in the course of sBPD. Learn how to promote a pro-growth state in patient with sBPD and create the best enviroment for developmental success.

Description: Interactive session with experts in the field who will help guide the audience’s understanding through a clinical case scenario the 3 main strategies in the management of severe bronchopulmonary dysplasia (sBPD). The BPD Collaborative has the only published guidelines for the management of sBPD. The panelist are members of the BPD Collaborative and will describe the strategies supported by the BPD Collaborative as well as help the audience utilize these strategies in different settings and during the course of sBPD. The 3 main pilars are: 1. The changing lung mechanics. 2 Promoting a pro-growth state and 3. Creating the ideal environment for developmental success.<br /> The presentation will start with a clinical case scenario followed by the 3 panelist presentations, after each panelist we will have 10 minutes of Q&A.

Time Block: 90 min.

QA: Yes  
Audience Polling: Yes  
Sabbath Conflicts: NA

Additional Comments: (none)

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

Society Affiliation: SPR

Chairs: Milenka Cuevas Guaman (Organizer); Leif Nelin (Moderator)

Speaker # 1  
Presentation Title: Introduction to clinical case scenario.

Speaker/Duration: Milenka Cuevas Guaman: 10 minutes

Speaker/Institution: M. Cuevas Guaman, Neonatal/Perinatal Medicine, Baylor College of Medicine, Houston, Texas, UNITED STATES |

Non-Member Justification: Milenka Cuevas Guaman: (none)
### Speaker # 2
**Presentation Title**: The changing lung mechanics in severe bronchopulmonary dysplasia.
**Speaker/Duration**: Christopher Baker : c. 15 minutes
**Speaker/Institution**: C.D. Baker, Pediatrics - Pulmonary Medicine, University of Colorado School of Medicine, Aurora, Colorado, UNITED STATES|
**Non-Member Justification**: Christopher Baker : (none)

### Speaker # 3
**Presentation Title**: Promoting a pro-growth state in patients with severe bronchopulmonary dysplasia.
**Speaker/Duration**: Huayan Zhang : c. 15 minutes
**Speaker/Institution**: H. Zhang, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|
**Non-Member Justification**: Huayan Zhang : (none)

### Speaker # 4
**Presentation Title**: Creating the ideal environment for developmental success in patient with severe bronchopulmonary dysplasia.
**Speaker/Duration**: Milenka Cuevas Guaman : c. 15 minutes
**Speaker/Institution**: M. Cuevas Guaman, Neonatal/Perinatal Medicine, Baylor College of Medicine, Houston, Texas, UNITED STATES|
**Non-Member Justification**: Milenka Cuevas Guaman : (none)
PROPOSAL #346352
SESSION TITLE: Pediatric Policy Council Legislative Breakfast: Election 2020 and Child Health

Contact: Scott Denne Indiana University
sdenne@iupui.edu

Target Audience: Academic Pediatricians
Audience Size: 100-150
Tracks: Advocacy/Public Policy|Public Health

Objectives
1. Learn about opportunities to advance a child health agenda in the 2020 Election. 2. Learn about the dynamics shaping congressional policymaking.

Description: The 2020 Presidential election will present Americans with two competing visions for the future of health policy, and the stakes for child health are significant. With health care a top priority for voters, there will be ongoing opportunities to engage on child health policy through the election and beyond. The sessions will focus on the issues at stake in the election for children. It will review the child health and economic policies being debated and analyze their potential impact on child health outcomes. The session will discuss how the current political environment and public opinion may offer opportunities and challenges to advance a child health agenda. Mark Del Monte, JD, chief executive officer and executive vice president at the American Academy of Pediatrics, and Scott Denne, MD, chair of the Pediatric Policy Council will be joined by a political expert to offer commentary and engage the audience in dialogue on these critical public policy issues.

Time Block: 90 min.
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: none

Additional Comments: Please schedule for Sunday morning if possible

Financial Sponsor? (none)
Society Affiliation: APS|APA|SPR

Chairs: Scott Denne (Chair)

Speaker # 1
Presentation Title: Election 2020 and Child Health
Speaker/Duration: Mark Del Monte : d. 20 minutes
Speaker/Institution: M. Del Monte, American Academy of Pediatrics, Washington, District of Columbia, UNITED STATES
Non-Member Justification: Mark Del Monte : (none)
**PROPOSAL # 346354**

**SESSION TITLE: Neonatal Sepsis on a Global Scale**

**Contact:** Pascal Lavoie University of British Columbia
plavoie@cw.bc.ca

**State of the Art Plenary**

**Target Audience:** Pediatricians, neonatologists, primary healthcare workers, pediatric infectious disease specialists, policy makers, advocacy leaders

**Audience Size:** 100+

**Tracks:**
- Academic and Research Skills
- Advocacy/Public Policy
- Neonatology
- Infectious Diseases
- Basic Science
- International and Global Health
- Genomics
- General Pediatrics
- Epidemiology

**Objectives**
1. To understand the epidemiological, societal and biological reasons why newborns are prone to infections.
2. To appreciate that antibiotic resistance is a major, emerging, global health threat, especially to children, that will require global concerted actions.
3. To appreciate the complexity of decision-making regarding antibiotic treatments in a baby presenting with suspected sepsis.

**Description:**
Mortality from neonatal sepsis remains unacceptably high, across nations. At the same time the world faces a major problem with anti-microbial resistance, raising an urgent need to rethink the antibiotic management of newborns and young infants with suspected sepsis. Concerted decisions and action are needed to achieve sustaining gains in health outcomes. This session will discuss current evidence, controversies and attempt to propose way forwards.

**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** Yes

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** Infectious disease, global health, neonatal sepsis

**Additional Comments:** (none)

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

**Society Affiliation:** APS|AAP|SPR|AAP SoNPM|PIDS|CCGCH

**Chairs:** Niranjan Kissoon (Chair); Zulfiqar Bhutta (Chair); Zulfiqar Bhutta (Presenter); Niranjan Kissoon (Presenter); Pascal Lavoie (Presenter); Elizabeth Molyneux (Presenter); Pascal Lavoie (Contact Person)

**Learning Pathway**
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee

**Speaker # 1**

**Presentation Title:** The global problems of neonatal sepsis and antimicrobial resistance

**Speaker/Duration:** Zulfiqar Bhutta : d. 20 minutes

**Speaker/Institution:** Z.A. Bhutta, Centre for Global Child Health, The Hospital for Sick Children, Toronto, Ontario, CANADA

**Non-Member Justification:** Zulfiqar Bhutta : SPR
## Speaker # 2
**Presentation Title**  Why newborns are vulnerable to infections: societal to immunological factors.
**Speaker/Duration:** Pascal Lavoie : c. 15 minutes
**Speaker/Institution:** P. Lavoie, Pediatrics, University of British Columbia, Vancouver, British Columbia, CANADA
**Non-Member Justification:** Pascal Lavoie : SPR

## Speaker # 3
**Presentation Title**  Diagnosing and managing neonatal sepsis in resource-rich settings
**Speaker/Duration:** James Wynn : c. 15 minutes
**Speaker/Institution:** J.L. Wynn, Pediatrics, University of Florida, Gainsville, Florida, UNITED STATES
**Non-Member Justification:** James Wynn : SPR

## Speaker # 4
**Presentation Title**  Re-engineering approaches to neonatal sepsis in resource-limited settings
**Speaker/Duration:** Elizabeth Molyneux : c. 15 minutes
**Speaker/Institution:** E.M. Molyneux, College of Medicine, Blantyre, MALAWI
**Non-Member Justification:** Elizabeth Molyneux : Dr. Molyneux has worked with the WHO, in Malawi for over 30 years and published extensively on this topic. She lives currently in the UK and travels regularly in the US. If the PAS committee asks us, we could look for another speaker

## Speaker # 5
**Presentation Title**  "Glocal" perspectives on what to do with a newborn with suspected sepsis
**Speaker/Duration:** Niranjan Kissoon : c. 15 minutes
**Speaker/Institution:** N. Kissoon, Pediatrics, University of British Columbia, Vancouver, British Columbia, CANADA
**Non-Member Justification:** Niranjan Kissoon : SPR
PROPOSAL #346369
SESSION TITLE: Reduced dose schedule immunoprophylaxis for respiratory syncytial virus prevention in young children

Contact: Pascal Lavoie
University of British Columbia
plavoie@cw.bc.ca

Target Audience: general pediatricians, neonatologists, pediatric infectious disease specialists, pulmonologists, healthcare decision/policy makers

Audience Size: 50+

Tracks: Cardiology|Advocacy/Public Policy|Health Services Research|Pulmonology|Infectious Diseases|Public Health|Neonatology|General Pediatrics|Community Pediatrics

Objectives
1. To review the evidence behind the current recommended palivizumab dose schedules in at-risk newborns and the modelling data supporting the use of abbreviated schedules
2. To present the British Columbia experience using an abbreviated dose schedule
3. To discuss the pros and cons of various palivizumab dose schedules

Description: Respiratory syncytial virus (RSV) is the main cause of respiratory morbidity in young children. Palivizumab decreases hospitalizations in about 50% of at-risk children. Mounting evidence suggest that reduced dose schedules would be adequate in most jurisdictions, as opposed to the originally recommended 5-dose schedule. In this session, we will discuss this controversy in the context of the British Columbia experience and how this may be influenced by the geographical contexts.

Time Block: Either

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Respiratory syncytial virus infections, immunizations, neonatology

Additional Comments: (none)

Financial Sponsor? (none)

If Yes: (none)

Society Affiliation: AAP|SPR|PIDS

Chairs: Alfonso Solimano (Chair); H. Cody Meissner (Chair); Pascal Lavoie (Panelist); Daniel Weinberger (Panelist); Alfonso Solimano (Presenter); H. Cody Meissner (Presenter); Daniel Weinberger (Presenter); Pascal Lavoie (Presenter)

Speaker # 1
Presentation Title: Introduction: How many doses, in whom and how we decide?
Speaker/Duration: Alfonso Solimano : c. 15 minutes
Speaker/Institution: A. Solimano, Neonatal Program, BC Women’s Hospital, Vancouver, British Columbia, CANADA
Non-Member Justification: Alfonso Solimano : Dr. Solimano is the Medical Director of the RSV program in British Columbia and has published on this topic.
### Speaker # 2
**Presentation Title**: Palivizumab for prevention respiratory syncytial virus infections in young children: Evidence supporting current recommendations
**Speaker/Duration**: H. Cody Meissner : c. 15 minutes
**Speaker/Institution**: H. Meissner, Pediatric Infectious Diseases, Tufts Medical Center, Boston, Massachusetts, UNITED STATES
**Non-Member Justification**: H. Cody Meissner : PIDS, SPR, AAP

### Speaker # 3
**Presentation Title**: Modelling of reduced dose schedule prophylaxis based on local data
**Speaker/Duration**: Daniel Weinberger : c. 15 minutes
**Speaker/Institution**: D. Weinberger, Epidemiology of Microbial Diseases, Yale University, New Haven, Connecticut, UNITED STATES
**Non-Member Justification**: Daniel Weinberger : SPR

### Speaker # 4
**Presentation Title**: The British Columbia experience with an abbreviated palivizumab dose schedule
**Speaker/Duration**: Pascal Lavoie : c. 15 minutes
**Speaker/Institution**: P. Lavoie, Pediatrics, University of British Columbia, Vancouver, British Columbia, CANADA
**Non-Member Justification**: Pascal Lavoie : SPR

### Speaker # 5
**Presentation Title**: Facilitated discussion (chaired by session co-chairs and panelists)
**Speaker/Duration**: Alfonso Solimano : f. 30 minutes
**Speaker/Institution**: A. Solimano, Neonatal Program, BC Women’s Hospital, Vancouver, British Columbia, CANADA
**Non-Member Justification**: Alfonso Solimano : (none)
PAS 2019 Meeting Scholarly Session Proposals

PROPOSAL #346375
SESSION TITLE: Transcending program requirements: Innovations in medical education that inspire.

Contact: 
Target Audience: The intended audience is learners at all stages, faculty and staff working in medical education, and those involved with faculty development.

Audience Size: 75
Tracks: Education

Objectives
1. To learn about a novel program to improve the scholarship process and outcomes for trainees at all stages.
2. To learn a new tool to enrich learning and teaching through a progressive strategy in game theory.
3. To learn about a unique program for trainees to build a future in implementation science.
4. To experience a novel approach to trainee well-being using design thinking.

Description: This unique and engaging symposium brings experts from diverse institutions together to present innovative programs and teaching strategies in medical education that enhance engagement and increase success in outcome measures. Participants will experience concepts through a combination of presentations and interactive small and large group discussions for 20 minutes per topic, followed by an interactive 10-minute Q&A panel including all session experts at the conclusion of each session.

"Paving the Scholarship Journey: Project design to grant submission". Scholarship is a pillar of academic medicine, and an ACGME and ABP requirement for subspecialty training. This session will introduce a longitudinal, works-based program which begins with a one-week intensive scholarship academy focused on project designing followed by a three-month mentored bi-monthly program with deliverables to support trainees in a grant writing.

"Promoting learner engagement and optimal performance through Game-Based Learning". Excellent teaching in the modern learning climate must employ strategies to actively engage learners and change behaviors through lasting knowledge acquisition, mentored experiences and reflective practice. Through this interactive session, participants will learn about game-based learning modules and ways that they can enhance the learning climate. Game-based learning for faculty development will be included.

"Moving Beyond Quality Improvement to Improvement Science". Quality improvement is an ACGME requirement for training programs, however many struggle creating meaningful experiences for trainees, and providing scholarly training for those with an interest in quality improvement science. This session will describe an approach, including faculty development, longitudinal team-based projects, and a focus on group scholarly products. After the presentation, participants will perform a SWOT analysis for their current program.

"Improving Well-being through Design Thinking". ACGME requires programs to address trainee wellness, thus programs should understand and target multiple facets important to the trainees’ perspectives. Design thinking is a structured problem solving process that focuses on understanding and addressing the distinct needs of individuals in a group. This 20 minute didactic session will describe design thinking methodology and its potential applications in medical education. A case example of its use towards enhanced trainee wellbeing will be shared.
PROPOSAL #346375

SESSION TITLE: Transcending program requirements: Innovations in medical education that inspire.

Time Block: 120 min.
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: diversity and inclusion,

Learning Pathway
- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: AAP | APPD | SPR | PIDS

Chairs: Allison Guerin (Panelist); Bonnie Halpern-Felsher (Presenter); Katherine Mason (Presenter); Erika Abramson (Presenter); Meredith Bone (Presenter); Charlene Rotandi (Panelist); Hayley Gans (Panelist)

Speaker #
Presentation Title
Speaker/Duration:
Speaker/Institution:
Non-Member Justification:
PROPOSAL #346384

SESSION TITLE: International Stakeholder Collaboration to Develop Neonatal Therapeutics: How to Play Well in the Global Sandbox

Contact:  
Jonathan Davis  
Tufts Medical Center  
jdavis@tuftsmedicalcenter.org

Target Audience: Neonatologists, neonatal nurses, NICU hospitalists, pharmacists/pharmacologists, research staff, pediatric and neonatal-perinatal medicine trainees, patient advocates/parents, regulators

Audience Size: 100

Tracks: Advocacy/Public Policy | Clinical/Research Pathway | Neonatology

Objectives:  
1. To highlight the cross-disciplinary collaborations that have changed the way neonatal clinical trials are conducted  
2. To describe the process associated with workstream development for several key projects, from conception and aims to final product, describing challenges and successes  
3. To facilitate discussion of lessons learned and future directions with the panelists and the participants

Description: Although the field of neonatology has evolved significantly since patients were routinely administered chloramphenicol and 100% oxygen, major knowledge gaps and unmet therapeutic needs persist. The majority of drugs used to treat critically ill neonates are used off-label, with incomplete information on dosing, safety, and/or efficacy. Despite efforts to design and perform high-quality neonatology clinical trials, optimal treatments for the unique conditions related to preterm birth remain elusive. To begin addressing these unmet needs, the Food and Drug Administration (FDA) and the Critical Path Institute (C-Path) launched the International Neonatal Consortium (INC) in May of 2015. The Consortium convenes academic experts, regulators, nurses, industry sponsors, and patient/parent advocates from across the globe to “forge a predictable regulatory path for evaluating the safety and effectiveness of therapies for neonates.”

In its first 5 years, INC has achieved notable successes through interdisciplinary collaboration, including:

1. Publication of: “Safety, Dosing, and Pharmaceutical Quality for Studies that Evaluate Medicinal Products (Including Biological Products) in Neonates” to assist investigators and sponsors in designing clinical trials (used in FDA Guidance)
2. Development of standardized definitions, outcome measures, and master protocols for clinical trials of treatments of retinopathy of prematurity (ROP), bronchopulmonary dysplasia, and seizures in order to obtain consistent, robust, and discriminatory data
3. Development of a neonatal adverse event severity scale to harmonize adverse event reporting for neonatal clinical trials
4. Publication of a paper optimizing long-term neurodevelopmental follow-up assessments following trials of medicinal products in neonates

Our Cross-Disciplinary approach will highlight the interaction and collaborative efforts needed by key stakeholders to create tools to streamline research on neonatal therapies.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Neonatal Clinical Trials

Additional Comments: (none)

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

Society Affiliation: AAP SoNPM | APS | SPR | MOD
## Speaker # 1
**Presentation Title**: How Did a Group of Academic Researchers, Families, Nurses, Regulators, and Industry Representatives Team Up to Facilitate Neonatal Research?

**Speaker/Duration**: Susan McCune: c. 15 minutes

**Speaker/Institution**: S. McCune, Office of Pediatric Therapeutics (OPT), FDA, Silver Spring, Maryland, UNITED STATES

**Non-Member Justification**: Susan McCune: Director of Pediatric Therapeutics at FDA

## Speaker # 2
**Presentation Title**: Developing a Master Protocol for Trials of Neonatal Seizure Therapies

**Speaker/Duration**: Janet Soul: c. 15 minutes

**Speaker/Institution**: J. Soul, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES

**Non-Member Justification**: Janet Soul: SPR

## Speaker # 3
**Presentation Title**: Developing and Validating a Neonatal Adverse Event Severity Scale

**Speaker/Duration**: Thomas Salaets: c. 15 minutes

**Speaker/Institution**: T. Salaets, Development and Regeneration, KULeuven, Aarschot, BELGIUM

**Non-Member Justification**: Thomas Salaets: From Leuven

## Speaker # 4
**Presentation Title**: Chronic Pulmonary Insufficiency of Prematurity: Developing Optimal Trial Endpoints

**Speaker/Duration**: Robin Steinhorn: c. 15 minutes

**Speaker/Institution**: R.H. Steinhorn, Pediatric Specialities, Children's National Health System, Washington, District of Columbia, UNITED STATES

**Non-Member Justification**: Robin Steinhorn: SPR, APS

## Speaker # 5
**Presentation Title**: Development of a Retinopathy of Prematurity Activity Scale and Clinical Outcome Measures for Use in Clinical Trials

**Speaker/Duration**: Lois Smith: c. 15 minutes

**Speaker/Institution**: L. Smith, Ophthalmology, Children's Hospital, Boston, Massachusetts, UNITED STATES

**Non-Member Justification**: Lois Smith: Ophthalmology
PROPOSAL # 346384

SESSION TITLE: International Stakeholder Collaboration to Develop Neonatal Therapeutics: How to Play Well in the Global Sandbox

Speaker # 6
Presentation Title: Is there a path forward for neonatal therapeutics?
Speaker/Duration: Gerri Baer: b. 10 minutes
Speaker/Institution: G. Baer, Office of Pediatric Therapeutics, Food and Drug Administration, Silver Spring, Maryland, UNITED STATES
Non-Member Justification: Gerri Baer: Office of Pediatric Therapeutics
PROPOSAL # 346391

SESSION TITLE: Is it Plausible to Prevent Congenital Cytomegalovirus (CMV) Infection Through Pre-Conception Vaccination?

Contact: Mark Schleiss Center for Infectious Diseases and Microbiology Translational Research
schleiss@umn.edu

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

Audience Size: 400

Tracks: Adolescent Medicine | Advocacy Pathway | Public Health | Social Determinants/Health Disparities | Infectious Diseases | Neurology | Health Equity/Social Determinants of Health-ACEs/Social Justice | Neonatology | Clinical/Research Pathway | Diversity and Inclusion | Allergy,

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 disabilities in children.

2. Understand the rationale for pre-pregnancy immunization against CMV to prevent congenital infection. Discuss the various vaccine platforms in clinical trials and articulate the rationale and pros/cons of subunit versus live attenuated vaccines for CMV. 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.

3. 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.

4. 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 the American Congress of Obstetrics and Gynecology 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.

5. Recognize that congenital CMV infection is a disease of health disparities and understand how this impacts on the vaccine discussion.

Description: Although a vaccine is highly desired, there are substantial questions about whether congenital cytomegalovirus (cCMV) infection can be considered a vaccine-preventable disease? 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 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. Policy issues and translational approaches in clinical trials will be integrated with basic science data (the virology and molecular immunology of CMV) 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 topic.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Request that the session not overlap with PIDS plenary session or other PIDS programming.

Additional Comments: (none)

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

Society Affiliation: AAP|APA|PIDS|SPR|JPS|MOD|APS|IPHA|ASP

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

Speaker # 1

Presentation Title  CMV Vaccines in Clinical Trials: Can a Vaccine Prevent Congenital Transmission?

Speaker/Duration: Stanley Plotkin : e. 25 minutes

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

Non-Member Justification: Stanley Plotkin : (none)

Speaker # 2

Presentation Title  Insights into CMV Re-Infection: Are Most Disabilities Caused by Congenital CMV Infections Acquired in the Setting of Non-Primary Maternal CMV Infections During Pregnancy?

Speaker/Duration: William Britt : e. 25 minutes

Speaker/Institution: W. Britt, Pediatrics, Univ of Alabama School of Medicine, Birmingham, Alabama, UNITED STATES

Non-Member Justification: William Britt : (none)
PROPOSAL # 346391
SESSON TITLE: Is it Plausible to Prevent Congenital Cytomegalovirus (CMV) Infection Through Pre-Conception Vaccination?

<table>
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<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>Anima Model Studies of Congenital CMV Infection to Examine the Protective Benefit of Preconception and Vaccine Maternal Immunity</th>
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<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Sallie Permar</td>
<td>d. 20 minutes</td>
</tr>
<tr>
<td>Speaker/Institution</td>
<td>S. Permar, Duke University Medical Center, Durham, North Carolina, UNITED STATES</td>
<td>Non-Member Justification: Sallie Permar: (none)</td>
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<tr>
<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Vaccines for Congenital CMV: The Search for a Correlate of Protective Immunity for the Developing Fetus</th>
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<tbody>
<tr>
<td>Speaker/Duration</td>
<td>Mark Schleiss</td>
<td>d. 20 minutes</td>
</tr>
<tr>
<td>Speaker/Institution</td>
<td>M.R. Schleiss, Division of Pediatric Infectious Diseases and Immunology, Center for Infectious Diseases and Microbiology Translational Research, Minneapolis, Minnesota, UNITED STATES</td>
<td>Non-Member Justification: Mark Schleiss: (none)</td>
</tr>
</tbody>
</table>
PROPOSAL #346397

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

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 moderator/chair will coordinate the debate and direct discussion and responses. At the end of the debate, the session chairs/moderators 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.

Please note that the participants would also be willing to see the proposal be re-assigned into the "hot topics" category, but we feel that this question is exceptionally well suited to the debate/pro-con discussion category!

**Learning Pathway**

- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

### Time Block:

- 120 min.

### QA:

- Yes

### Audience Polling:

- Yes

### Sabbatical Conflicts:

- N/A

### Conflicting Sessions:

- Please do not schedule in conflict with PIDS programming sessions.

### Additional Comments:

- 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. We think this is well suited to the Debate/Pro-Con discussion, but we would also ask the

### Financial Sponsor?

- (none)

### Society Affiliation:

- AAP | APA | SPR | MOD | PIDS | IPHA | JPS | ASPR | AP

### Chairs:

- Mark Schleiss (Chair); Jessica Dunn (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, Ohio, UNITED STATES |

**Non-Member Justification**: Pablo Sanchez : (none)

#### Speaker #2

**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 Diseases and Microbiology Translational Reseach, Minneapolis, Minnesota, UNITED STATES |

**Non-Member Justification**: Mark Schleiss : (none)
PROPOSAL # 346397
SESSION TITLE: Controversies in Newborn Infectious Diseases Screening: A Debate Over Whether Congenital Cytomegalovirus Infections Should be Considered a Screenable Disorder

Speaker # 3
Presentation Title: Experience with Universal Congenital CMV Screening in Ontario, Canada: How the Canadian Experience Informs and Directs the American Debate
Speaker/Duration: Jessica Dunn : e. 25 minutes
Speaker/Institution: J. Dunn, Pediatrics, Children's Hospital Eastern Ontario, Quebec, Ontario, CANADA
Non-Member Justification: Jessica Dunn : (none)

Speaker # 4
Presentation Title: We Should Adopt Targeted, Not Universal, Screening for Congenital CMV Infection
Speaker/Duration: Gail Demmler-Harrison : e. 25 minutes
Speaker/Institution: G. Demmler-Harrison, Department of Pediatrics, Baylor College of Medicine, Houston, Texas, UNITED STATES
Non-Member Justification: Gail Demmler-Harrison : (none)
PROPOSAL # 346403
SESSION TITLE: The Anti-Inflammatory Diet in Pediatrics: From Evidence to Practice

Contact: [session speaker]

Target Audience: Academic Clinicians Providing Clinical Care
Audience Size: 40
Tracks: Community Pediatrics | Children with Chronic Conditions | School and Community Health | General Pediatrics | Public Health | Gastroenterology and Nutrition | Obesity/Metabolism

Objectives
1. Understand the research supporting the Anti-Inflammatory Diet in the pediatric Population
2. Identify the benefits of the diet in relationship to disease prevention
3. Become knowledgeable in the diet to educate their colleagues and patients

Description: Research supports the benefits of the Anti-Inflammatory in the pediatric population to address chronic diseases such as Type 2 Diabetes, steatohepatitis, hyperlipidemia, irritable bowel syndrome and improve the overall health of the microbiome. This diet, a combination of the Mediterranean and Asian diets has also shown to be a preventive diet optimizing health thru an active lifestyle, emphasis on plant based intake and Farm to table approach to food sources. Participants will hear about the research supporting the diet in pediatrics. They will also learn the components of the diet including the Pediatric Anti-Inflammatory pyramid and how to help their patients implement this healthy way of living.

Time Block: 120 min.
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: Sessions in Gastroenterology and Nutrition
Additional Comments: As roundtable would still like a computer or projection screen large enough for the entire group to visualize data, diet information, research graphs, etc. all in PowerPoint
Financial Sponsor? (none) If Yes: (none)
Society Affiliation: AAP | NASPGHAN

Chairs: Diane Barsky (Presenter); Maria Mascarenhas (Presenter)

Learning Pathway
☐ Advocacy ☐ Digital Therapeutics
☐ Clinical/Research ☐ Education ☐ Trainee

Speaker #
Presentation Title
Speaker/Duration:
Speaker/Institution:
Non-Member Justification:
### PROPOSAL # 346417

**SESSION TITLE:** Reducing unnecessary antibiotic usage in potty-trained girls presenting with urinary/vaginal complaints by increasing the accurate diagnosis of vulvovaginitis.

**Contact:** Poonam Kaushal  
Kaiser Permanente  
poonam.kaushal@kp.org

**Description:** In 2018, we found that over a 6 month period of time 70% of antibiotic treated urinary complaint episodes did not have a positive urine culture in young girls between 3-8 years old in the Greater Southern Alameda Area Region of Kaiser Permanente Northern California. We started discussion among pediatricians on diagnosis and management of urinary tract infections in young potty trained girls and found that many were empirically treating symptoms of "dysuria" in the absence of systemic symptoms concerning for urinary tract infection. By educating pediatricians to wait for lab results and starting discussion on vulvovaginitis with parents, we were able to reduce our unnecessary antibiotic usage over a period of 12 months. We anticipate a review of regional data in December 2019 to show at least a 50% reduced rate of unnecessary antibiotic usage.

**Objectives**

1. Review AAP Pediatric UTI guidelines  
2. Discuss pit-falls in the evaluation of urinary complaints in 3 to 8 year old females.

**Target Audience:** outpatient Pediatricians and ER doctors

**Audience Size:** unsure

**Tracks:** Community Pediatrics

**Time Block:** 90 min.

**QA:** Yes

**Audience Polling:** Yes

**Sabbath Conflicts:** N/A

**Learning Pathway**

- Advocacy  
- Digital Therapeutics  
- Clinical/Research  
- Education  
- Trainee

**Sabbath Conflicts:** n/a

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**Society Affiliation:** Other/No Affiliation

**If Yes:** (none)

**Chairs:** Poonam Kaushal (Contact Person)

**Speaker # 1**

**Presentation Title** MD

**Speaker/Duration:** Poonam Kaushal : g. 45 minutes

**Speaker/Institution:** P. Kaushal, Pediatrics, Kaiser Permanente, Fremont, California, UNITED STATES

**Non-Member Justification:** Poonam Kaushal : Member of AAP
PROPOSAL #346424

SESSION TITLE: LISA & MIST Bootcamp: Everything you want to know about minimally invasive surfactant administration.

Contact: Charles Roehr National Perinatal Epidemiology Unit ccroehr@icloud.com

Target Audience: 1) Clinicians (doctors, nurses, respiratory therapists) of all levels of seniority providing care to newborn babies at risk of respiratory distress syndrome / surfactant deficiency; 2) Medical educators; 3) Guideline developers and policy makers

Audience Size: 80-120 (based on previous experience at PAS Prof. Dargaville, this format attracted a high number of participants, numbers are limited due to trainer numbers)

Tracks: Education|Core Curriculum for Fellows|Quality Improvement/Patient Safety|Neonatology|Hospitalists|Critical Care

Objectives
1) Familiarise audience with the background and evidence base for using less invasive surfactant administration (LISA) and minimally-invasive surfactant therapy MIST as a means to minimise need for mechanical ventilation and to reduce BPD rates and death in very low birth weight infants VLBWI (lead by Prof. Dargaville and Soll). 2) Review national and international consensus guidelines on the use of thin catheter for surfactant delivery (led by Profs. Roehr, Vento and Katheria). 3) Discuss the current literature on the use of sedation during less invasive surfactant administration (pro - con debate) (led by Prof. Soll and Dr. Reynolds). 4) Demonstration and hands-on practice of in the use of the videolaryngoscope as an adjunct to the surfactant administration procedures (LISA/ MIST/ LMA) (all faculty).

Description: Evolution of modern neonatology has led to an increase in survival of preterm infants. Respiratory distress syndrome (RDS) remains the leading cause of respiratory insufficiency and a major cause of perinatal morbidity and mortality. Although surfactant therapy has shown to be efficient and has become a standard of care for moderate to severe disease, lung injury caused by mechanical ventilation associated with administration of surfactant has its load of consequences. Bronchopulmonary dysplasia (BPD) is still today highly prevalent and associated with important respiratory and neurodevelopmental morbidity. BPD is therefore associated with high personal and also resource related disease burden. In the last decade, several clinical trials have demonstrated that initiating respiratory support with CPAP and intubating to administer surfactant to infants with progressing RDS is superior to prophylactic surfactant administration. In an effort to minimize mechanical ventilation, an Intubate-Surfactant-Extubate (INSURE) approach to administer surfactant prophylactically has also been proposed but failed to demonstrate benefit in comparison to CPAP. In recent years, a less invasive technique to administer surfactant in combination with CPAP has been described. Surfactant is administered through a small catheter instead of an endotracheal tube to infants breathing spontaneously on CPAP. Different approaches are currently being used and studied. Although clinical trials are still ongoing, recent studies have shown a reduction in mechanical ventilation rates, resulting in improvement in BPD and/or death. Current questions/debates include the specific equipment to be used during the procedure and most importantly the use (and nature) of sedation for the procedure. The United Kingdom has issued a consensus statement on Surfactant delivery, highlighting the benefits of LISA, Likewise, an independent international expert panel, led by Profs. Maximo Vento and Peter Dargaville have issued their supportive expert opinion, and, lastly, the European Guidelines on the treatment of Respiratory Distress Syndrome have also clearly positioned themselves for the practice of
LISA as first line route of surfactant delivery. Newest developments include Surfactant delivery via Laryngeal Mask Airways (LMA). This technique, which is currently under clinical evaluation, will also be discussed. In this workshop, clinicians skilled in these methods will transfer theoretical knowledge as well as hands on expertise. The following techniques will be demonstrated and taught: 1) Less invasive surfactant administration (LISA); 2) Minimally-invasive surfactant therapy (MIST); 3) Use of the videolaryngoscope as an adjunct to the surfactant administration procedure. The introduction and initial part of the workshop will review current methods of less invasive surfactant administration and the critical review of the literature supporting its benefit and its use. An interactive lecture on the pros and cons of various protocols of sedation and analgesia for the LISA/ MIST procedure will enable participants to interactively discuss questions. In the second part, participants will rotate through three different practical activities: 1) Demonstration and hands-on practice of LISA on mannequins; 2) Demonstration and hands-on practice of LISA / MIST on mannequins; 3) Familiarization and hands-on practice with videolaryngoscopic surfactant administration and LMA on mannequins.
PROPOSAL # 346424
SESSION TITLE: LISA & MIST Bootcamp: Everything you want to know about minimally invasive surfactant administration.

Speaker # 2
Presentation Title: Current methods of less invasive surfactant administration (LISA / MIST) with video demonstration.
Speaker/Duration: Peter Dargaville: d. 20 minutes
Speaker/Institution: P. Dargaville, Menzies Institute for Medical Research, University of Tasmania, Hobart, TAS, Australia, Hobart, Tasmania, AUSTRALIA|
Non-Member Justification: Peter Dargaville: International

Speaker # 3
Presentation Title: Evidence-based review of literature in support of LISA / MIST
Speaker/Duration: Roger Soll: c. 15 minutes
Speaker/Institution: R.F. Soll, Pediatrics, University of Vermont, Burlington, Vermont, UNITED STATES|
Non-Member Justification: Roger Soll: SPR

Speaker # 4
Presentation Title: International and national guidelines and their implementation strategies: experience in Europe and the UK. Two 7 min. presentation on delphi process for UK guideline (Roehr*) and process of international expert consensus (Vento**). * see: Pediatric
Speaker/Duration: Maximo Vento: c. 15 minutes
Speaker/Institution: M. Vento, Division of Neonatology, University and Polytechnic Hospital La Fe, Valencia, SPAIN|
Non-Member Justification: Maximo Vento: International

Speaker # 5
Presentation Title: State of consensus on implementing LISA in USA / North America
Speaker/Duration: Anup Katheria: a. 5 minutes
Speaker/Institution: A.C. Katheria, Neonatal Research Institute, Sharp Mary Birch Hospital, San Diego, California, UNITED STATES|
Non-Member Justification: Anup Katheria: SPR

Speaker # 6
Presentation Title: Mininally invasive Surfactant via Laryngeal Mask Airways (LMA) - are we there yet?
Speaker/Duration: Kari Roberts: b. 10 minutes
Speaker/Institution: K. Roberts, Pediatrics, University of Minnesota, Minneapolis, Minnesota, UNITED STATES|
Non-Member Justification: Kari Roberts: SPR
PROPOSAL # 346424

SESSION TITLE: LISA & MIST Bootcamp: Everything you want to know about minimally invasive surfactant administration.

Speaker # 7
Presentation Title: Current knowledge on sedation during less invasive surfactant administration and facilitated debate.
Speaker/Duration: Peter Reynolds : d. 20 minutes
Speaker/Institution: P. Reynolds, St. Peter’s Hospital, Ashford and St. Peter’s Hospitals NHS Foundation Trust, Chertsey, UK, Chertsey, UNITED KINGDOM
Non-Member Justification: Peter Reynolds : international

Speaker # 8
Presentation Title: Round table discussion (1) and hands-on experiential learning (2) 1) Demonstration and facilitated hands-on practice of less-invasive surfactant administration (Hobart method (MIST) and European practice (LISA)) on mannequins with and without videolaryn
Speaker/Duration: Peter Dargaville : e. 25 minutes
Speaker/Institution: P. Dargaville, Menzies Institute for Medical Research, University of Tasmania, Hobart, TAS, Australia, Hobart, Tasmania, AUSTRALIA
Non-Member Justification: Peter Dargaville : International
**SESSION TITLE:** Lessons from the Lungs: Common Influences of Prematurity on Development and Long-term Pulmonary and Renal Outcomes

**Contact:** Trent Tipple  
University of Oklahoma  
trent-tipple@ouhsc.edu

**Target Audience:** Trainee, junior and senior faculty neonatologists, pulmonologists, and nephrologists, basic science, translational and clinical researchers.

**Audience Size:** 200

**Tracks:** Basic Science | Academic and Research Skills | Pulmonology | Nephrology | Neonatology | Clinical and Translational Research | Developmental Biology

**Objectives**
- Review basic knowledge of prematurity effects on lung development and risks of long-term pulmonary impairment, including bedside-bench-bedside.
- Recognize how pathways implicated in disease risk and identified for therapeutic development in lung are conserved in kidney development and may represent logical candidates for study in kidney.
- Understand the latest data on effects of prematurity on risks of long-term renal dysfunction and disease risk, including bedside-bench.
- Review the accumulating evidence for the role in neonatal acute kidney injury on long-term renal and pulmonary outcomes in premature infants.

**Description:** Though the impact on prematurity on lung development is seemingly well understood, the appreciation of its impact on the development of other organs is less appreciated by neonatologists. Links between early life exposures in prematurely born infants and long-term organ dysfunction have recently been identified in both the lung and kidney system, among others. The pathways responsible for normal and abnormal organogenesis are highly conserved across many organ systems. This organ cross-talk between lung and kidney has begun to be described in observational cohorts of neonates; yet further evaluation and investigation is greatly needed to improve our understanding of this interaction. Emerging evidence shows that lung injury can exacerbate kidney damage, even in the absence of fluid overload, leading to inflammatory, and permeability changes in the lung. Thus, enhanced understanding of the mechanistic similarities between lung development and the development of extrapulmonary organs will support multidisciplinary development of effective clinical care and therapeutic strategies aimed at improving outcomes in premature infants.

**Time Block:** 90 min.

**QA:** Yes

**Audience Polling:** No

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** Bronchopulmonary Dysplasia

**Learning Pathway**
- [ ] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

**Additional Comments:** (none)

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

**Society Affiliation:** AAP SoNPM

**Chairs:** Trent Tipple (Moderator); DavidSelewski (Moderator)
# PROPOSAL #346435

**SESSION TITLE:** Lessons from the Lungs: Common Influences of Prematurity on Development and Long-term Pulmonary and Renal Outcomes

## Speaker 1
**Presentation Title**  
Lung-Kidney Interactions in Development and Injury: Bedside to Bench and Back Again  
**Speaker/Duration:** Trent Tipple : e. 25 minutes  
**Speaker/Institution:** T. Tipple, Pediatrics, University of Oklahoma, Oklahoma City, Oklahoma, UNITED STATES  
**Non-Member Justification:** Trent Tipple : (none)

## Speaker 2
**Presentation Title**  
Murine Models for Kidney Development: What Have We Learned?  
**Speaker/Duration:** Jennifer Charlton : e. 25 minutes  
**Speaker/Institution:** J.R. Charlton, Pediatrics, University of Virginia, Charlottesville, Virginia, UNITED STATES  
**Non-Member Justification:** Jennifer Charlton : (none)

## Speaker 3
**Presentation Title**  
MicroRNAs in Lung and Kidney Development  
**Speaker/Duration:** Mary Robbins : e. 25 minutes  
**Speaker/Institution:** M.E. Robbins, Pediatrics/Neonatology, Lurie Children's Hospital/Northwestern Feinbern School of Medicine, Chicago, Illinois, UNITED STATES  
**Non-Member Justification:** Mary Robbins : (none)

## Speaker 4
**Presentation Title**  
Common Risk Factors for Short and Long-term Lung and Renal Disease in Preterm Infants  
**Speaker/Duration:** Michelle Starr : e. 25 minutes  
**Speaker/Institution:** M.C. Starr, Nephrology, Seattle Children's Hospital, Seattle, Washington, UNITED STATES  
**Non-Member Justification:** Michelle Starr : (none)
PROPOSAL #346447
SESSION TITLE: Opportunities for Advocacy in Response to, “Sustained Animus toward Latino Immigrants”*

Contact: Sarah Polk
Johns Hopkins School of Medicine
spolk@jhmi.edu

Target Audience: 1) pediatric clinicians of any specialty who provide care for Latinx children in immigrant families or work in communities with Latinx immigrant communities, 2) advocates for health equity in any professional role, 3) healthcare administrators

Audience Size: 125

Tracks: Advocacy/Public Policy | Community Pediatrics | Social Determinants/Health Disparities | Public Health | General Pediatrics | Immigrant Health | Ethics/Bioethics | Health Equity/Social Determinants of Health-ACEs/Social Justice | Diversity and Inclusion | Advocacy Pathway

Objectives
1. To briefly describe how anti-immigrant rhetoric is harmful to the health and wellbeing of Latinx children in immigrant families
2. To provide examples of, 1) pediatricians as child health advocates and 2) one clinic’s experience supporting Latinx families and the resulting opportunity for health system advocacy
3. To discuss how the pediatric community can influence larger systems, i.e. practice groups, health systems, health departments, to respond to the opportunities and challenges faced by Latinx immigrant families
4. To share opportunities available to the pediatric community to influence policies and laws for the sake of large scale improvements to the health and healthcare environment for Latinx immigrant families

Description: US political policies and discourse are imperiling the health of Latinx children in immigrant families, sometimes with fatal consequences. There are opportunities for members of the pediatric community to advocate on behalf of the Latinx immigrant families in their care. The following brief presentations will be interspersed with question and answer sessions to encourage audience participation. The exact timing and duration of the Q&A will depend on the length of time allotted to the symposium. Calling it like it is: Communicating the connection between US politics and child health outcomes
Benard Dryer
Lessons in sharing the patient/family experience both within and beyond healthcare to draw attention to vulnerable groups and to advocate for accountability.
Sarah Polk
Know your rights
Tara Whelan
The role and responsibility of healthcare institutions in addressing health equity
Tina Cheng
Healthcare institutions are increasingly being called to account for the health of their communities. Latinx immigrant families are part of most American communities. In emerging destination cities, large portions of the Latinx adults are ineligible for insurance and as a result health systems are unaware of their presence in the community and of their health and healthcare needs. However, the vast majority of Latinx children in immigrant families are US born and eligible for health insurance. As such, pediatricians may have to speak up on behalf of their patients and their patients’ families to promote quality, safety and ultimately equity within healthcare institutions.
Mark Del Monte
Towards legal and policy solutions
Working to address health and healthcare gaps experienced by immigrants through policy change in partnership with local community members, local and national politicians and your health system’s legal department.
PROPOSAL #346447
SESSION TITLE: Opportunities for Advocacy in Response to, “Sustained Animus toward Latino Immigrants”*

Time Block: Either

QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: APA Latino Child Health Research SIG

Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: AAP|APA

Chairs: Tina Cheng (Chair); Sarah Polk (Contact Person)

Speaker # 1
Presentation Title  Calling it like it is: Communicating the connection between US politics and child health outcomes
Speaker/Duration: Benard Dreyer : d. 20 minutes
Speaker/Institution: B. Dreyer, Pediatrics, NYU School of Medicine, New York, New York, UNITED STATES|
Non-Member Justification: Benard Dreyer : APA

Speaker # 2
Presentation Title  Know your rights
Speaker/Duration: Sarah Polk : d. 20 minutes
Speaker/Institution: S. Polk, CCHR, Johns Hopkins School of Medicine, Baltimore, Maryland, UNITED STATES|
Non-Member Justification: Sarah Polk : APA

Speaker # 3
Presentation Title  The role and responsibility of healthcare institutions in addressing health equity
Speaker/Duration: Tina Cheng : d. 20 minutes
Speaker/Institution: T. Cheng, Department of Pediatrics, Johns Hopkins School of Medicine, Baltimore, Maryland, UNITED STATES|
Non-Member Justification: Tina Cheng : APA

Speaker # 4
Presentation Title  Towards legal and policy solutions
Speaker/Duration: Mark Del Monte : d. 20 minutes
Speaker/Institution: M. Del Monte, American Academy of Pediatrics, Washington, District of Columbia, UNITED STATES|
Non-Member Justification: Mark Del Monte : (none)
**PROPOSAL #346453**

**SESSION TITLE:** Understanding and promoting the development of neurocircuits of resilience

**Contact:** Dani Dumitriu  
Columbia University  
dani.dumitriu@columbia.edu

**Tracks:**  
- Academic and Research Skills  
- Basic Science  
- Social Determinants/Health Disparities  
- General Pediatrics  
- Public Health  
- Clinical and Translational Research  
- Neonatology  
- Developmental Biology  
- Developmental and Behavioral Pediatrics

**Objectives**  
Understand environmental influences on normal and abnormal neurodevelopment. Learn neurocircuits involved in emotional regulation and affective learning. Appreciate the importance of developmental sensitive periods during which environmental influences can become entrained into the longterm developmental trajectories of neurocircuits. Understand the caregivers role in emotional regulation learning across multiple species. Learn how the maltreatment of rat pups by rat dams alters the maternal neurobehavioral regulation and brain development. Learn how individual variability in the function and structure of emotional brain circuits can be identified into adulthood in rodents despite no significant identifiable differences in pup rearing. Learn about circuit-level manipulations in rodents capable of shifting the population response toward stress-resilience. Learn about a new intervention, Family Nurture Intervention (FNI), developed for the specific goal of enhancing mother-infant emotional connection. Learn about the long-term benefits of FNI in a population of high risk infants (preterm infants in the NICU).

**Description:**  
Pediatricians have the greatest access to children at key developmental time-points. An understanding of normal and abnormal development and ways to promote positive neurodevelopmental outcomes is therefore critical to all Pediatric subspecialties. In this session we will provide an overview of some of the current translational work of early-life influences on the development of neurocircuitry involved in emotional regulation and stress-resilience in both humans and animal models. The critical role of caregivers to development of emotional regulation will be a central topic. The session will also cover a novel and brief intervention that could readily be implemented by Pediatricians with the goal of enhancing emotional connection between the mother and infant. Data from a clinical trial in preterm infants in the NICU showing improvement up to age 5 will be presented.

**Time Block:**  
Either

**QA:** Yes

**Audience Polling:** Yes

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** Early life interventions; mechanisms of mother-infant bonding

**Learning Pathway**
- ☐ Advocacy
- ☐ Digital Therapeutics
- ☐ Clinical/Research
- ☐ Education
- ☐ Trainee

**Additional Comments:** (none)

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

**Society Affiliation:** AAP

**Chairs:** Dani Dumitriu (Organizer)
**PROPOSAL #346453**

**SESSION TITLE:** Understanding and promoting the development of neurocircuits of resilience

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**Speaker # 1**

**Presentation Title**  Emotion regulation neurobiology and early experiences  
**Speaker/Duration:**  Nim Tottenham : d. 20 minutes  
**Speaker/Institution:**  N. Tottenham, Psychology, Columbia University, New York, New York, UNITED STATES  
**Non-Member Justification:**  Nim Tottenham : (none)

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**Speaker # 2**

**Presentation Title**  Maternal regulation of infant behavior and brain: Lessons from an animal model  
**Speaker/Duration:**  Regina Sullivan : d. 20 minutes  
**Speaker/Institution:**  R. Sullivan, Child and Adolescent Psychiatry, New York University Langone Medical Center, New York, New York, UNITED STATES  
**Non-Member Justification:**  Regina Sullivan : (none)

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**Speaker # 3**

**Presentation Title**  Structure-function differences in neurocircuits of resilient versus susceptible mice  
**Speaker/Duration:**  Dani Dumitriu : d. 20 minutes  
**Speaker/Institution:**  D. Dumitriu, Pediatrics and Psychiatry, Columbia University, New York, New York, UNITED STATES  
**Non-Member Justification:**  Dani Dumitriu : (none)

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**Speaker # 4**

**Presentation Title**  Family Nurture Intervention for decreasing risk and increasing resilience in preterm infants  
**Speaker/Duration:**  Martha Welch : d. 20 minutes  
**Speaker/Institution:**  M.G. Welch, Psychiatry and Pediatrics, Columbia University, New York, New York, UNITED STATES  
**Non-Member Justification:**  Martha Welch : (none)
PROPOSAL #346456

SESSION TITLE: Same Vices: Different E-Cigarette Devices: Nicotine Use and Health Harms in an Era of Evolving Technology (JUUL, Phix, Suorin, IQOS and beyond!)

Contact: Susan Walley  
University of Alabama at Birmingham
swalley@peds.uab.edu

Target Audience: Providers that care for Tobacco-related diseases, including Substance Use, Adolescent Medicine, Emergency Medicine, Hospitalists, and Intesivists. It also will have appeal for public health advocates.

Audience Size: 150

Tracks: Adolescent Medicine|Advocacy/Public Policy|Social Determinants/Health Disparities|Tobacco Prevention|Public Health|Environmental Health

Objectives
1. Discuss electronic cigarette products and epidemiology of youth use  
2. Review evidence of health effects of e-cigarette use, including vaping-induced pulmonary injuries and deaths  
3. Discuss the public health impact of electronic cigarettes  
4. Review recommendations for addressing youth electronic cigarette use and exposure in clinical practice

Description:
The recent deaths and hundreds of cases of vaping-induced pulmonary illnesses have focused significant attention on the health harms of electronic cigarettes and vaping devices (collectively referred to here as e-cigarettes). E-cigarettes are battery-operated devices which produce an aerosolized mixture from a solution of solvents, flavoring chemicals, concentrated nicotine and other substances to be inhaled by the user. Many users modify their “e-juice” solutions, and there is a vast market of vaping products purchased on the street or from sources with unknown constituents. Specific health harms associated with e-cigarette use include nicotine addiction, transition to cigarette and marijuana use, increased cough, wheeze and asthma exacerbations, seizures, increased risk for cardiovascular disease, relapse to tobacco use among former quitters and renormalization and glamorization of smoking and tobacco use.

New products, emerging research, clinical recommendations and policy updates are developing at an extremely rapid pace – making it difficult for the practicing pediatrician to keep up. Youth use of e-cigarettes is a public health crisis. In 2019, one in four high school students is a current e-cigarette user. Many factors may account for the rapid rise in popularity of these relatively new products, including aggressive youth-focused marketing and advertising, particularly by newer e-cigarette companies such as JUUL and Suorin. JUUL, the e-cigarette brand with the highest market share in the US (>70%), contains a very high (59 mg/mL) nicotine concentration. JUUL has spawned a myriad of similar products that use the innovation of a buffered nicotine salt-based solution which enables deeper inhalation and higher delivery of nicotine to the user, which has likely been a significant factor in the rapid rise of vaping in this population. Longitudinal data shows a concerning trajectory of youth transitioning from e-cigarettes to use of conventional cigarettes one year later, and more recent anecdotal reports of youth turning to combusted tobacco to help them quit vaping high nicotine devices. E-cigarette emissions (i.e. secondhand aerosol) contain harmful constituents such as volatile organic compounds, heavy metals and ultrafine particles, posing risks to non-users.

The panel of pediatricians presenting this session have been at the forefront of the American Academy of Pediatrics’ tobacco control efforts, working within the AAP Section on Tobacco Control, the Tobacco Consortium and the Julius B. Richmond Center to craft clinician-facing policy statements, educate the AAP membership and inform government policies regarding all aspects of e-cigarettes. Accordingly, this group is uniquely positioned regarding this topic. This symposium will highlight the most updated current scientific evidence on electronic cigarettes and their impact on youth tobacco use and potential youth health and public health effects. Current recommendation for helping youth with e-cigarette...
cessation will be reviewed, along with resources for prevention, refusal skills, opportunities for youth engagement, and currently available resources for teens and parents (including text-based programs, state quit programs such as “My Life My Quit” and apps). There will be hands-on time for participants to look, touch and smell these devices and the e-cigarette solution. Up to date information on regulations and legislation (and anticipated impact) will be reviewed, providing participants with information necessary for advocacy at local, state and federal levels. This session will have broad appeal given the importance of this topic to our adolescent populations and their families.

Time Block: 120 min.

QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A

Learning Pathway

☐ Advocacy  ☐ Digital Therapeutics
☐ Clinical/Research  ☐ Education  ☐ Trainee

Conflicting Sessions: SIG Pediatric Tobacco Issues

Additional Comments: (none)
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 STATES

Non-Member Justification: Susan Walley : APA, AAP

Speaker # 2
Presentation Title: Case Presentation: Vaping-Induced Pulmonary Injury
Speaker/Duration: Judith Groner: b. 10 minutes
Speaker/Institution: J. Groner, Ambulatory Pediatrics, Nationwide Children's Hospital, Columbus, Ohio, UNITED STATES

Non-Member Justification: Judith Groner : AAP, APA

Speaker # 3
Presentation Title: Background: E-cigarette and Vaping Devices
Speaker/Duration: Susan Walley: c. 15 minutes
Speaker/Institution: S. Walley, Pediatrics, University of Alabama at Birmingham, Birmingham, Alabama, UNITED STATES

Non-Member Justification: Susan Walley : AAP, APA
PROPOSAL # 346456

SESSION TITLE: Same Vices: Different E-Cigarette Devices: Nicotine Use and Health Harms in an Era of Evolving Technology (JUUL, Phix, Suorin, IQOS and beyond!)

<table>
<thead>
<tr>
<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Health Effects to E-cigarette Users</th>
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<tbody>
<tr>
<td><strong>Speaker/Duration:</strong></td>
<td><a href="#">S. Tanski : c. 15 minutes</a></td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td><a href="#">S. Tanski, Pediatrics, Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire, UNITED STATES</a></td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td><a href="#">Susanne Tanski : APA, AAP</a></td>
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<tr>
<th>Speaker # 5</th>
<th>Presentation Title</th>
<th>Case Presentation: Teen users and Impact of Flavors and Additives</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td><a href="#">R. Boykan : c. 15 minutes</a></td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td><a href="#">R. Boykan, Pediatrics, Stony Brook University, Stony Brook, New York, UNITED STATES</a></td>
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<tr>
<td><strong>Non-Member Justification:</strong></td>
<td><a href="#">Rachel Boykan : AAP, APA</a></td>
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<tr>
<th>Speaker # 6</th>
<th>Presentation Title</th>
<th>Nicotine Addiction and Treatment Recommendations</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td><a href="#">R. Boykan : c. 15 minutes</a></td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td><a href="#">R. Boykan, Pediatrics, Stony Brook University, Stony Brook, New York, UNITED STATES</a></td>
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<td><strong>Non-Member Justification:</strong></td>
<td><a href="#">Rachel Boykan : AAP, APA</a></td>
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<th>Speaker # 7</th>
<th>Presentation Title</th>
<th>Public Health Impact and Marketing</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td><a href="#">S. Tanski : b. 10 minutes</a></td>
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<td><strong>Speaker/Institution:</strong></td>
<td><a href="#">S. Tanski, Pediatrics, Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire, UNITED STATES</a></td>
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<td><strong>Non-Member Justification:</strong></td>
<td><a href="#">Susanne Tanski : APA, AAP</a></td>
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<th>Speaker # 8</th>
<th>Presentation Title</th>
<th>Case Presentation: Secondhand Aerosol and Health Effects</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td><a href="#">J. Groner : b. 10 minutes</a></td>
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<tr>
<td><strong>Speaker/Institution:</strong></td>
<td><a href="#">J. Groner, Ambulatory Pediatrics, Nationwide Children's Hospital, Columbus, Ohio, UNITED STATES</a></td>
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<td><strong>Non-Member Justification:</strong></td>
<td><a href="#">Judith Groner : APA, AAP</a></td>
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<th>Speaker # 9</th>
<th>Presentation Title</th>
<th>Regulation and Advocacy</th>
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<tr>
<td><strong>Speaker/Duration:</strong></td>
<td><a href="#">S. Walley : b. 10 minutes</a></td>
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<td><strong>Speaker/Institution:</strong></td>
<td><a href="#">S. Walley, Pediatrics, University of Alabama at Birmingham, Birmingham, Alabama, UNITED STATES</a></td>
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<td><strong>Non-Member Justification:</strong></td>
<td><a href="#">Susan Walley : APA, AAP</a></td>
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**PROPOSAL #346456**

**SESSION TITLE:** Same Vices: Different E-Cigarette Devices: Nicotine Use and Health Harms in an Era of Evolving Technology (JUUL, Phix, Suorin, IQOS and beyond!)

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<th>Speaker # 10</th>
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<td><strong>Presentation Title</strong></td>
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<td><strong>Non-Member Justification</strong></td>
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PROPOSAL # 346459
SESSION TITLE: Protecting Youth from Gun Violence: a Pediatric Policy Council State of the Art Plenary

Contact: Shale Wong University of Colorado
shale.wong@cuanschutz.edu

Target Audience: Pediatricians and health professionals at all career levels
Audience Size: 100-150
Tracks: Clinical and Translational Research | Advocacy/Public Policy | School and Community Health | Social Determinants/Health Disparities | General Pediatrics | Injury | Diversity and Inclusion | Health Equity/Social Determinants of Health-ACEs/Social Justice | Community Pedia

Objectives
1. To inform pediatric academicians about the impact of gun violence on child health and development
2. To explore the role of public health research in preventing gun violence
3. To engage pediatric academicians in dialogue about current and future science and policy regarding gun violence prevention.

Description:
The toll of gun violence on young people represents one of the most significant public health challenges facing contemporary America. In recent years, firearm-related injury and death has made headlines routinely, including mass shootings at schools, public festivals, and places of worship, while daily occurrences of gun violence affect local communities. Gun violence touches young people directly, impacting them, their family members, and friends. Additionally, the ongoing threat of gun violence, reinforced through regular active shooter drills in schools and media reports, extends the detrimental effects of gun violence further through biological stress mechanisms. Despite the frequency of these tragic events, too little research into interventions and public policies to reduce gun violence has been conducted in over two decades due in large part to a reticence on the part of the federal government to fund such work. As a result, the United States has lagged behind its peers in identifying and implementing policies to address this problem. This session will explore the role of public health research in iterative policymaking to reduce gun violence in America. The goal will be to introduce key concepts to pediatric academicians, setting the stage for a moderated panel discussion.

Chairs:
Scott Denne, MD, Chair, Pediatric Policy Council and Shale Wong, MD, MSPH, Pediatric Policy Council Representative, Academic Pediatric Association

Time Block: 120 min.
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A

Additional Comments: We are interested and eager to include the youth voice in this discussion. Max Milkman is the Pennsylvania state director of the March for Our Lives. He will identify a young person who could join us locally in Philadelphia.
PROPOSAL #346459
SESSION TITLE: Protecting Youth from Gun Violence: a Pediatric Policy Council State of the Art Plenary

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

Society Affiliation: AAP|APS|PPC|SPR|APA

Chairs: Scott Denne (Chair); Shale Wong (Moderator)

Speaker # 1
Presentation Title: Gun violence and safety policies, understanding what works
Speaker/Duration: Joshua Sharfstein : d. 20 minutes
Speaker/Institution: J.M. Sharfstein, Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, UNITED STATES

Non-Member Justification: Joshua Sharfstein : (none)

Speaker # 2
Presentation Title: Public health research to prevent gun violence
Speaker/Duration: Lois Lee : d. 20 minutes
Speaker/Institution: L. Lee, Emergency Medicine, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES

Non-Member Justification: Lois Lee : (none)

Speaker # 3
Presentation Title: School safety and drills, unintended consequences
Speaker/Duration: Max Milkman : d. 20 minutes
Speaker/Institution: M. Milkman, March For Our Lives, Philadelphia, Pennsylvania, UNITED STATES

Non-Member Justification: Max Milkman : Mr. Milkman represents a youth violence prevention advocacy organization and will represent a critical youth perspective on school safety.

Speaker # 4
Presentation Title: Engaging pediatricians in the solutions
Speaker/Duration: Benjamin Hoffman : d. 20 minutes
Speaker/Institution: B. Hoffman, Pediatrics, OHSU, Portland, Oregon, UNITED STATES

Non-Member Justification: Benjamin Hoffman : (none)
PROPOSAL #346479
SESSION TITLE: Emerging Best Practices of Autism Friendly Healthcare

Contact: Lauren Bartolotti Busa  
Boston Medical Center  
lauren.bartolotti@bmc.org

[session spea Panel Discussion]

Target Audience: 75
Audience Size: 75
Tracks: Cross-Disciplinary Spotlight | Clinical/Research Pathway | Hospitalists | Quality Improvement/Patient Safety | Developmental and Behavioral Pediatrics | Education

Objectives: At the conclusion of this activity, participants should be able to:
1) Understand the key features of an ASD Friendly Hospital, as conceptualized by a range of panelists with extensive experience serving this population
2) Identify strategies to improve care for patients with ASD based upon specific individual and caregiver feedback
3) Identify a range of approaches to measurement of impact with ASD Friendly interventions

Description: An autism friendly hospital is one that acknowledges and addresses the additional needs of persons with Autism Spectrum Disorder (ASD). According to the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM–5) diagnostic criteria, the symptoms underlying these needs include social communication difficulties, resistance to disruption in routine, and sensory sensitivities. Left unaddressed, these needs become barriers to obtaining high-quality healthcare.

As a follow-up to a well-attended and impactful presentation on this topic at PAS 2019, these same panelists will explore the specific development, evaluation, and evolution of model multidisciplinary interventions as they inform best practices in promoting autism friendly healthcare.

Some of the questions we aim to specifically address will include:
- How do we put ASD Friendly ideas into practice, with considerations to the variability that accompanies differing institutional priorities? What defines an ASD Friendly Institution?
- How do you track and measure these unique efforts specifically for the purposes of quality improvement and research?
- How do you garner support across all levels of one’s institution and how do you seek and sustain funding?
- How to integrate “patient and family voice” throughout the development and implementation of new processes and protocols? What can we continue to learn from the patient, caregiver and clinical experience of serving these families and how can we adapt practice in ways that are meaningfully individually- and family-centered?

Our panelists bring a wealth of perspectives on this topic from clinical, research, programmatic, and implementation lenses. We represent efforts well underway at multiple institutions including Boston Medical Center, Children’s Hospital of Philadelphia, Mount Sinai Health System.

Time Block: 120 min.

QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: Autism

Additional Comments: (none)
Financial Sponsor? (none)

Learning Pathway
- [ ] Advocacy
- [ ] Digital Therapeutics
- [x] Clinical/Research
- [x] Education
- [ ] Trainee

Society Affiliation: SDBP
PROPOSAL #346479
SESSION TITLE: Emerging Best Practices of Autism Friendly Healthcare

Chairs: Shari King (Moderator)

Speaker # 1
Presentation Title  Considering the environment and patient's sensory experience in intervention development.
Speaker/Duration: Eron Friedlaender : d. 20 minutes
Speaker/Institution: E. Friedlaender, Pediatrics, The Children's Hospital of Philadelphia, Wynnewood, Pennsylvania, UNITED STATES|
Non-Member Justification: Eron Friedlaender : (none)

Speaker # 2
Presentation Title  Including family voice in intervention development and in garnering institutional support.
Speaker/Duration: Amanda Bennett : d. 20 minutes
Speaker/Institution: A. Bennett, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification: Amanda Bennett : (none)

Speaker # 3
Presentation Title  Navigating barriers and how to gain momentum within institutions with competing priorities.
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 : (none)

Speaker # 4
Presentation Title  Tracking and analysis of outcome data for the purposes of publication and dissemination.
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 : (none)

Speaker # 5
Presentation Title  Identifying broad best practices that can be adopted by any institution wishing to explore this work.
Speaker/Duration: Lauren Bartolotti Busa : d. 20 minutes
Speaker/Institution: L. Bartolotti Busa, pediatrics , Boston Medical Center, Boston, Massachusetts, UNITED STATES|
Non-Member Justification: Lauren Bartolotti Busa : (none)
SESSION TITLE: Beyond the Binary: Improving Primary Care for Transgender and Gender Diverse Children and Families

Contact: Angela Goepferd
Children’s Minnesota
angela.goepferd@childrensmn.org

Audience Size: 30-50
Tracks:
- Advocacy/Public Policy
- Adolescent Medicine
- Social Determinants/Health Disparities
- Trainee Pathway
- Public Health
- Quality Improvement/Patient Safety
- General Pediatrics
- Health Equity/Social Determinants of Health-ACEs/Social Justice
- Diversity and Inclusion
- E

Objectives
1. Define developmental stages of gender identity in children and adolescents
2. Identify barriers to care for transgender and gender diverse children and youth.
3. Discuss strategies for working with transgender and gender diverse children and their families to improve patient experience.

Description:
On a 2016 survey of public high school students in Minnesota, 2.8% of students identified as transgender and/or gender non-conforming. Transgender and gender diverse kids and their families are increasingly becoming more visible to clinicians both in primary and specialty care, and many clinicians and their staff are uncertain about how to provide appropriate and affirming care to this medically underserved population. This session will provide an overview of gender identity development in children, and a brief description of possible medical interventions for adolescents, but will primarily focus on understanding the health disparities faced by transgender and gender diverse children and their families and provide practical strategies for improving care and providing a welcoming and affirming care environment in both inpatient and outpatient settings.

Learning Pathway
- Advocacy
- Clinical/Research
- Education
- Digital Therapeutics
- Trainee

Sabbath Conflicts: N/A
Conflicting Sessions: Similar sessions geared toward care of LGBTQ youth

Additional Comments: (none)
Financial Sponsor? (none)

Society Affiliation: AAP

Chairs: Angela Goepferd (Presenter)

Speaker # 1
Presentation Title: Beyond the Binary: Improving Care for Transgender and Gender Diverse Children and their Families
Speaker/Duration: Angela Goepferd: 90 minutes
Speaker/Institution: A.K. Goepferd, Medical Education, Children’s Minnesota, Minneapolis, Minnesota, UNITED STATES

Non-Member Justification: Angela Goepferd: AAP
PROPOSAL #346517
SESSION TITLE: Safety, Efficiency, and Quality: Improving the Hospital Care of Children and Infants through Human Factors Science

Contact: Brenda Law University of Alberta blaw2@ualberta.ca

Target Audience: This session will attract attendees with an interest in defining, measuring and enhancing human and system performance in pediatric healthcare. Such individuals include but are not limited to scientists conducting research in the areas of physiology, kine

Audience Size: 50

Tracks: Critical Care | Quality Improvement/Patient Safety | Neonatology | Hospitalists

Objectives
1) Accurately define the terms “human factors” and “ergonomics”.
2) Provide a concrete example as to how human factors and ergonomics science can be used to enhance human and system performance and improve pediatric patient safety and quality.
3) List three research tools used by human factors scientists.

Description: “How can we do better?” As professionals in pediatric healthcare, this is a question we often ask of ourselves and our teams. While much focus has been on training and individual performance, many physical, personal, and organizational factors – Human Factors - may alter the function of even highly trained healthcare teams. Human Factors is a rigorous scientific discipline that intersects psychology, engineering, and design. It is “concerned with the understanding of interactions among humans and other elements of a system, and the profession that applies theory, principles, data and methods to design in order to optimize human well-being and overall system performance.” (International Ergonomics Association). While Human Factors can affect all disciplines in healthcare, the care of ill infants and children presents unique challenges to our performance as health care professionals, from the design of hospitals and resuscitation rooms, to training and performance of individual physicians, nurses, and allied health, to the culture and function of teams and organizations. This panel discussion will discuss the role of human factors science in the study of human and system performance in the care of infants and children. Because this topic is a relatively novel area for the Pediatric Academic Society meeting, it will target a broad range of research and clinical professionals in pediatrics, and is aimed as an introduction to the application of this field to the practice of inpatient pediatrics and neonatology. The co-moderators will first provide an overview of the science of human factors and ergonomics and how it relates to safety efficiency, and quality of care of hospitalized children and infants. Each of the panelists will then discuss a specific topic area where human factors and ergonomics research is important to improving performance, citing results of their own investigations as well as those of others. Thirty minutes will be allowed at the end of the 90-minute session for questions and answers, including the development of strategies to 1) enhance the presentation of human factors and ergonomic research at this and other pediatric meetings and 2) create collaborations with other investigators in related fields of research.

Time Block: 90 min.
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: N/A

Learning Pathway
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee
**PROPOSAL #346517**  
**SESSION TITLE:** Safety, Efficiency, and Quality: Improving the Hospital Care of Children and Infants through Human Factors Science

| Additional Comments: | (none) |
| Financial Sponsor? | (none) |
| If Yes: | (none) |
| Society Affiliation: | Other/No Affiliation |

**Chairs:** Georg Schmolzer (Moderator)

### Speaker # 1
**Presentation Title**: Introduction to Human Factors Science  
**Speaker/Duration**: Louis Halamek : c. 15 minutes  
**Speaker/Institution**: L. Halamek, Pediatrics, Stanford University, Palo Alto, California, UNITED STATES  
**Non-Member Justification**: Louis Halamek : (none)

### Speaker # 2
**Presentation Title**: Analysis of Human Factors in Resuscitation  
**Speaker/Duration**: Brenda Law : c. 15 minutes  
**Speaker/Institution**: B.H. Law, Department of Pediatrics, University of Alberta, Edmonton, Alberta, CANADA  
**Non-Member Justification**: Brenda Law : (none)

### Speaker # 3
**Presentation Title**: Considerations of Human Factors in Device Design  
**Speaker/Duration**: Janene Fuerch : c. 15 minutes  
**Speaker/Institution**: J.H. Fuerch, Pediatrics, Stanford University, Palo Alto, California, UNITED STATES  
**Non-Member Justification**: Janene Fuerch : (none)

### Speaker # 4
**Presentation Title**: The Ergonomics of Intubation  
**Speaker/Duration**: Nicole Yamada : c. 15 minutes  
**Speaker/Institution**: N. Yamada, Pediatrics - Neonatal & Developmental Medicine, Stanford University, Palo Alto, California, UNITED STATES  
**Non-Member Justification**: Nicole Yamada : (none)
PROPOSAL # 346523
SESSION TITLE: Forgotten Children: Immigrant Child Health Outside of the National Spotlight

Contact: Benard Dreyer NYU School of Medicine
Benard.Dreyer@nyumc.org

Target Audience: medical students, residents, fellows in training, researchers, policy-makers, clinicians
Audience Size: 400
Tracks: Advocacy Pathway|Adolescent Medicine|School and Community Health|Social Determinants/Health Disparities|International and Global Health|Public Health|Health Equity/Social Determinants of Health
ACEs/Social Justice|Health Services Research|General Pediatrics

Objectives
1. Report on the outcomes for children in mixed status families who experience family deportations. 2. Describe specific problems and interactions for those experiencing the intersectionality of race, poverty and immigration status. 3. Delineate the inequities in health care experienced by children and families with LEP.

Description: The unrelenting animus to immigrant families crossing our southern borders has captured the attention and energy of pediatricians across the country (including the presenters of this Hot Topic Symposium). There are important issues for children in immigrant families, however, that are outside of the national spotlight. It is easy to be caught up in the critical attacks on immigrant families in a reactive way: fighting back on each additional attack on their rights. The presenters of this symposium want to focus pediatricians on the forgotten immigrant and refugee children not under the national spotlight. National experts on immigrant and refugee health will present on 1) the problems of US citizen children living in mixed-status families; 2) the intersectionality of race, poverty and immigration status; and 3) the inequitable and unjust health care provided to children in families with limited English proficiency (LEP). Despite pediatricians’ critical and invaluable role as politically-engaged advocates on the national stage, and despite the exceptional provision of high quality health care provided to immigrant families by many doctors and health centers, the profession still has a long, long, way to go to reach a reasonable state of equity in the delivery of health care to children in immigrant families. Our intention is to provide aspirational, evidence-based presentations that focus on improving care and not just a discussion of attempts at harm reduction. In addition to the three presenters, the chairs of this symposium will provide commentary on the presentations and lead a vigorous question and answer and discussion period. Notably, this panel will go beyond describing the state of affairs regarding immigrant child health and offer critical insight into where research-driven policy recommendations are most needed. This symposium comes out of the work of PART (Pediatric providers Against Racism and Trauma), a group of over 50 pediatricians and other pediatric providers formed after last year’s PAS meeting, who seek to improve child outcomes on multiple fronts, through a focus on medical education, structural racism and bias, immigrant child health, and research and evidence.

Time Block: 120 min.
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: Presidential plenaries for these societies, other sessions on immigrants/immigration

Additional Comments: (none)
PROPOSAL # 346523
SESSION TITLE: Forgotten Children: Immigrant Child Health Outside of the National Spotlight

Financial Sponsor?  (none)  If Yes:  (none)
Society Affiliation:  APA|AAP|SPR|APS

Chairs:  Benard Dreyer (Chair); Elena Fuentes-Afflick (Chair); Diana Montoya-Williams (Chair)

Speaker # 1
Presentation Title  Lifelong trauma associated with deportation policies in mixed-status families.
Speaker/Duration:  Fernando Mendoza : e. 25 minutes
Speaker/Institution:  F.S. Mendoza, Pediatrics, Stanford University, Stanford, California, UNITED STATES|
Non-Member Justification:  Fernando Mendoza : (none)

Speaker # 2
Presentation Title  Chair Commentary and Q&A
Speaker/Duration:  Elena Fuentes-Afflick : b. 10 minutes
Speaker/Institution:  E. Fuentes-Afflick, Pediatrics, UCSF, San Francisco, California, UNITED STATES|
Non-Member Justification:  Elena Fuentes-Afflick : (none)

Speaker # 3
Presentation Title  The intersectionality of race, poverty, and immigration status: triple jeopardy for children of color.
Speaker/Duration:  Julie Linton : e. 25 minutes
Speaker/Institution:  J.M. Linton, Pediatrics, University of SC School of Medicine-Greenville, Greenville, South Carolina, UNITED STATES|
Non-Member Justification:  Julie Linton : (none)

Speaker # 4
Presentation Title  Chair commentary and Q&A
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 # 5
Presentation Title  Inequitable and unjust provision of health care to children and families with LEP: stories from the front-line and the long journey ahead for pediatric providers
Speaker/Duration:  Katherine Yun : e. 25 minutes
Speaker/Institution:  K. Yun, PolicyLab, General Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification:  Katherine Yun : (none)
PROPOSAL #346523
SESSION TITLE: Forgotten Children: Immigrant Child Health Outside of the National Spotlight

Speaker # 6
Presentation Title  Chair commentary, Q&A, and general discussion.
Speaker/Duration: Diana Montoya-Williams: e. 25 minutes
Speaker/Institution: D.C. Montoya-Williams, Pediatrics, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES |
Non-Member Justification: Diana Montoya-Williams: (none)
PROPOSAL #346525
SESSION TITLE: 2020 Necrotizing Enterocolitis Focus Group

Contact: [session spea

Target Audience: Basic and clinical scientists focused on NEC
Audience Size: 500

Tracks: Academic and Research Skills|Basic Science|Developmental Biology|Neonatology

Objectives Similar to the NEC Focus Group events in previous years, the session would include a networking reception followed by a state-of-the-art presentation by a leading translational (basic/clinical) scientist to frame novel insights into NEC pathogenesis, its clinical antecedents from the prenatal, perinatal, or postnatal period, to define the barriers to progress, or to identify the need for new research due to pathbreaking discoveries in allied fields.

Description: We propose a 'NEC Focus Group' event for the 2020 PAS meeting similar to its earlier editions at the 2017-2019 PAS meetings. We also request consideration from the PAS program committee to upgrade this event to a recurring, annual, high-visibility PAS event prominently featured in the conference program and with provision for CME credits. Similar to the NEC Focus Group events in previous years, the format would include a networking reception followed by a state-of-the-art presentation by a leading translational (basic/clinical) scientist to frame novel insights into NEC pathogenesis, its clinical antecedents from the prenatal, perinatal, or postnatal period, to define the barriers to progress, or to identify the need for new research due to pathbreaking discoveries in allied fields. This forum will seek speakers from the global PAS membership including the American, European, and Asian Societies for Pediatric Research, and also those from related fields who may not normally attend the PAS meeting every year. The forum will typically invite one, or occasionally, two keynote speaker(s).

The NEC Focus Group/NEC Club event addresses an important unmet need: NEC remains a leading cause of death among VLBW infants despite major strides in neonatal intensive care and reduction in all-cause mortality in these patients, but there are no plenary fora focused on NEC at PAS (or at any other national/international meeting of similar stature) to maintain the field's attention to this disease. The session proposal is prepared each year based on requests for specific topics of interest from potential audience members and under the guidance of an international steering committee comprised of leading NEC experts: Mickey Caplan (Chicago, IL), Erika Claud (Chicago, IL), Isabelle DePlaen (Chicago, IL), Misty Good (St. Louis, MO), David Hackam (Baltimore, MD), Tamas Jilling (Birmingham, AL), Minesh Khashu (Poole, UK), Praveen Kumar (Chandigarh, India), Abhay Lodha (Calgary, Canada), Akhil Maheshwari (Baltimore, MD), Steven McElroy (Iowa City, IA), Sanjay Patole (Perth, Australia), Venkatesh Sampath (Kansas City, MO), Per Torp Sangild (Copenhagen, Denmark), and Mark Underwood (Davis, CA). The NEC Society, a non-profit patient advocacy group committed to this disease, is represented at this committee.

Time Block: 120 min.

QA: Yes
Audience Polling: No
Sabbath Conflicts: Both
Conflicting Sessions: Saturday, Sunday
Additional Comments: (none)
PROPOSAL #346525
SESSION TITLE: 2020 Necrotizing Enterocolitis Focus Group

Financial Sponsor? (none)  If Yes: (none)
Society Affiliation: SPR | AAP | NASPGHAN

Chairs: Akhil Maheshwari (Moderator); Erika Claud (Presenter)

Speaker #
Presentation Title
Speaker/Duration:
Speaker/Institution:
Non-Member Justification:
PROPOSAL #346527
SESSION TITLE: Designing Value-Based Care for Adolescents and Young Adults

Contact: Charlene Wong
charlene.wong@duke.edu

Target Audience: Pediatricians and pediatric stakeholders
Audience Size: 50

Tracks: Adolescent Medicine|Health Equity/Social Determinants of Health-ACEs/Social Justice|Public Health|Social Determinants/Health Disparities|Advocacy/Public Policy

Objectives
• Engage pediatricians and pediatric stakeholders in developing healthcare and payment reforms that meet AYAs unique needs
• Identify integrated care and payment model solutions to accelerate value-based care models for AYA health
• Solicit feedback on proposed solutions to address identified gaps in value-based healthcare transformation for AYAs

Description:

<u>BRIEF OVERVIEW</u>: The US healthcare system is currently moving towards healthcare delivery and payment models that emphasize value, inclusive of cost and quality. Early value-based model development and implementation has occurred primarily in adult populations. Fewer efforts have been directed to value-based models for child health, with even less consideration for models that are designed to optimize adolescent and young adult (AYA) health. While AYAs are similar to children in that many healthcare benefits are seen over longer time horizons, AYAs are unique in their growing autonomy in health-related decisions and their need for healthcare and social services that address reproductive health, mental health, and other high-risk behaviors that often emerge in adolescence and young adulthood. Panelists will summarize youth perspectives on value-based care and outline gaps in AYA healthcare paired with proposed healthcare transformation solutions to accelerate towards more integrated and value-based care models designed specifically for AYAs.

<u>IMPACT</u>: The insights and potential solutions presented by the diverse panelists will help accelerate progress on designing and implementing care delivery and payment models that better serve AYA health and well-being needs.

Panel Discussion
Target Audience: Pediatricians and pediatric stakeholders

Monday, October 7, 2019
PROPOSAL #346527
SESSION TITLE: Designing Value-Based Care for Adolescents and Young Adults

Time Block: 90 min.

QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A

Conflicting Sessions: Other adolescent medicine sessions. Other sessions on health policy.

Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: AAP | SPR | SAHM

Chairs: Richard Chung (Chair)

Speaker # 1
Presentation Title  What AYAs Value in Healthcare
Speaker/Duration: Charlene Wong: c. 15 minutes
Speaker/Institution: C.A. Wong, Pediatrics, Duke university, Durham, North Carolina, UNITED STATES
Non-Member Justification: Charlene Wong: (none)

Speaker # 2
Presentation Title  Breaking Down Silos of Care for Adolescents and Young Adults
Speaker/Duration: Claire Brindis: c. 15 minutes
Speaker/Institution: C. Brindis, Pediatrics, University of California, San Francisco, San Francisco, California, UNITED STATES
Non-Member Justification: Claire Brindis: (none)

Speaker # 3
Presentation Title  Partnering with Parents and Social Service Sectors for AYA Health
Speaker/Duration: Carol Ford: c. 15 minutes
Speaker/Institution: C.A. Ford, Pediatrics, CHOP/PENN, Philadelphia, Pennsylvania, UNITED STATES
Non-Member Justification: Carol Ford: (none)

Speaker # 4
Presentation Title  Payment Models to Support Value-based Healthcare Transformation for AYA
Speaker/Duration: Nathaniel Counts: c. 15 minutes
Speaker/Institution: N. Counts, Montefiore Health System, Bronx, New York, UNITED STATES
Non-Member Justification: Nathaniel Counts: (none)
SESSION TITLE: Identifying and Evaluating Diagnostic Errors for Research and Quality Improvement

Contact: [session spea

Target Audience: Residents, fellows, faculty, and quality improvement experts interested in learning about highly effective methods for studying diagnostic error.

Audience Size: 45

Tracks: Quality Improvement/Patient Safety | Academic and Research Skills

Objectives
1. Define and reflect on diagnostic error in one’s own clinical practice
2. Discuss persistent gaps in the literature for pediatric diagnostic errors
3. Describe different definitions and classification systems for diagnostic errors
4. Compare different research and quality improvement strategies for identifying and evaluating diagnostic errors
5. Generate ideas for local research and quality improvement strategies to reduce diagnostic error

Description:
Diagnostic error, defined as the failure to either establish an accurate, timely explanation of the patient’s health problem(s) or to communicate that explanation to patients and/or families, has emerged as a priority topic for patient safety research and quality improvement. This is evidenced by the landmark 2015 National Academy of Medicine report Improving Diagnosis in Healthcare, the creation and growth of the Society to Improve Diagnosis in Medicine, and substantial increases in the scope and size of funding for diagnostic error research. Yet effective research and quality improvement methods for identifying, evaluating and reducing diagnostic error are still largely underdeveloped, especially in pediatrics. How do we measure diagnostic performance or evaluate decision making? What systems factors, tasks, patient populations and conditions increase a clinician’s or system’s vulnerability to committing a diagnostic error? What tools exist to promote diagnostic excellence? In this interactive panel discussion, we will provide a brief review of diagnostic error with a focus on persistent gaps in the pediatric literature and introduce taxonomies for diagnostic error relevant to both research and quality improvement work. Next we will describe, discuss, and debate existing approaches to diagnostic error identification and measurement in pediatrics including physician reporting, embedding cognitive error probes into safety review processes, electronic trigger tools for event review, and diagnostic feedback strategies. We will also describe tools for systematically evaluating diagnostic errors so as to promote system learning and improvement. Finally, we will conclude with an interactive discussion about how to promote diagnostic safety at participants’ local intuitions using a toolkit of research strategies, as well as future directions for research and quality improvement in support of diagnostic excellence.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: Saturday

Conflicting Sessions: None

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: Other/No Affiliation

Learning Pathway
☐ Advocacy  ☐ Digital Therapeutics
☐ Clinical/Research  ☐ Education  ☐ Trainee

If Yes: (none)
PROPOSAL #346529
SESSION TITLE: Identifying and Evaluating Diagnostic Errors for Research and Quality Improvement

Chairs: Andrew Olson (Moderator); Irit Rasooly (Panelist); Trisha Marshall (Panelist); Joseph Grubenhoff (Panelist); Prashant Mahajan (Panelist)

Speaker #
Presentation Title
Speaker/Duration:
Speaker/Institution:
Non-Member Justification:
Objectives

1. Understand the recent developments in our understanding of the mechanisms of food allergy that could develop into new prophylactic strategies
2. Describe the current guidelines of early peanut introduction, risks and benefits involved
3. Discuss novel treatments for peanut allergy in the horizon
4. Understand the importance of psychosocial implications of food allergy and community engagement in increasing the safety and quality of life

Description:
Peanut allergy has been on the rise, with the rate of peanut allergic individuals quadrupling over the past couple of decades. Whereas advances have been made in the past decade in our understanding of the role of prophylactic interventions such as early peanut introduction, food allergy continues to significantly impact not only the many individuals that suffer from it but also the lives of those around them. This session will provide presentations on the latest advancements in the bench research and clinical care delivery including mechanisms of food allergy, early introduction and peanut allergy management, as well as psychosocial aspects, advocacy, and community involvement relevant to managing children with severe peanut and other severe food allergies.

Additional Comments:
Dr Jarvinen-Seppo's NIH-funded research program involves mechanisms of development of infant immunity and allergic diseases in Old Order Mennonites at low risk for allergy and Rochester infants at high risk for allergic diseases, aiming at prevention of food allergy.

Learning Pathway

- [ ] Advocacy
- [ ] Digital Therapeutics
- [x] Clinical/Research
- [ ] Education
- [ ] Trainee

Sabbath Conflicts: N/A

Conflicting Sessions: allergy

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

Society Affiliation: AAP | SPR

Chairs: Kirsi Jarvinen-Seppo (Chair); Anne Marie Singh (Chair)
PROPOSAL #346539
SESSION TITLE: Severe peanut allergy – where are we in 2020? INTENDED FOR: Cross-Disciplinary Spotlight

Speaker # 1
Presentation Title  Introduction to the session
Speaker/Duration:  Anne Marie Singh : 10 minutes
Speaker/Institution:  A. Singh, Pediatrics, University of Wisconsin School of Medicine, Madison, Wisconsin, UNITED STATES
Non-Member Justification:  Anne Marie Singh : (none)

Speaker # 2
Presentation Title  Is prevention of food allergy possible?
Speaker/Duration:  Kirsi Jarvinen-Seppo : 20 minutes
Speaker/Institution:  K. Jarvinen-Seppo, Pediatrics, University of Rochester, Rochester, New York, UNITED STATES
Non-Member Justification:  Kirsi Jarvinen-Seppo : (none)

Speaker # 3
Presentation Title  The risks and benefits of early peanut introduction
Speaker/Duration:  Jeanne Lomas : 20 minutes
Speaker/Institution:  J.M. Lomas, Pediatrics, University of Rochester School of Medicine, Rochester, New York, UNITED STATES
Non-Member Justification:  Jeanne Lomas : (none)

Speaker # 4
Presentation Title  Peanut immunotherapy in 2020 – are we ready?
Speaker/Duration:  John Bird : 25 minutes
Speaker/Institution:  J.A. Bird, Pediatrics, University of Texas Southwestern Medical Center, Dallas, Texas, UNITED STATES
Non-Member Justification:  John Bird : (none)

Speaker # 5
Presentation Title  Psychosocial implications of food allergy, advocacy and community involvement
Speaker/Duration:  Theresa Bingemann : 20 minutes
Speaker/Institution:  T. Bingemann, Pediatrics, Rochester General Hospital, Rochester, New York, UNITED STATES
Non-Member Justification:  Theresa Bingemann : (none)
PROPOSAL # 346548
SESSION TITLE: Chorioamnionitis, prematurity and neonatal health

Contact: Joyce Marie Koenig
Saint Louis University
joyce.koenig@health.slu.edu

Target Audience: Clinicians involved in the care of pregnant women or neonates, infectious disease specialists, scientists studying developmental immunology or inflammatory mechanisms

Audience Size: 100

Tracks: Children with Chronic Conditions | Allergy, Immunology and Rheumatology | Public Health | Neonatology | Developmental Biology | Infectious Diseases | Clinical and Translational Research | Hospitalists | General Pediatrics | Epidemiology | Environmental Health | Cross-Discipline

Objectives: The goal of this Session is to advance understanding of fundamental concepts related to the effects of a common perinatal condition on fetal, neonatal and possibly long-term health. To meet this, experts in the study of the placenta, epidemiology, fetal inflammation, neonatal immunology, and epidemiology will provide the audience with new information regarding the following key areas:

1. The diagnosis of chorioamnionitis
2. Chorioamnionitis and the placental microbiome
3. Chorioamnionitis and fetal inflammation
4. Chorioamnionitis and neonatal immune priming
5. Chorioamnionitis and neonatal outcomes

Description: Histologic chorioamnionitis, a common placental inflammation, is closely linked to preterm birth and later neonatal complications. However, this frequently 'silent' disorder has only recently been appreciated for its adverse effects on neonatal health. In this session, speakers will present a broad overview of research focused on this disorder, from its origin in the placenta, its effects on the microbiome, its influence on fetal and neonatal immune responses, and its etiologic contribution to brain injury in preterm infants. The discussants include clinicians, immunologists, and epidemiologists.

Time Block: 120 min.

QA: No

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: perinatology, neonatology, immunology

Additional Comments: Dr. Koenig is serving as the Chair and contact person for this proposed session.

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

Society Affiliation: APS | AAP | SPR

Chairs: Joyce Marie Koenig (Chair); Eleanor Molloy (Chair); Dr. Raymond Redline (Presenter); Kjersti Aagaard (Presenter); Suhas Kallapur (Presenter); Dr. Claire Chougnet (Presenter); Joern-Hendrik Weitkamp (Presenter); Olaf Dammann (Presenter)

Learning Pathway
- [ ] Advocacy
- [ ] Digital Therapeutics
- [x] Clinical/Research
- [ ] Education
- [ ] Trainee
<table>
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<tr>
<th>Speaker # 1</th>
<th>Presentation Title</th>
<th>Session Welcome</th>
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<tbody>
<tr>
<td>Speaker/Duration:</td>
<td>Eleanor Molloy : 5 minutes</td>
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<tr>
<td>Speaker/Institution:</td>
<td>E. Molloy, Paediatrics, Trinity College, the University of Dublin, Dublin, IRELAND</td>
<td></td>
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<tr>
<td>Non-Member Justification:</td>
<td>Eleanor Molloy : APS, SPR</td>
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<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>Introduction: Chorioamnionitis - a conspiracy of silence?</th>
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<tbody>
<tr>
<td>Speaker/Duration:</td>
<td>Joyce Marie Koenig : 5 minutes</td>
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<tr>
<td>Speaker/Institution:</td>
<td>J. Koenig, Pediatrics, Saint Louis University, Saint Louis, Missouri, UNITED STATES</td>
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<tr>
<td>Non-Member Justification:</td>
<td>Joyce Marie Koenig : APS, SPR, AAP</td>
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<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>Histologic chorioamnionitis: clinical diagnosis, treatment, and prognosis</th>
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<tbody>
<tr>
<td>Speaker/Duration:</td>
<td>Raymond Redline : 15 minutes</td>
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<tr>
<td>Speaker/Institution:</td>
<td>R. Redline, Pathology &amp; Reproductive Biology, University Hospitals Cleveland Medical Center, Cleveland, Ohio, UNITED STATES</td>
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<tr>
<td>Non-Member Justification:</td>
<td>Raymond Redline : Invited speaker</td>
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<tr>
<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Of babies and bugs: Surprising starts</th>
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<tbody>
<tr>
<td>Speaker/Duration:</td>
<td>Kjersti Aagaard : 20 minutes</td>
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<tr>
<td>Speaker/Institution:</td>
<td>K.M. Aagaard, Baylor College of Medicine, Houston, Texas, UNITED STATES</td>
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<tr>
<td>Non-Member Justification:</td>
<td>Kjersti Aagaard : Visiting speaker</td>
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<tr>
<th>Speaker # 5</th>
<th>Presentation Title</th>
<th>Immune changes at the maternal-fetal interface during chorioamnionitis</th>
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<tbody>
<tr>
<td>Speaker/Duration:</td>
<td>Suhas Kallapur : 20 minutes</td>
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<tr>
<td>Speaker/Institution:</td>
<td>S. Kallapur, Pediatrics, David Geffen School of Medicine, Los Angeles, California, UNITED STATES</td>
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<tr>
<td>Non-Member Justification:</td>
<td>Suhas Kallapur : APS, SPR, AAP</td>
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<th>Speaker # 6</th>
<th>Presentation Title</th>
<th>Chorioamnionitis and the fetal/neonatal immune response</th>
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<tr>
<td>Speaker/Duration:</td>
<td>Dr. Claire Chougnet : 20 minutes</td>
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<tr>
<td>Speaker/Institution:</td>
<td>D. Chougnet, Pediatrics, Molecular Immunology, Cincinnati Children's Hospital, Cincinnati, Ohio, UNITED STATES</td>
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<tr>
<td>Non-Member Justification:</td>
<td>Dr. Claire Chougnet : APS, SPR</td>
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</table>
PROPOSAL #346548
SESSION TITLE: Chorioamnionitis, prematurity and neonatal health

Speaker # 7
Presentation Title  The placenta-gut connection
Speaker/Duration: Joern-Hendrik Weitkamp : c. 15 minutes
Speaker/Institution:  J. Weitkamp, Pediatrics, Vanderbilt University, Nashville, Tennessee, UNITED STATES |
Non-Member Justification: Joern-Hendrik Weitkamp : SPR

Speaker # 8
Presentation Title  Chorioamnionitis and the preterm brain: An etiological explanation based on ELGAN data
Speaker/Duration: Olaf Dammann : d. 20 minutes
Speaker/Institution:  O. Dammann, Public Health, Tufts University, Boston, Massachusetts, UNITED STATES |
Non-Member Justification: Olaf Dammann : SPR, APS
From Gadgetologist to Inventor: Entrepreneurial Mentorship for the Next Generation of Pediatric Innovators

Contact: [session speaker information]

Target Audience: Gadgetologists, Pediatric sub-specialists, Pediatric Researchers, Device/app early adapters

Audience Size: 40 - 60

Tracks: Basic Science | Academic and Research Skills | Critical Care | Hospitalists | Clinical/Research Pathway | Digital Therapeutics Pathway | Clinical and Translational Research

Objectives
1. To identify strategies to innovate for pediatric patients within the medical device ecosystem.
2. To engage and learn from entrepreneurs in the field of medical device innovation.
3. To find ways to improve research infrastructures to facilitate the development of new devices to improve outcomes for pediatric populations.

Description:
In clinics and at the bedside, pediatricians and subspecialists are often discovering new and useful methods, tools, and/or device prototypes that may benefit patients or the practice of medicine. Existing pediatric curricula do not contain content that prepare pediatricians for the process of converting new ideas into patentable inventions/new innovations. Entrepreneurs from within the field of device development will share their experiences, successes and pitfalls. The audience will be encouraged to engage in and discuss with innovators how to convert good ideas generated at the bedside into patentable inventions/new innovations. This session is intended to serve as an opportunity for the next generation of pediatric innovators to engage with entrepreneurs who can share their experiences on how to be successful and how to avoid pitfalls.

Time Block: 90 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Plenary

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: AAP

Chairs: Chester Koh (Chair)

Learning Pathway
- □ Advocacy
- □ Digital Therapeutics
- ✔ Clinical/Research
- □ Education
- □ Trainee

If Yes: (none)

Speaker #

Presentation Title

Speaker/Duration:

Speaker/Institution:

Non-Member Justification:
SESSION TITLE: Drivers of Stunting Reduction in Low and Middle Income Countries: Learnings from Global Exemplars

Contact:  Emily Keats  The Hospital for Sick Children
emily.keats@sickkids.ca

Target Audience:  Policy, programming, research, clinical
Audience Size:  50
Tracks:  Academic and Research Skills | Epidemiology | International and Global Health

Objectives
- To discuss stunting reduction exemplars methods and results with key stakeholders for input and iteration
- To encourage uptake of methodology for conducting country case studies
- To share key country and global findings on stunting reduction determinants for policy/program discussions

Description:
The session will overview the etiology of growth faltering in children, and explore the distribution and determinants of child stunting reduction in low and middle income countries. First, the epidemiology and determinants of child stunting will be presented, drawing on global frameworks and data from systematic reviews. Next, the novel and holistic Exemplars in Global Health (EGH) approach for studying country case studies (“exemplars”) in child stunting reduction will be discussed. A detailed country example (e.g. Peru, Kyrgyzstan, Nepal) will be subsequently presented. The session will end with a discussion on cross-country learnings and recommendations.

Time Block:  120 min.

QA:  Yes
Audience Polling:  No
Sabbath Conflicts:  N/A
Conflicting Sessions:  N/A

Additional Comments:  (none)
Financial Sponsor?  (none)
If Yes:  (none)
Society Affiliation:  AAP

Chairs:  Grace Belayneh (Contact Person)

Speaker # 1
Presentation Title:  Why Stunting Matters: Global Epidemiology and Consequences
Speaker/Duration:  Robert Black : f. 30 minutes
Speaker/Institution:  R. Black, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, UNITED STATES

Non-Member Justification:  Robert Black : (none)
PROPOSAL #346555
SESSION TITLE: Drivers of Stunting Reduction in Low and Middle Income Countries: Learnings from Global Exemplars

Speaker # 2  
**Presentation Title**: Exemplars in Child Stunting Reduction: Case Study Methodology and Select Phase I Results  
**Speaker/Duration**: Emily Keats : f. 30 minutes  
**Speaker/Institution**: E.C. Keats, Centre for Global Child Health, The Hospital for Sick Children, Toronto, Ontario, CANADA  
**Non-Member Justification**: Emily Keats : (none)

Speaker # 3  
**Presentation Title**: Cross-Country Findings and Recommendations  
**Speaker/Duration**: Zulfiqar Bhutta : f. 30 minutes  
**Speaker/Institution**: Z.A. Bhutta, Centre for Global Child Health, The Hospital for Sick Children, Toronto, Ontario, CANADA  
**Non-Member Justification**: Zulfiqar Bhutta : (none)
PROPOSAL #346556

SESSION TITLE: Pharmacogenomics for the Pediatrician – Making Sense of the Variants

Contact: [session spea]

Target Audience: Pediatric prescribers

Audience Size: 40 - 60

Tracks: Pharmacology|General Pediatrics|Genomics

Objectives
1. Identify at least three PGx markers relevant to the session participant’s practice
2. Demonstrate ability to apply available reference and interactive tools
3. List at least two limitations with current PGx testing and interpretations

Description:
Preventable adverse drug events can be decreased by incorporating pharmacogenomics (PGx) into prescribing practice but this is not universally done due to a lack of comfort with the data. Additionally, the public expects their healthcare providers to apply available pharmacogenomic results when prescribing medications. This requires understanding of the current state of the science, the appropriate use of PGx testing and the pitfalls of interpreting the results. We will use case based learning to discuss clinical application of PGx results in to daily practice, appropriate pre-emptive testing options and the importance of accurate assessment of the interpretation. The goal of this session is to increase the comfort level using PGx data and reduce preventable adverse drug events.

Time Block: 90 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Plenary

Additional Comments: (none)

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

Society Affiliation: AAP

Chairs: Shannon Manzi (Chair)

Speaker #

Presentation Title

Speaker/Duration:

Speaker/Institution:

Non-Member Justification:

Learning Pathway
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee
PROPOSAL #346562

SESSION TITLE: Developing a Culture of Wellbeing across Generations in Pediatrics: Priorities for Institutions and Practitioners

Contact: Paria Wilson
Cincinnati Children’s Hospital Medical Center
paria.wilson@cchmc.org

Target Audience: Pediatricians, trainees, residency program directors, department chairs, and pediatric administrators
Audience Size: 150
Tracks: Epidemiology | Education

Objectives
1) Describe individual-level evidence on factors that impact physician wellness and lead to burnout, with a focus on generational differences.
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 & resilience training can help promote personal wellness in physicians.

Description: Better understanding of wellness across generations in pediatric trainees and practitioners is necessary to develop optimal approaches to promote wellness and resilience and mitigate stress and burnout. Data from longitudinal studies and cross-sectional assessments have provided new insights into factors that promote wellness and resilience in physicians and aid in creation of new models of interventions. Such models are important to inform future efforts to design positive health-care environments and professional positions. Evidence has also accumulated for the level at which interventions should be based, including at the level of the organization, local work environment, or directed at the individual physician. 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 & prioritize future efforts locally and nationally. In this session, available high-quality evidence and gaps in evidence will be presented to discuss the direction of future research and program development. Evidence-based studies on interventions to promote wellness and mitigate stress and burnout will be reviewed, including the value of mindfulness skills development and fostering resilience. Throughout the presentations, we will propose a list of high-value priorities for addressing these factors in pediatric trainees and providers in the future.

Time Block: 120 min.
QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: wellness, resilience, burnout

Additional Comments: (none)
Financial Sponsor? (none)
Society Affiliation: AAP | APPD

Chairs: Paria Wilson (Chair); Maneesh Batra (Chair); Janet Serwint (Presenter); John Mahan (Panelist); Suzanne Reed (Presenter); Betty Staples (Presenter)
**PROPOSAL #346562**

**SESSION TITLE:** Developing a Culture of Wellbeing across Generations in Pediatrics: Priorities for Institutions and Practitioners

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SESSION TITLE: Sudden Unexpected Neonatal Death (SUEND) in the First Seven Days of Postnatal Life

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

Objectives
1. To understand what SUEND and SUPC are in apparently healthy term newborns
2. To understand the risk factors and proposed pathophysiology of SUEND and SUPC
3. To understand clinical approaches to the prevention of SUPC, neonatal falls, near misses

Description:
1. SUEND in the first 7 days of postnatal life Jan-Marino Ramirez, Ph.D.
2. Sudden Unexpected Postnatal Collapse (SUPC) Incidence, Diagnosis, Risk Factors, Etiologies Joseph Hageman, MD
3. Neonatal Falls, Safe Sleep in the Nursery Michael Goodstein, MD
4. SUPC Prevention Quality Safety Bundle David Paul. MD

Target Audience: Neonatologists, Pediatric Hospitalists, Pediatric providers who care for newborn infants
Audience Size: 125
Tracks: Neonatology

Additional Comments: (none)
Financial Sponsor? (none)

QA: Yes
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: None

Learning Pathway
☐ Advocacy
☐ Digital Therapeutics
☐ Clinical/Research
☐ Education
☐ Trainee

Time Block: Either

Speaker # 1
Presentation Title: SUEND in the first 7 days of postnatal life
Speaker/Duration: Jan Marino Ramirez : d. 20 minutes
Speaker/Institution: J. Ramirez, Neurological Surgery, Seattle Children’s Hospital, Seattle, Washington, UNITED STATES
Non-Member Justification: Jan Marino Ramirez : (none)

Speaker # 2
Presentation Title: Sudden Unexpected Postnatal Collapse (SUPC) Incidence, Diagnosis, Risk Factors, Etiologies
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 #346567
SESSION TITLE: Sudden Unexpected Neonatal Death (SUEND) in the First Seven Days of Postnatal Life

Speaker # 3
Presentation Title: Neonatal Falls, Safe Sleep in the Nursery
Speaker/Duration: Michael Goodstein : d. 20 minutes
Speaker/Institution: M. Goodstein, Pediatrics, WellSpan York Hospital, York, Pennsylvania, UNITED STATES
Non-Member Justification: Michael Goodstein : (none)

Speaker # 4
Presentation Title: SUPC Quality Safe Bundle Initiative
Speaker/Duration: David Paul : d. 20 minutes
Speaker/Institution: D.A. Paul, Pediatrics, Christiana Care Health System, Newark, Delaware, UNITED STATES
Non-Member Justification: David Paul : (none)
PROPOSAL #346569

SESSION TITLE: Child Well-Being and Relational Health Amid Adversity: Research, Measurement and Approaches to Boost Child Flourishing, Positive Childhood Experiences and Family Health Amid Adversity: Implications for Systems Transformation, Policy and Practice

Contact: Christina Bethell Johns Hopkins Bloomberg School of Public Health cbethell@jhu.edu

Target Audience: Researchers, pediatricians, advocates, policymakers/program leaders interested in improving flourishing and well-being outcomes for children/adults, especially those who face adversity. Appropriate for trainees, fellows, junior-senior faculty.

Audience Size: 50-70

Tracks: Academic and Research Skills | Advocacy/Public Policy | Social Determinants/Health Disparities | Health Services Research | Public Health | Health Equity/Social Determinants of Health-ACEs/Social Justice | General Pediatrics | Epidemiology | Environmental Health | Children

Objectives
1. Understand the science and theory of action lifting up the call to action to measure and promote a positive construct of health, and the role of positive relationships and addressing childhood trauma.
2. Learn about existing and emerging frameworks, measures and policy approaches related to child flourishing, family resilience and positive relational experiences and well-being in childhood.
3. Identify approaches to leverage and build on existing policies and approaches and the measurement and data resources available and needed to support advocacy to catalyze broad efforts to promote positive and relational health and well-being for children, youth and families.
4. Build the field by fostering connections and collaborations and shared language and measurement.

Description: The aim of this panel is to share recent findings on promoting child well-being and relational health in families, schools and communities. The panel will review existing and new research and a national agenda on the measurement and implementation of approaches to promote positive and relational health and well-being among children and within families and communities, even amid the high rates of adversity existing among US children and families today. Goals for promoting a positive and relational construct of health are to (1) optimize flourishing throughout the life course, (2) improve population health and (3) catalyze integrated systems of care that improve efficiency and equity. Prior and recent research provide growing evidence that positive relational experiences in childhood promote child flourishing and have lasting impacts on physical, mental and social health into adulthood, regardless of concurrent exposure to Adverse Childhood Experiences (ACEs). Lead authors from recent studies and experts driving policy and culture change will discuss research findings and frameworks for child well-being and relational health. Frameworks and measures from these studies as well as those under development and included in the NIH Environmental influences on Child Health Outcomes (ECHO) research program and the National Committee on Vital and Health Statistics’ and Institute for Healthcare Improvement’s Well-Being in the Nation (WIN) Framework will be compared. Strategies to integrate and advance measurement and innovation related to positive and relational health and well-being and implications for the financing, organization, payment, performance measurement, culture and training in health care will be discussed. Taken together, prominent frameworks and research points to the need to support family resilience and foster nurturing parenting, to prioritize trusting and respectful relationships and engagement in systems of care and to build a “through any door” caring capacity in communities and society in order to turn the tide on the nation’s epidemic of mental, emotional, behavioral and social health problems and low levels of positive health, flourishing and well-being. This panel advances a hopeful approach to promote child, youth and family well-being, even as society continues to address amenable causes of ACEs, poverty and health problems.
### PROPOSAL # 346569

**SESSION TITLE:** Child Well-Being and Relational Health Amid Adversity: Research, Measurement and Approaches to Boost Child Flourishing, Positive Childhood Experiences and Family Health Amid Adversity: Implications for Systems Transformation, Policy and Practice

| Time Block: | 120 min. |
| QA: | Yes |
| Audience Polling: | No |
| Sabbath Conflicts: | N/A |

**Learning Pathway**
- Advocacy
- Clinical/Research
- Education
- Trainee

**Additional Comments:** Need projector and screen for PowerPoint presentations

**Financial Sponsor?** (none)

**Society Affiliation:** APA

**Chairs:** Christina Bethell (Chair); Claire Gibbons (Discussant)

### Speaker # 1

**Presentation Title**
Professor, JHU and Director of the CAHMI and DRC, Child and Adolescent Health Measurement Initiative, Johns Hopkins School of Public Health, Department of Population, Family and Reproductive Health

**Speaker/Duration:** Christina Bethell : e. 25 minutes

**Speaker/Institution:** C. Bethell, Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, UNITED STATES

**Non-Member Justification:** Christina Bethell : (none)

### Speaker # 2

**Presentation Title**
Assistant Professor, Brigham Young University, College of Life Sciences

**Speaker/Duration:** M. Lelinneth Novilla : e. 25 minutes

**Speaker/Institution:** M. Novilla, Brigham Young University, Provo, Utah, UNITED STATES

**Non-Member Justification:** M. Lelinneth Novilla : (none)

### Speaker # 3

**Presentation Title**
Research Assistant Professor, Northwestern University, Feinberg School of Medicine, Medical Social Sciences, Institute for Innovations in Developmental Sciences, and co-Investigator of Person Reported Outcome (PRO) Core for the NIH-funded Environmental in

**Speaker/Duration:** Courtney Blackwell : e. 25 minutes

**Speaker/Institution:** C.K. Blackwell, Northwestern University, Evanston, Illinois, UNITED STATES

**Non-Member Justification:** Courtney Blackwell : (none)
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PROPOSAL # 346570
SESSION TITLE: A Multidisciplinary Approach to Eosinophilic Esophagitis (EoE) Management

Contact: Jeanne Lomas University at Rochester
jeanne_lomas@URMC.Rochester.edu

Audience Size: 100
Tracks: Allergy, Immunology and Rheumatology | General Pediatrics | Gastroenterology and Nutrition | Developmental and Behavioral Pediatrics | Community Pediatrics

Objectives
Identify symptoms concerning for EoE and when to refer patients to a specialist
Discuss current recommendations for the medical and dietary management of EoE
Describe barriers to adequate EoE treatment including medication adherence and inadequate nutrition

Description: Eosinophilic esophagitis (EoE) is an inflammatory condition affecting the upper GI tract. Symptoms can present early in childhood with failure to thrive, vomiting and/or food aversion/feeding difficulties. Alternatively, EoE may be identified later in childhood or adolescence, commonly presenting as acute food impaction or dysphagia. Newer evidence has shown that EoE is yet another manifestation in the atopic march and many children with EoE have comorbid allergic disease such as eczema, rhinitis, asthma and/or food allergies. Patients with EoE also commonly have non-allergic gastrointestinal comorbidities such as GERD or (less frequently) IBD and/or celiac disease. For these reasons, a multidisciplinary approach to the management of EoE is often helpful for the patient, family and primary care provider, as it allows for optimal treatment, education and monitoring. This approach includes patients being seen by a pediatric gastroenterologist, allergist/immunologist and registered dietician.

Time Block: 120 min.
QA: Yes
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: Food Allergy, IBD

Additional Comments: (none)
Financial Sponsor? (none) If Yes: (none)
Society Affiliation: Other/No Affiliation

Chairs: Jeanne Lomas (Contact Person)

Speaker # 1
Presentation Title: Presentation of Eosinophilic Esophagitis in the Pediatric Population
Speaker/Duration: Jeanne Lomas : f. 30 minutes
Speaker/Institution: J.M. Lomas, Allergy & Immunology, University at Rochester, Rochester, New York, UNITED STATES

Non-Member Justification: Jeanne Lomas : (none)
PROPOSAL # 346570
SESSION TITLE: A Multidisciplinary Approach to Eosinophilic Esophagitis (EoE) Management

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<tr>
<td>Speaker/Duration:</td>
<td>Esther Prince: f. 30 minutes</td>
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<tr>
<td>Speaker/Institution:</td>
<td>E. Prince, Pediatric Gastroenterology, University at Rochester, Rochester, New York, UNITED STATES</td>
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<td>Esther Prince: (none)</td>
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<th>Nutritional Considerations in EoE Management</th>
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<td>Speaker/Duration:</td>
<td>Brianne Schmidt: f. 30 minutes</td>
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<td>Speaker/Institution:</td>
<td>B. Schmidt, Allergy &amp; Immunology, University at Rochester, Rochester, New York, UNITED STATES</td>
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<td>Non-Member Justification:</td>
<td>Brianne Schmidt: Ms. Schmidt is a registered (pediatric) dietitian working in allergy and behavioral pediatrics. Her expertise is necessary in demonstrating this multidisciplinary approach to EoE management.</td>
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**PROPOSAL #346575**

**SESSION TITLE:** Addressing Critical Gaps in Pediatric Behavioral and Mental Health training: Perspective from Projects sponsored by the American Board of Pediatrics Foundation

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<tr>
<th>Contact: Carole Lannon</th>
<th>Cincinnati Childrens Hospital Medical Center</th>
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<td><a href="mailto:carole.lannon@cchmc.org">carole.lannon@cchmc.org</a></td>
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**[session spea Hot Topic Symposia]**

**Target Audience:** faculty, residency and fellowship directors, trainees

**Tracks:**
Adolescent Medicine | Education | Trainee Pathway | General Pediatrics | Developmental and Behavioral Pediatrics | Children with Chronic Conditions

**Objectives**
- Raise awareness about the gaps in pediatric training and faculty development for behavioral and mental health
- Share barriers, facilitators and strategies to improve pediatric training and support optimal behavioral and mental health practice
- Identify shared efforts moving forward

**Description:**
In 2016, the American Board of Pediatrics (ABP)'s strategic planning committee identified behavioral/mental health (B/MH) as the critical gap in pediatric training and practice. Since that time, the ABP Foundation has sponsored several projects to try to address gaps in pediatric training, both for the general pediatrician and for subspecialists caring for infants, children, adolescents, and young adults (hereafter “children”); this includes a focus on children with chronic conditions and their families. These ABP projects have examined implementation barriers and facilitators for implementing curricular elements and assessment efforts associated with the B/MH entrustable professional activity (EPA); the Roadmap Project to improve the resilience and emotional health of children with chronic conditions and their families, including early learnings from a nine-hospital learning collaborative; surveys with graduating residents regarding their self-reported competence in assessing and treating B/MH conditions and variation across residency programs; and a 12-month change implementation project with 13 pediatric programs in conjunction with the National Academies of Sciences, Engineering, and Medicine. Lessons learned across these projects will be shared and next steps for better preparing the current and future workforce to care for these children will interactively discussed with attendees.

This session will begin with an overview of the gaps in pediatric training and practice in the area of B/MH, followed by presentations and interactive discussions focused on the ABPF's multi-pronged work in this area. We will end the session with 30 minutes engaging audience participation in identifying next steps.

**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** No

**Sabbath Conflicts:** N/A

**Conflicting Sessions:**
1) Workshop: The Roadmap Initiative to Improve the Resilience and Emotional Health of Children with Chronic Disease and Their Families: Early Lessons from a Pilot Learning Collaborative; 2) Hot Topic Symposia submission (ID#: 344550) titled "Meeting Psych"

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**Society Affiliation:** Other/No Affiliation

**Chairs:** Laurel Leslie (Chair)
**PROPOSAL # 346575**

**SESSION TITLE:** Addressing Critical Gaps in Pediatric Behavioral and Mental Health training: Perspective from Projects sponsored by the American Board of Pediatrics Foundation

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PROPOSAL # 346575

SESSION TITLE: Addressing Critical Gaps in Pediatric Behavioral and Mental Health training: Perspective from Projects sponsored by the American Board of Pediatrics Foundation

Speaker # 7

Presentation Title: INTRODUCTION: BARRIERS AND FACILITATORS FOR IMPLEMENTING CURRICULAR ELEMENTS AND ASSESSMENT EFFORTS ASSOCIATED WITH THE B/MH ENTRUSTABLE PROFESSIONAL ACTIVITY (EPA)

Speaker/Duration: Daniel Schumacher : a. 5 minutes

Speaker/Institution: D. Schumacher, Cincinnati Childrens, Cincinnati, Ohio, UNITED STATES

Non-Member Justification: Daniel Schumacher : (none)

Speaker # 8

Presentation Title: BARRIERS AND FACILITATORS FOR IMPLEMENTING CURRICULAR ELEMENTS AND ASSESSMENT EFFORTS ASSOCIATED WITH THE B/MH ENTRUSTABLE PROFESSIONAL ACTIVITY (EPA)

Speaker/Duration: Victoria Wurster Ovalle : b. 10 minutes

Speaker/Institution: V. Wurster Ovalle, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES

Non-Member Justification: Victoria Wurster Ovalle : (none)

Speaker # 9

Presentation Title: Q/A

Speaker/Duration: Daniel Schumacher : a. 5 minutes

Speaker/Institution: D. Schumacher, Cincinnati Childrens, Cincinnati, Ohio, UNITED STATES

Non-Member Justification: Daniel Schumacher : (none)

Speaker # 10

Presentation Title: THE ROADMAP INITIATIVE TO IMPROVE THE RESILIENCE AND EMOTIONAL HEALTH OF CHILDREN WITH CHRONIC CONDITIONS AND THEIR FAMILIES

Speaker/Duration: Carole Lannon : b. 10 minutes

Speaker/Institution: C. Lannon, Pediatrics, Cincinnati Childrens Hospital Medical Center, Cincinnati, Ohio, UNITED STATES

Non-Member Justification: Carole Lannon : (none)

Speaker # 11

Presentation Title: THE ROADMAP INITIATIVE; EARLY LESSONS FROM A PILOT LEARNING COLLABORATIVE

Speaker/Duration: Jill Plevinsky : a. 5 minutes

Speaker/Institution: J. Plevinsky, Behavioral Medicine and Clinical Psychology, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES

Non-Member Justification: Jill Plevinsky : This is young adult patient who is also a pediatric psychologist.
PROPOSAL # 346575
SESSION TITLE: Addressing Critical Gaps in Pediatric Behavioral and Mental Health training: Perspective from Projects sponsored by the American Board of Pediatrics Foundation

Speaker # 12
Presentation Title: Q/A
Speaker/Duration: Jill Plevinsky: a. 5 minutes
Speaker/Institution: J. Plevinsky, Behavioral Medicine and Clinical Psychology, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, UNITED STATES
Non-Member Justification: Jill Plevinsky: Jill is a young adult patient and a pediatric psychologist.

Speaker # 13
Presentation Title: AUDIENCE Q/A AND DISCUSSION
Speaker/Duration: Laurel Leslie: f. 30 minutes
Speaker/Institution: L.K. Leslie, American Board of Pediatrics, Chapel Hill, North Carolina, UNITED STATES
Non-Member Justification: Laurel Leslie: (none)
PROPOSAL #346595

Contact: John Jeffrey Reese Vanderbilt University Medical Center jeff.reese@vanderbilt.edu

Target Audience: Scientists and clinicians involved in neonatal intensive care, preterm birth, congenital cardiac disorders, neonatal hemodynamics, or basic vascular biology. This session is expected to appeal to a broad audience of clinicians and researchers who have in

Audience Size: 300-500

Tracks: Developmental Biology|Basic Science|Neonatology|Cardiology

Objectives
1. Provide a critical update on cutting-edge developments in PDA diagnosis and management
2. Examine recent data on biological mechanisms of DA function and their relevance to clinical management of PDA at the bedside
3. Discuss and review the latest information on at-risk populations that warrant PDA treatment and examine genomic/pharmacogenomic strategies for precision medicine and how they are being applied to PDA

Description: Management of the persistently patent ductus arteriosus (PDA) is an ongoing dilemma in most neonatal ICUs. PDA is one of the most common congenital cardiac disorders, yet basic questions regarding DA regulation are unsolved and practical PDA management decisions are confounded by the absence of biological information and uncertain treatment guidelines. Current initiatives that push the boundaries of viability and result in resuscitation of infants at 22-23 weeks of gestation result in ever-smaller preterm survivors with PDA rates as high as 80-90%. Thus, there is an urgent need to understand the basic mechanisms of DA closure, more accurately identify PDAs that require treatment, and define optimal treatment modalities that minimize risk. This symposium will explore the underlying mechanisms of DA regulation, with a view to development of new therapeutic options for practical management of PDA. The most recent data on at-risk populations will be explored. Defining these populations will include discussions on the latest developments in echocardiography and refined echo criteria, new initiatives to identify molecular PDA biomarkers, and examination of nation-wide databases to identify the infants most likely to benefit from treatment. Recent advances in pharmacogenomics and genomic medicine will address genetic susceptibility to PDA and new initiatives for personalized medicine approaches to PDA management. Rapid developments in catheter-based closure techniques over the past few years will be discussed in light of resurgent interest in achieving definitive ductus closure without the need for surgical ligation.

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: ductus arteriosus, PDA, bronchopulmonary dysplasia (BPD)

Additional Comments: Session chair will be senior clinician/researcher in the field. Session co-chair will be junior PhD researcher in the field. Senior leaders in respective aspects of the PDA field are available as alternative speakers for each topic

Financial Sponsor? (none)

Society Affiliation: AAP|SPR|APS|AAP SoNPM

Monday, October 7, 2019
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<tr>
<th>Speaker # 1</th>
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<tr>
<td><strong>Presentation Title</strong></td>
<td>Finding the Optimal PDA Treatment Window: Which Babies and When to Treat?</td>
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<tr>
<td><strong>Speaker/Duration</strong></td>
<td>William Benitz: e. 25 minutes</td>
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<tr>
<td><strong>Speaker/Institution</strong></td>
<td>W.E. Benitz, Pediatrics, Stanford University, Stanford, California, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification</strong></td>
<td>William Benitz: (none)</td>
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<th>Speaker # 2</th>
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<tr>
<td><strong>Presentation Title</strong></td>
<td>Mechanisms of DA regulation: prenatal patency and postnatal closure</td>
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<tr>
<td><strong>Speaker/Duration</strong></td>
<td>Regina Bokenkamp: e. 25 minutes</td>
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<tr>
<td><strong>Speaker/Institution</strong></td>
<td>R. Bokenkamp, Pediatrics, Leiden University, Leiden, NETHERLANDS</td>
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<tr>
<td><strong>Non-Member Justification</strong></td>
<td>Regina Bokenkamp: (none)</td>
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<th>Speaker # 3</th>
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<tr>
<td><strong>Presentation Title</strong></td>
<td>Personalized medicine and PDA: Pharmacogenomics comes to the forefront</td>
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<tr>
<td><strong>Speaker/Duration</strong></td>
<td>John Dagle: e. 25 minutes</td>
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<tr>
<td><strong>Speaker/Institution</strong></td>
<td>J.M. Dagle, Pediatrics, University of Iowa, Iowa City, Iowa, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification</strong></td>
<td>John Dagle: (none)</td>
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<tr>
<td><strong>Presentation Title</strong></td>
<td>Catheter-based PDA closure: Minimally invasive and maximally effective</td>
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<tr>
<td><strong>Speaker/Duration</strong></td>
<td>Evan Zahn: e. 25 minutes</td>
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<tr>
<td><strong>Speaker/Institution</strong></td>
<td>E. Zahn, Cedars Sinai Medical Center, Los Angeles, California, UNITED STATES</td>
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<tr>
<td><strong>Non-Member Justification</strong></td>
<td>Evan Zahn: (none)</td>
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</table>
**SESSION TITLE:** Novel nutrition strategies to minimize postnatal growth failure in VLBW infants

**Contact:** Amy Hair  
Baylor College of Medicine, Texas Children's Hospital  
abhair@texaschildrens.org

**Target Audience:** Neonatologists, Nutrition experts, nurses, dietitians, nurse practitioners, pediatric gastroenterologist

**Audience Size:** 100

**Tracks:** Clinical/Research Pathway|Clinical and Translational Research|Obesity/Metabolism|Neonatology|Gastroenterology and Nutrition

**Objectives**

1. To review concepts about postnatal growth trajectories as a tool to provide guidance to NICU clinicians to adjust nutrient intake to minimize postnatal growth failure of VLBW.  
2. To discuss perinatal metabolic transition and adaptation to extra-uterine life with respect to body composition  
3. To address the various controversies that exist in neonatal nutrition, specifically the source and composition of human milk fortifiers for infants at highest risk, with the goal of promoting best strategies to reduce sepsis/NEC rates and to improve growth and neurodevelopmental outcome of these infants  
4. To present novel fortification strategies including adjusted and targeted fortification.

**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 and which fortification strategy is best for VLBW infants. Outcomes vary for rates of sepsis/NEC, for postnatal growth and for neurodevelopmental outcome. Actually, nutrition strategies in the NICU focus on maximizing the use of mother’s own milk while minimizing the introduction of formula. How early, how fast and what volume to introduce according to gestational age and severity of illness remains controversial. Many NICUs have adopted human milk-derived fortifiers, concerns about cost–benefit remain when adopting this strategy. Recent studies highlight the different types of fortifiers (bovine-milk based fortifier and donor human milk-derived fortifier as well as lyophilized products) however they are not uniformly used and guidelines on how to use them remain scarce.

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 individualized fortification – either adjusted or targeted - has not been widely adopted. Postnatal growth failure remains a major challenge in the care of the VLBW infant. This symposium plans to address the various controversies that exist in neonatal nutrition, with focus on novel nutrition strategies to minimize postnatal growth failure including targeted 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 - The challenge of minimizing postnatal growth failure in VLBW infants: Postnatal adaptation and metabolism  
Amy Hair - Early fortification and novel strategies for fortification of human milk  
Chris Fusch - The future of human milk fortification: practical strategies for targeted fortification in relationship to individual growth trajectories of preterm infants  
Niels Rochow - Neurodevelopment and body composition of VLBW infants who received targeted fortification
### PROPOSAL #346596

**SESSION TITLE:** Novel nutrition strategies to minimize postnatal growth failure in VLBW infants

| Time Block: | 120 min. |
| QA: | Yes |
| Audience Polling: | No |
| Sabbath Conflicts: | N/A |
| Conflicting Sessions: | avoid perinatal nutrition club and neonatal feeding club, fetal nutrition and metabolism presentations |
| Additional Comments: | (none) |
| Financial Sponsor? | (none) |
| Society Affiliation: | AAP|SPR|AAP SoNPM |
| Chairs: | Amy Hair (Chair) |

#### Speaker # 1
**Presentation Title**  The challenge of minimizing postnatal growth failure in VLBW infants: Postnatal adaptation and metabolism

**Speaker/Duration:**  Cynthia Blanco : e. 25 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 : e. 25 minutes  
**Speaker/Institution:**  A.B. Hair, Pediatrics, Baylor College of Medicine, Texas Children's Hospital, Houston, Texas, UNITED STATES|  
**Non-Member Justification:**  Amy Hair : (none)

#### Speaker # 3
**Presentation Title**  The future of human milk fortification: practical strategies for targeted fortification in relationship to individual growth trajectories of preterm infants

**Speaker/Duration:**  Christoph Fusch : e. 25 minutes  
**Speaker/Institution:**  C. Fusch, Pediatrics, PARACELSUS Medical School, Nuernberg, Bavaria, GERMANY|  
**Non-Member Justification:**  Christoph Fusch : Dr. Fusch is know internationally for his publications and knowledge in the field of human milk fortification and targeted fortification.

#### Speaker # 4
**Presentation Title**  Neurodevelopment and body composition of VLBW infants who received targeted fortification

**Speaker/Duration:**  Niels Rochow : e. 25 minutes  
**Speaker/Institution:**  N. Rochow, Pediatrics, McMaster University, Hamilton, Ontario, CANADA|  
**Non-Member Justification:**  Niels Rochow : Dr. Rochow is an expert in the field of targeted fortification and long-term outcomes of this diet.
PROPOSAL #346601
SESSION TITLE: Food allergies in a breastfed – fact or fiction?

Contact: Kirsi Jarvinen-Seppo  
University of Rochester  
kirsi_jarvinen-seppo@URMC.Rochester.edu

Target Audience: General and community pediatricians, sub-specialists in gastroenterology, breastfeeding medicine, neonatology, and allergy, physician scientists

Audience Size: 50-100

Tracks: Academic and Research Skills | Neonatology | General Pediatrics | Gastroenterology and Nutrition | Community Pediatrics | Clinical/Research Pathway | Allergy, Immunology and Rheumatology

Objectives
1. Discuss commonly seen breastfeeding issues that are concerning for or confused with food allergies
2. Describe the current evidence for presence of food allergy in a breastfed infant and passage of maternal antigens to mother’s milk
3. Understand the management of food allergy in a breastfed and it’s nutritional hazards for the mother and infant

Description: Food allergies can present in breastfed infants, and several IgE- and non-IgE-mediated presentations have been described. Often, the symptoms are nonspecific and commonly seen in other disorders. Too often breastfeeding is discontinued in order to manage the symptoms, when maternal diet manipulations could result in favorable outcomes allowing continuation of breast feeding. This seminar will discuss feeding difficulties commonly seen in breastfed infants, including those related to food allergies, and will discuss the evidence on presentation of food allergy and presence of dietary proteins in human milk. Lastly the management of food allergies in breastfed and the nutritional implications of maternal elimination diets will be discussed.

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: AAP | SPR

Chairs: Kirsi Jarvinen-Seppo (Chair)

Speaker # 1
Presentation Title: Breastfeeding difficulties – what’s the problem?
Speaker/Duration: Casey Rosen-Carole: d. 20 minutes
Speaker/Institution: C.B. Rosen-Carole, University of Rochester, Rochester, New York, UNITED STATES
Non-Member Justification: Casey Rosen-Carole: (none)
PROPOSAL #346601
SESSION TITLE: Food allergies in a breastfed – fact or fiction?

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**SESSION TITLE:** Vaping-Associated Severe Pulmonary Disease: emerging insight in case surveillance, diagnosis and management

**Contact:** Anne Griffiths  
Children's Minnesota  
griffiths@crccs.com

**Objectives**
- Define vaping-associated pulmonary disease
- Describe CDC case surveillance criteria, role of department of health, and provider reporting
- Review classic presentation of vaping-associated pulmonary disease
- Identify co-morbidities of vaping-associated pulmonary disease
- Familiarize providers with vaping substances and paraphernalia trends
- Discuss potential toxicity and respiratory effects of e-cigarette liquids, flavorings and solvents
- Discuss challenges of treatment of vaping-associated pulmonary disease

**Description:**
With evolving technology and product development, e-cigarette use in teenagers has rapidly climbed over the past several years. In the summer of 2019, severe pulmonary disease associated with vaping of electronic cigarette use was first reported. By late September of 2019, 805 cases had been reported in 46 states and 1 territory of the United States. The majority of cases were reported in teenagers and young adults. In collaboration with the State Health Departments, and Centers for Disease Control and Prevention, health care providers have worked to define, identify and treat this illness with many unanswered questions persisting. If one in 5 teens engages in vaping activities, who as pediatricians will we need to treat? What substances have emerging data suggesting potential respiratory harm? This symposium will evaluate the state of our current knowledge of vaping-associated pulmonary disease and potential disease-causing components in e-cigarettes.

**Time Block:** Either

**QA:** Yes

**Audience Polling:** Yes

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** Pulmonary track

**Additional Comments:** (none)

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

**Society Affiliation:** AAP

**Chairs:** Anne Griffiths (Presenter); Terra Wiens (Presenter); Ilona Jaspers (Presenter); Phillip Clapp (Presenter)

**Learning Pathway**
- Advocacy
- Clinical/Research
- Digital Therapeutics
- Education
- Trainee

**Target Audience:** Pediatric Primary Care Providers, Hospitalists, Pulmonologists, Emergency Medicine and Critical Care Physicians

**Audience Size:** 150
PROPOSAL # 346603
SESSION TITLE: Vaping-Associated Severe Pulmonary Disease: emerging insight in case surveillance, diagnosis and management

Speaker # 1
Presentation Title  vaping-associated severe pulmonary disease, diagnosis and management
Speaker/Duration:  Anne Griffiths : g. 45 minutes
Speaker/Institution:  A. Griffiths, Pediatric Pulmonary Medicine, Children's Minnesota, Edina, Minnesota, UNITED STATES
Non-Member Justification:  Anne Griffiths : AAP

Speaker # 2
Presentation Title  Vaping-Associated Case Reporting and CDC Surveillance, the Minnesota Department of Health Experience
Speaker/Duration:  Terra Wiens : f. 30 minutes
Speaker/Institution:  T. Wiens, Minnesota Department of Health, St. Paul, Minnesota, UNITED STATES
Non-Member Justification:  Terra Wiens : Terra is an epidemiologist with the Minnesota Department of Health, speaking to the role of the state health departments in reporting surveillance cases

Speaker # 3
Presentation Title  How e-cigarette flavoring impairs immune function
Speaker/Duration:  Phillip Clapp : f. 30 minutes
Speaker/Institution:  P. Clapp, Center for Environmental Medicine, Asthma, and Lung Biology, University of North Carolina, Chapel Hill, Chapel Hill, North Carolina, UNITED STATES
Non-Member Justification:  Phillip Clapp : Post-doctoral fellow studying the health effects of e-cigarettes

Speaker # 4
Presentation Title  Evaluating the health effects of electronic cigarettes, new challenges facing researchers working to identify a new spectrum of disease
Speaker/Duration:  Ilona Jaspers : g. 45 minutes
Speaker/Institution:  I. Jaspers, UNC Center for Environmental Medicine, Asthma and Lung Biology, University of North Carolina, Chapel Hill, Chapel Hill, North Carolina, UNITED STATES
Non-Member Justification:  Ilona Jaspers : Dr. Jaspers is a toxicologist and professor of pediatrics and microbiology & immunology and a national expert in the field of e-cigarette toxicology
PROPOSAL # 346611
SESSION TITLE: Social Determinants meets Precision Medicine

Contact: Cynthia Bearer
University of Maryland School of Medicine
cbearer@som.umaryland.edu

Target Audience: Investigators interested in Social Determinants and Precision Medicine at any stage of their career

Audience Size: 50

Tracks: Genomics | Social Determinants/Health Disparities | Health Equity/Social Determinants of Health-ACEs/Social Justice

Objectives
At the end of this session, participants will be able to:
1. Define precision medicine, personalized medicine and social determinants of health
2. Understand risk factors of individuals versus populations
3. List 3 risk factors for genetics, biologics and social determinants
4. Create interventions for each of these risk factors

Description:
The social determinants of health are the economic and social conditions that influence individual and group differences in health status in contrast to individual risk factors such as genetics that is the focus of precision medicine. What if models existed that took into account both the social as well as the genetic determinants of health? A recent flurry of articles in Pediatric Research address this issue, ranging from social support and maternal DNA methylation, early life antecedents of positive child health, and cumulative psychosocial risk in global health research. The presentations in this session will range from basic science to epidemiology, be interdisciplinary in character, and presenters will range from early career to senior status.

0:00 Introduction – Mike O’Shea

0:05 Can social support during pregnancy affect maternal DNA methylation? Findings from a cohort of African-Americans – Xiaobin Wang, Johns Hopkins School of Medicine

0:25 Q & A

0:30 Early life antecedents of positive child health among 10-year-old children born extremely preterm. Rebecca Fry, UNC

0:50 Q & A

0:55 The promise and pitfalls of precision medicine to resolve black-white racial disparities in preterm birth – Heather Burris, CHOP, University of Pennsylvania

1:15 Q & A

1:20 Cumulative psychosocial risk and early child development: validation and use of the Childhood Psychosocial Adversity Scale in global health research – Annie Berens, UCSF

1:45 Q & A

1:50 Panel Discussion - Cynthia Bearer (Discussant)

Time Block: 120 min.

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: Keynote Speaker, APS Presidential Plenary, SPR Presidential Plenary

Additional Comments: (none)

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

Society Affiliation: APS | SPR

Chairs: Eleanor Molloy (Chair); Cynthia Bearer (Contact Person)
PROPOSAL #346611
SESSION TITLE: Social Determinants meets Precision Medicine

Speaker # 1
Presentation Title  Introduction
Speaker/Duration:  T. Michael O'Shea : a. 5 minutes
Speaker/Institution:  T. O'Shea, Pediatrics, University of North Carolina School of Medicine, Chapel Hill, North Carolina, UNITED STATES |
Non-Member Justification:  T. Michael O'Shea : Expert in this area

Speaker # 2
Presentation Title  Can social support during pregnancy affect maternal DNA methylation? Findings from a cohort of African-Americans
Speaker/Duration:  Xiaobin Wang : d. 20 minutes
Speaker/Institution:  X. Wang, Population, Family, Reproductive Health, Johns Hopkins University, Baltimore, Maryland, UNITED STATES |
Non-Member Justification:  Xiaobin Wang : she is a member of APS

Speaker # 3
Presentation Title  Early life antecedents of positive child health among 10-year-old children born extremely preterm.
Speaker/Duration:  Rebecca Fry : d. 20 minutes
Speaker/Institution:  R. Fry, UNC UNC Gillings School of Global Public Health, DEPARTMENT OF ENVIRONMENTAL SCIENCES AND ENGINEERING, Chapel Hill, North Carolina, UNITED STATES |
Non-Member Justification:  Rebecca Fry : She is an expert in this area

Speaker # 4
Presentation Title  The promise and pitfalls of precision medicine to resolve black-white racial disparities in preterm birth
Speaker/Duration:  Heather Burris : d. 20 minutes
Speaker/Institution:  H.H. Burris, Pediatrics, Children's Hospital of Philadelphia, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania, UNITED STATES |
Non-Member Justification:  Heather Burris : She is a member of SPR

Speaker # 5
Presentation Title  Cumulative psychosocial risk and early child development: validation and use of the Childhood Psychosocial Adversity Scale in global health research
Speaker/Duration:  Annie Berens : d. 20 minutes
Speaker/Institution:  A. Berens, Department of Pediatrics, University of California, San Francisco, San Francisco, California, UNITED STATES |
Non-Member Justification:  Annie Berens : She is a selected Early Career Investigator from Pediatric Research
PROPOSAL #346612
SESSION TITLE: Global Newborn Health: Commitments to Improve

Contact: William Keenan Saint Louis University
keenanwj@slu.edu

Track: Panel Discussion

Target Audience: Attendees with interest in global health, with interest in neonatology

Audience Size: 200

Tracks: Neonatology | Quality Improvement/Patient Safety

Objectives
Review neonatal mortality, current relevant policies, global resources. Discuss the content and implementation of the Every Newborn Action Plan. Engage the attendees to discuss policy, implementation and how professionals and their societies can engage.

Description:
Neonatal mortality is now 47% of global under 5 mortality. Morbidities are extensive, equity gaps are formidable. Survive, Thrive and Transform are the themes within the Millennium Development Goals adopted by UN members, and WHO. Achievement of universal health care (UHC) and the goal of equity have wide support. Within this context a panel discussions with wide group participation regarding recent improvements in newborn health and the ongoing challenges is planned. Representation of WHO, PMNCH, USAID, COINN, AAP, CPS, IPA and AAP is expected. Current global sector plans and opportunities for contributions from professional societies will be highlighted. Ways forward including policy development, advocacy, roles for professional societies and collaboration between professions particularly Pediatric and Neonatal Nursing will be explored. For meaningful outcome changes to occur pediatric practitioners around the world need to accelerate their mutually supported participation at levels of practice, training, planning and policy.

Part 1) Recent multisector improvements in neonatal outcomes, changing resources and global planning. Implications of policy, training, education, data availability, acknowledgement of the critical nature of quality improvement process, UHC and equity
Facilitator: Zulfi Bhutta-PMNCH, CPS, IPA

Part 2) Ways forward with national implementation of Every Newborn Action Plan, development of augmented nursing resources. Integration across professions, regionalized care. Facilitator: William Keenan-HBS, AAP, IPA

Part 3) Challenges for collaborative interprofessional care, development of intergral QI, expanded resources supprot for efficacious education/training, maintaining competencies. Facilitator: Nalini Singhal-HBS, CPS, AAP

Part 4) Forming commitments to share proceedings and establish a facilitated online discussion group. Impact on policy.
Errol Alden-AAP, IPA

Time Block: Either

QA: Yes

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: global health

Additional Comments: (none)

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

Society Affiliation: AAP

Chairs: William Keenan (Chair)
PROPOSAL #346612
SESSION TITLE: Global Newborn Health: Commitments to Improve

Speaker # 1
Presentation Title  Neonatal Health-Improvements and Challenges Ahead
Speaker/Duration: Zulfiqar Bhutta : d. 20 minutes
Speaker/Institution: Z.A. Bhutta, Centre for Global Child Health, The Hospital for Sick Children, Toronto, Ontario, CANADA |
Non-Member Justification: Zulfiqar Bhutta : (none)

Speaker # 2
Presentation Title  Every Newborn Action Plan Implementation
Speaker/Duration: William Keenan : d. 20 minutes
Speaker/Institution: W.J. Keenan, Pediatrics, Saint Louis University, St. Louis, Missouri, UNITED STATES |
Non-Member Justification: William Keenan : (none)

Speaker # 3
Presentation Title  Essential Support For Change
Speaker/Duration: nalini singhal : d. 20 minutes
Speaker/Institution: N. singhal, Pediatrics, University of Calgary, Calgary, Alberta, CANADA |
Non-Member Justification: nalini singhal : (none)

Speaker # 4
Presentation Title  Ensuring Commitments
Speaker/Duration: Errol Alden : d. 20 minutes
Speaker/Institution: E. Alden, International Pediatric Society, Chicago, Illinois, UNITED STATES |
Non-Member Justification: Errol Alden : (none)
PROPOSAL #346613
SESSION TITLE: Toxicology Critical Cases: A year in review. Treating poisoned patients based on current evidence and guidelines.

Contact: Elizabeth Hines  
University of Maryland School of Medicine  
ehines@som.umaryland.edu

Target Audience: Neonatologists, Pediatric Emergency Medicine Providers, Pediatric Intensivists, Hospitalists, Residents, Fellows, All-Level Faculty

Audience Size: 50‐75

Tracks: Adolescent Medicine | Hospitalists | Neonatology | Emergency Medicine | Critical Care

Objectives  
1) Understand factors predicting adverse outcomes in a pediatric poisoning population; 2) Describe the risks of prenatal lead exposure and current trends of neonatal treatment strategies; 3) Develop a treatment strategy for severe drug‐induced hyperthermia caused by emerging drugs of abuse and misuse; and 4) Review emerging research involving the role of extracorporeal membrane oxygenation (ECMO) in the treatment of severe pediatric poisoning.

Description:  
By the end of this session audience members will: 1) Understand factors predicting adverse outcomes in a pediatric poisoning population; 2) Describe the risks of prenatal lead exposure and current trends of neonatal treatment strategies; 3) Develop a treatment strategy for severe drug‐induced hyperthermia caused by emerging drugs of abuse and misuse; and 4) Review emerging research involving the role of extracorporeal membrane oxygenation (ECMO) in the treatment of severe pediatric poisoning.

Childhood poisoning is an important cause of pediatric morbidity and mortality in the United States. In 2017, the American Association of Poison Control Center’s (AAPCC) data warehouse, the National Poison Data System (NPDS), recorded 1.26 million pediatric exposures under the age of eighteen years, accounting for approximately 60% of all human exposure calls made to poison centers across the United States. Although the majority (99%) of young childhood exposures are unintentional and result in minor outcome, the NPDS still recorded 25 fatalities in children under 6 years of age. As the intentionality of ingestions changes with patient age; adolescent poisonings frequently require emergency department care and hospitalization.

Despite children and adolescents frequently presenting to care for poisoning‐related illness, currently only 44 board certified medical toxicologists are pediatricians. Pediatric medical toxicologists’ offer unique specialization focused on prevention, management, and education of poisoning related‐illness in pediatric patients. This symposium will focus on interesting case‐based scenarios from the past academic year seen and treated by pediatric medical toxicologists across the country while simultaneously highlighting new research, novel therapies, and future directions in this ever changing and fascinating field of pediatric medicine. The session will end with a question and answer period.

Time Block: 120 min.

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: Hines, Osterhoudt, and Yin are submitting additional symposium proposals. If accepted they would be a conflict.

Additional Comments: (none)

Financial Sponsor? (none)  
If Yes: (none)
### Speaker # 1
**Presentation Title**: Introduction of section and speakers  
**Speaker/Duration**: Elizabeth Hines : b. 10 minutes  
**Speaker/Institution**: E.Q. Hines, Pediatric Emergency Medicine, University of Maryland School of Medicine, Baltimore, Maryland, UNITED STATES  
**Non-Member Justification**: Elizabeth Hines : (none)

### Speaker # 2
**Presentation Title**: Where to care: Current predictors of children requiring ICU intervention following drug ingestion  
**Speaker/Duration**: Shan Yin : d. 20 minutes  
**Speaker/Institution**: S. Yin, Emergency, Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, UNITED STATES  
**Non-Member Justification**: Shan Yin : (none)

### Speaker # 3
**Presentation Title**: Congenital plumbism: Where does the data lead us?  
**Speaker/Duration**: James Leonard : d. 20 minutes  
**Speaker/Institution**: J. Leonard, Maryland Poison Center, Baltimore, Maryland, UNITED STATES  
**Non-Member Justification**: James Leonard : James Leonard is a PharmD who has completed his emergency pharmacy residency and clinical toxicology fellowship. He, like many toxicology pharmacists, is an invaluable member of the Maryland Poison Center and is very involved in numerous r

### Speaker # 4
**Presentation Title**: Evidence based treatment of drug-induced hyperthermia  
**Speaker/Duration**: Kevin Osterhoudt : d. 20 minutes  
**Speaker/Institution**: K.C. Osterhoudt, Pediatric Emergency Medicine, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES  
**Non-Member Justification**: Kevin Osterhoudt : (none)

### Speaker # 5
**Presentation Title**: Utilization of extracorporeal membrane oxygenation (ECMO) for the poisoned child  
**Speaker/Duration**: Elizabeth Hines : d. 20 minutes  
**Speaker/Institution**: E.Q. Hines, Pediatric Emergency Medicine, University of Maryland School of Medicine, Baltimore, Maryland, UNITED STATES  
**Non-Member Justification**: Elizabeth Hines : (none)
**PROPOSAL #346616**

**SESSION TITLE:** Mucosal immunity and host-pathogen interactions: Practical lessons for clinicians.

**Contact:**

**Target Audience:** The symposium is designed for a diverse group of physicians and researchers with different backgrounds including General Pediatricians, specialists Infectious Diseases, Hospital Medicine, Vaccinology, Pulmonology, Immunology, Public Health, Microbiology

**Audience Size:** 300

**Tracks:**Clinical and Translational Research|Allergy, Immunology and Rheumatology|Trainee Pathway|Pulmonology|Infectious Diseases|Public Health|Hospitalists|Basic Science|International and Global Health|General Pediatrics|Gastroenterology and Nutrition|Clinical/Re

**Objectives**

This symposium is designed to provide an up-to-date multidisciplinary perspective by bringing together clinicians and researchers with varied backgrounds and clinical expertise to review most recent information on the role of mucosal immunity in regulating host-pathogen interactions and protection against relevant pediatric pathogens. Will review recent research on the mechanisms involved in mucosal immunity, as well as host-pathogen and pathogen-pathogen interactions, and the implications for clinical practice. The session will conclude with a facilitated panel discussion with interactive audience participation.

**Description:**

The initial interactions for most common pathogens and the host occur at the mucosal level. Despite this evidence, most correlates of protection and vaccines studies are focused on markers that are measured in the systemic compartment. The goal of this symposium is to provide an update on recent developments in our understanding of host-pathogen interactions in the mucosa, a review of how mucosal immune responses participate in protection against common microorganisms, and the implications for clinical practice and vaccine development.

Topics to be reviewed:
- Systemic vs Mucosal Immunity
- IgG and IgA: which one is more important?
- Pneumococcus in the upper respiratory tract: What does it mean?
- Pneumococcus interactions with other pathogens
- Rotavirus mucosal immunity
- Can we develop immunity against norovirus?
- Relevance of mucosal immunity for influenza
- Pros and cons of mucosal vaccines against influenza
- Why does RSV induce poor immunity?
- Can we induce mucosal protection against RSV?
- Titles of presentations include:
  - Pneumococcus interactions in the respiratory mucosa (Dagan)
  - Importance of mucosal immunity for Rotavirus and Norovirus (Halasa)
  - Mucosal immunity and protection against RSV (Mejias)
  - Understanding local immunity in influenza infection (Piedra)

**Time Block:** 120 min.

**QA:** Yes

**Audience Polling:** No

**Sabbath Conflicts:** N/A

**Conflicting Sessions:** N/A

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**Society Affiliation:** AAP|SPR|PIDS|APS
<table>
<thead>
<tr>
<th>Speaker #</th>
<th>Presentation Title</th>
<th>Speaker/Duration</th>
<th>Speaker/Institution</th>
<th>Non-Member Justification</th>
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**SESSION TITLE:** Mucosal immunity and host-pathogen interactions: Practical lessons for clinicians.

**Chairs:** Octavio Ramilo (Moderator); Ron Dagan (Presenter); Natasha Halasa (Presenter); Asuncion Mejias (Presenter); Pedro Piedra (Presenter)
PROPOSAL # 346620
SESSION TITLE: Micro to Macro Perspectives in Neonatal Abstinence Syndrome: What Matters Most?

Contact: Kristen Benninger Nationwide Children’s Hospital
kristen.benninger@nationwidechildrens.org

Target Audience: Neonatologists, those interested in public health and policy, general and community pediatricians, maternal fetal medicine providers

Audience Size: 100

Tracks: Cross-Disciplinary Spotlight|Advocacy/Public Policy|Quality Improvement/Patient Safety|Social Determinants/Health Disparities|Medical Informatics/Data Science|School and Community Health|Media & Technology|Public Health|General Pediatrics|Neonatology

Objectives
1. Contrast the role of child welfare and policy to ongoing efforts centered on clinical care. 2. Discover how innovative neuroscience and neuroimaging techniques reveal alterations in the neonatal brain that may explain the behavioral phenotype of infants with NAS. 3. Discuss the role of local and regional collaboratives to care for the maternal-infant dyad affected by substance use disorders. 4. Investigate how national health initiatives plan to involve all participants in the care of infants with NAS to promote large scale improvements through medical technology.

Description: This panel discussion will provide new perspectives about important issues surrounding the problem neonatal abstinence syndrome (NAS), from the neuroscience of altered neonatal brain function to the role of local and regional collaboratives, child welfare, and registries/common data elements. We will provide diverse, non-traditional ways of looking at a current clinical problem, to provoke engagement, outside-the-box thinking and collaboration from the audience. The Q and A will contrast micro to macro points of view BEYOND management of NAS in the NICU and discussants will offer ways in which they could be integrated into current clinical care paradigms. First, Dr. Stephen Patrick, Assistant Professor of Pediatrics at Vanderbilt University and Director of the Vanderbilt Center for Child Health Policy will provide an overview of the problem and the scope of the unknown. Dr. Patrick will highlight the importance of policy, particularly, the role of child welfare and early intervention in changing outcomes. We will then shift the discussion as Dr. Kris Reber Associate Division Chief of Neonatology at Nationwide Children’s Hospital and leader in the Ohio Perinatal Quality Collaborative’s NAS taskforce argues the importance of local and regional collaborative opportunities in the community to optimize care for mother-infant dyads affected by substance-use disorders. We will discuss how to leverage community resources to optimally support dyads during the transition from hospital to home and focus on strategies to optimize their long term success. The session will then shift again in scale to the microscopic, as Dr. Kristen Benninger, Neonatologist and Principal Investigator in the Center for Perinatal Research at Nationwide Children's Hospital focuses on the neuroscience underlying effects of opioids on the developing brain. From structural and functional alterations of cells and structures, we will discuss what is known and areas in need of further investigation. We will also highlight the use of innovative neuroimaging techniques, functional EEG and standardized assessments to explain mechanisms of altered brain-behavior relationships. The discussion will conclude with a presentation by Dr. Shahla Jilani, Deputy Chief Medical Officer, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services (DHSS), to detail current national efforts to use large data elements and repositories to revolutionize longitudinal care for the mother-infant dyad, affected by substance use disorders. In collaboration with maternal-child health experts across the country, the DHSS has developed a list of data elements aimed to
PROPOSAL # 346620
SESSION TITLE: Micro to Macro Perspectives in Neonatal Abstinence Syndrome: What Matters Most?

promote understanding of long-term needs and outcomes of opioid-exposed (and other substance-exposed) mother-infant dyads. The list may be adaptable for research, clinical or both use cases. Elements have been cross-mapped to the National Coordinator (ONC) 2015 Edition Health IT Certification Criteria to find that the majority of proposed data elements are currently supported as structured code sets available in certified electronic medical records throughout most of the country. We will propose relevant use cases for participants.

Additional Comments: (none)
Financial Sponsor? (none)
Society Affiliation: AAP | SPR

Chairs: Kristen Benninger (Presenter); Nathalie Maitre (Presenter); Nathalie Maitre (Moderator)

Speaker # 1
Presentation Title  Child Welfare and Early Intervention: critical elements in changing outcomes after NAS
Speaker/Duration: Stephen Patrick : d. 20 minutes
Speaker/Institution: S.W. Patrick, Pediatrics and Health Policy, Vanderbilt University, Nashville, Tennessee, UNITED STATES |
Non-Member Justification: Stephen Patrick : (none)

Speaker # 2
Presentation Title  Understanding Collaborative Opportunities in Your Community to care for the Mother-Infant Dyad Affected by Substance-Use Disorders
Speaker/Duration: Kristina Reber : d. 20 minutes
Speaker/Institution: K.M. Reber, Neonatology, Nationwide Children's Hospital, Dublin, Ohio, UNITED STATES |
Non-Member Justification: Kristina Reber : (none)

Speaker # 3
Presentation Title  Understanding the role of Neuroscience in Guiding Longitudinal Care, Interventions and Follow-Up of Opioid-Exposed Infants.
Speaker/Duration: Kristen Benninger : d. 20 minutes
Speaker/Institution: K.L. Benninger, Neonatology, Nationwide Children's Hospital, Columbus, Ohio, UNITED STATES |
Non-Member Justification: Kristen Benninger : (none)
**PROPOSAL #346620**

**SESSION TITLE:** Micro to Macro Perspectives in Neonatal Abstinence Syndrome: What Matters Most?

<table>
<thead>
<tr>
<th>Speaker # 4</th>
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<tbody>
<tr>
<td><strong>Presentation Title:</strong> The Role of Large Data Elements and EMR Technology to Revolutionize Longitudinal Care of Mother-Infant Dyad Affected by Substance Use Disorders</td>
</tr>
<tr>
<td><strong>Speaker/Duration:</strong> Shahla Jilani : d. 20 minutes</td>
</tr>
<tr>
<td><strong>Speaker/Institution:</strong> S. Jilani, Department of Health and Human Services, Washington DC, District of Columbia, UNITED STATES</td>
</tr>
<tr>
<td><strong>Non-Member Justification:</strong> Shahla Jilani : (none)</td>
</tr>
</tbody>
</table>
PROPOSAL #346625

SESSION TITLE: Building a Comprehensive Approach to Health Equity: Leveraging Institutional, Community, and Professional Society Collaborations

Contact: Erin Paquette
Northwestern University Feinberg School of Medicine/Ann & Robert H Lurie Children’s Hospital of Chicago
erin.talati@northwestern.edu

Target Audience: Pediatricians, Community Partners, Hospital leadership

Audience Size: 50

Tracks: Community Pediatrics | Advocacy/Public Policy | Diversity and Inclusion | Social Determinants/Health Disparities | Cross-Disciplinary Spotlight | Health Equity/Social Determinants of Health-ACEs/Social Justice | Advocacy Pathway

Objectives
1. Understand the interplay between social determinants of health and health equity. 2. Describe an institutional approach to education to create a culture of equity, including education on implicit bias and trauma informed care. 3. Review an institutional approach to evaluating outcomes related to health disparities and barriers to health equity. 4. Learn strategies to incorporate a diverse and inclusive workforce. 5. Discuss an approach to collaborating with local and community partners to build equity within vulnerable neighborhoods. 6. Explore collaboration with local professional societies as a mechanism to expand breadth and reach of health equity activities. 7. Illuminate opportunities for policy and advocacy to support system level change.

Description: The pediatric population in the United States and the city of Chicago, is becoming more racially and ethnically diverse while experiencing worsening socioeconomic disadvantage. Racial, ethnic, and socioeconomic disparities are well documented for patients of all ages. For children, the impact of disparities are perpetuated throughout their lives. Adverse Childhood Experiences cause toxic stress, impact brain development, and are linked to chronic illness, poor health outcomes, risky behaviors, and premature death. Experiencing racial/ethnic mistreatment, exposure to violence and other traumatic events, and living in poverty commonly coincide and have cumulative and likely catalytic negative impacts on the health and well-being of each generation. The Center for Disease Control defines health disparities as preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups and communities. Individuals in disadvantaged groups are more likely to experience poorer health outcomes related to the social determinants of health, including barriers related to geographic access, insurance, food insecurity, housing instability, and poor family stability. They may experience increased errors, longer lengths of stay, avoidable readmissions and gaps in care and are less likely to receive evidenced-based care for certain conditions. Commitment to workforce diversity and inclusion is essential to building a culture of equity. This session will describe an approach to health equity incorporating institutional culture, community engagement and collaboration with professional organizations. Panelists will discuss building a culture of equity beyond the hospital to communities where our families live and work. After describing a comprehensive strategy, panelists will encourage audience participation to discuss the experience of others to share effective practices. Each talk will be ~10 minutes, followed by Q&A:

1: The Importance of Building a Culture of Health Equity and Assessing Institutional Equity Outcomes
2: Developing an Institutional Culture of Equity and Inclusion: Implicit Bias and Trauma Informed Care
3: Focusing on Workforce Diversity and Inclusion
4: Community Engagement and Collaborations
5: Leveraging Professional Society Resources to Expand Reach
6: From Practice to Policy: Advancing Health Equity through a Child Health Policy Collaborative
### PROPOSAL # 346625

**SESSION TITLE:** Building a Comprehensive Approach to Health Equity: Leveraging Institutional, Community, and Professional Society Collaborations

<table>
<thead>
<tr>
<th>Time Block:</th>
<th>90 min.</th>
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<tbody>
<tr>
<td>QA:</td>
<td>Yes</td>
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<tr>
<td>Audience Polling:</td>
<td>Yes</td>
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<tr>
<td>Sabbath Conflicts:</td>
<td>N/A</td>
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</tbody>
</table>

**Learning Pathway**
- [x] Advocacy
- [ ] Digital Therapeutics
- [ ] Clinical/Research
- [ ] Education
- [ ] Trainee

**Conflicting Sessions:** Health Equity, Social Determinants of Health, Diversity and Inclusion

**Additional Comments:** (none)

**Financial Sponsor?** (none)

**Society Affiliation:** Other/No Affiliation

**Chairs:** Erin Paquette (Chair); Valeria Cohran (Panelist); Adeola Oduwole (Panelist); Karen Sheehan (Panelist); Mariana Glusman (Panelist); Jill Fraggos (Panelist)

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**Speaker # 1**

**Presentation Title**  The Importance of Building a Culture of Health Equity and Assessing Institutional Equity Outcomes

**Speaker/Duration:** Erin Paquette : b. 10 minutes

**Speaker/Institution:** E. Paquette, Ann & Robert H Lurie Children’s Hospital of Chicago, Chicago, Illinois, UNITED STATES

**Non-Member Justification:** Erin Paquette : (none)

---

**Speaker # 2**

**Presentation Title**  Developing an Institutional Culture of Equity and Inclusion: Educating the Workforce on Implicit Bias and a Trauma Informed Approach

**Speaker/Duration:** Valeria Cohran : b. 10 minutes

**Speaker/Institution:** V. Cohran, Ann & Robert H Lurie Children's Hospital of Chicago, Chicago, Illinois, UNITED STATES

**Non-Member Justification:** Valeria Cohran : (none)

---

**Speaker # 3**

**Presentation Title**  Focusing on Workforce Diversity and Inclusion

**Speaker/Duration:** Adeola Oduwole : b. 10 minutes

**Speaker/Institution:** A. Oduwole, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois, UNITED STATES

**Non-Member Justification:** Adeola Oduwole : Chief Diversity & Inclusion Officer

---

**Speaker # 4**

**Presentation Title**  Community Engagement and Collaborations

**Speaker/Duration:** Karen Sheehan : b. 10 minutes

**Speaker/Institution:** K. Sheehan, Lurie Children's, Chicago, Illinois, UNITED STATES

**Non-Member Justification:** Karen Sheehan : (none)
PROPOSAL # 346625
SESSIOIN TITLE: Building a Comprehensive Approach to Health Equity: Leveraging Institutional, Community, and Professional Society Collaborations

Speaker # 5
Presentation Title  Leveraging Professional Society Resources to Expand Reach
Speaker/Duration:  Mariana Glusman : b. 10 minutes
Speaker/Institution:  M. Glusman, General Academic Pediatrics, Ann and Robert H. Lurie Children's Hospital of Chicago-Uptown, Chicago, Illinois, UNITED STATES
Non-Member Justification:  Mariana Glusman : (none)

Speaker # 6
Presentation Title  From Practice to Policy: Advancing Health Equity through a Child Health Policy Collaborative
Speaker/Duration:  Jill Fraggos : b. 10 minutes
Speaker/Institution:  J. Fraggos, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois, UNITED STATES
Non-Member Justification:  Jill Fraggos : (none)
PROPOSAL #346652
SESSION TITLE: Lupus: Review of the Beans, Bones and Brain

Contact: Jennifer Charlton  University of Virginia
jrc6n@virginia.edu

Target Audience: Pediatrics caring for lupus patients, Pediatric nephrologists, Pediatric rheumatologists, Pediatric endocrinology, Pediatric psychology/psychiatry

Audience Size: 200

Tracks: Community Pediatrics; Adolescent Medicine; General Pediatrics; Trainee Pathway; Cross-Disciplinary Spotlight; Nephrology; Endocrinology; Allergy, Immunology and Rheumatology

Objectives
1. Review the pathogenesis and epidemiology of childhood lupus nephritis. Describe a collaborative care model for the joint management of lupus nephritis patients by nephrologists and rheumatologists.
2. Review current immunosuppressive options for inducing remission. Describe the indications for and practice patterns regarding the use of newer agents such as biologics.
3. Review of the expanding body of literature on Vitamin D and disordered bone and mineral metabolism in systemic lupus.
4. Identify risk factors for and prevalence of depression and anxiety in children with systemic lupus. Identify targets for improving mental health care in this population.

Description: Systemic lupus erythematosus is a disease with significant morbidity particularly when patients manifest with lupus nephritis. Although lupus nephritis is a relatively rare cause of kidney disease in children, there is a significant risk for progression to end stage renal disease if not treated appropriately and aggressively. This session will review the most recent incidence and outcome data from pediatric lupus nephritis literature, highlighting novel or emerging therapies in immunosuppression. Furthermore, this session will address co-morbid conditions often encountered in patients with lupus that relate to other organ systems including bone health as well as mental health and cognition.

Time Block: 120 min.

QA: No

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: no specific conflict

Additional Comments: (none)

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

Society Affiliation: ASPN

Chairs: Stephanie Jernigan (Moderator); Scott Wenderfer (Moderator); Jennifer Charlton (Contact Person)

Speaker # 1
Presentation Title  Where are we now? Lupus outcomes and care in children
Speaker/Duration: Beatrice Goliav : f. 30 minutes
Speaker/Institution: B. Goliav, The Children’s Hospital at Montefiore, Bronx, New York, UNITED STATES
Non-Member Justification: Beatrice Goliav : (none)
**PROPOSAL #346652**

**SESSION TITLE: Lupus: Review of the Beans, Bones and Brain**

<table>
<thead>
<tr>
<th>Speaker # 2</th>
<th>Presentation Title</th>
<th>Novel approaches to immunosuppression in lupus and lupus nephritis</th>
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<tbody>
<tr>
<td>Speaker/Duration:</td>
<td>Kelly Rouster-Stevens</td>
<td>f. 30 minutes</td>
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<tr>
<td>Speaker/Institution:</td>
<td>K. Rouster-Stevens, Children’s Healthcare of Atlanta/Emory University, Atlanta, Georgia, UNITED STATES</td>
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<td>Non-Member Justification:</td>
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<table>
<thead>
<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>Disordered bone and mineral metabolism in systemic lupus</th>
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<tbody>
<tr>
<td>Speaker/Duration:</td>
<td>Michelle Denburg</td>
<td>f. 30 minutes</td>
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<tr>
<td>Speaker/Institution:</td>
<td>M. Denburg, The Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES</td>
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<td>Non-Member Justification:</td>
<td>Michelle Denburg</td>
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<thead>
<tr>
<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Assessing mental health and cognitive function in children with systemic lupus</th>
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<tbody>
<tr>
<td>Speaker/Duration:</td>
<td>Jon Burnham</td>
<td>f. 30 minutes</td>
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<tr>
<td>Speaker/Institution:</td>
<td>J.M. Burnham, Pediatrics, Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES</td>
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<td>Non-Member Justification:</td>
<td>Jon Burnham</td>
<td>(none)</td>
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PROPOSAL #346671

SESSION TITLE: Pediatric Medical Devices: Current State, Barriers, and Opportunities to Advance the Field

Contact: [session speaker information]

Target Audience: Clinicians, researchers, innovation officer, tech transfer

Audience Size: 30

Tracks: Advocacy/Public Policy | Clinical and Translational Research | Media & Technology | Clinical/Research Pathway

Objectives
1. Appreciate the regulatory process for pediatric medical devices
2. Understand current barriers to new pediatric medical devices reaching the market
3. Learn about new initiatives to encourage pediatric medical device innovation
4. Learn about the functions and activities of the PDCs

Description:
Pediatric medical devices cover a broad array of indications and risk profiles, and have helped to reduce disease burden and improve quality of life for numerous children. However, many of these devices were not intended for or tested in children. As per a national survey of government-associated clinicians conducted by The Food and Drug Administration (FDA) and the NIH National Center for Advancing Translational Sciences (NCATS), despite cutting edge research and improved technologies to advance pediatric device development, the percentage of novel pediatric devices designed, evaluated and approved for pediatrics is only about a quarter of those for adults.

In that same survey, 91% clinicians reported that a new or improved device is needed, and 64% were dissatisfied with existing devices. Several factors have been identified that pose difficulties in bringing pediatric medical devices to market. These include small market and small sample size, unique design considerations, regulatory complexities, lack of infrastructure for research, development, and evaluation, and low return on investment. The end result of these is that very few new devices end up receiving specific pediatric regulatory approval from the FDA. The FDA has committed to advancing policies to encourage the development of safe and effective medical devices designed specifically for pediatric patients. The Pediatric Device Consortia Grant Program (PDC), created and administered by FDA’s Office of Orphan Products Development (OOPD), aims to facilitate the development, production and distribution of medical devices. During this session, attendees will have the opportunity to meet representatives from the five currently funded PDCs, as well as representatives from the FDA. During the Symposium, the speakers will provide an overview of how medical devices are approved for children, discuss the barriers to getting pediatric devices to market, learn about regulatory initiatives to encourage pediatric innovation, and learn more about the functions and activities of the PDCs.

Time Block: Either

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: None that I am aware of

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: AAP | APA

Chairs: Juan Espinoza (Discussant); Chester Koh (Discussant); Kolaleh Eskandanian (Discussant); Michael Harrison

Learning Pathway

- [ ] Advocacy
- [ ] Digital Therapeutics
- [x] Clinical/Research
- [ ] Education
- [ ] Trainee

Monday, October 7, 2019
PROPOSAL # 346671
SESSION TITLE: Pediatric Medical Devices: Current State, Barriers, and Opportunities to Advance the Field

(Discussant); Robert Levy (Discussant); Erika Torjusen (Discussant); Vasum Peiris (Discussant)

Speaker #
Presentation Title
Speaker/Duration:
Speaker/Institution:
Non-Member Justification:
Contact: Mohan Pammi
mohanv@bcm.edu

Target Audience: Researchers, clinicians and trainees interested in the microbiome and metabolomics

Audience Size: 50-70

Tracks: Basic Science | Gastroenterology and Nutrition | Clinical and Translational Research | Neonatology

Objectives
1. Highlight current advances in detecting and identifying microbial metabolites and products.
2. Discuss the effects of gut microbial metabolites on CNS health and disease (gut-brain axis)
3. Delineate the role of microbial metabolites in mucosal and systemic immunity.
4. Discuss the role of microbial metabolites and products as biomarkers and therapeutics.

Description: The human microbiome and their metabolic processes play a vital role in human pathophysiology. Advancing technology including metabolomics and next generation sequencing have provided a better and holistic understanding of disease pathophysiology as it relates to the human microbiome. In this proposed symposium, we will discuss the influence of microbial metabolites and products on mucosal immunology and health of the central nervous system. We will also explore the role of microbial metabolites as opportunities for discovery of biomarkers and novel therapeutics.

The Microbiome in Early Life: The fetus and newborn undergoes major transitions in relation to microbial exposures before, during and shortly after the birthing process. The relatively naïve neonatal microbiome along with the interaction between microbial components and metabolites and the hosts’ responses mature and evolve rapidly. Prior to birth, emerging evidence supports that the maternal and fetal ecosystems play a role in timing of delivery. At birth, vaginal versus cesarean delivery and the events surrounding these processes, as well as feeding and feeding composition, antibiotic exposure and the environment influence the developing neonatal microbiome. During the neonatal period, microbial dysbiosis has been implicated in neonatal diseases such as necrotizing enterocolitis (NEC), and bronchopulmonary dysplasia. Dysbiosis of the intestinal microbiome has been implicated in immune dysregulation (allergic and autoimmune disorders). A genetic predisposition, along with an altered microbiome and environmental triggers have been associated with a “perfect storm” for the pathogenesis of Type 1 diabetes and other autoimmune diseases.

Metabolomics is the latest of the ‘omics’ technology and identifies distinct patterns of small molecules generated during both host and microbial cellular metabolism. These biomarkers may help in disease diagnosis, prediction or prognostication. Microbial metabolite pattern may be useful in diseases associated with dysbiosis. Metabolite patterns are dynamic, changing with gestational age, chronological age or disease process and gives us a snapshot of the metabolic milieu of the organism. Nuclear magnetic resonance spectroscopy and mass spectrometry are the ones most common techniques employed. The metabolites produced by microbes and/or the host may regulate transcriptional and translational events that can be evaluated using transcriptomics and proteomics.

Microbiota, metabolites and CNS health: The intestinal microbiota and the brain communicate in many ways via the immune system, metabolites, the vagus nerve and the enteric nervous system (ENS). Microbial metabolites including those of tryptophan metabolism, short-chain fatty acids, branched chain amino acids, and peptidoglycans may act as signaling molecules that have direct or indirect effects on the CNS and the ENS. Gut microbiota have been shown to influence developmental processes including neurogenesis, myelination, glial cell function, synaptic pruning and blood-brain barrier permeability and in adult animals, microglial activation and neuroinflammation. It is possible that there may be a critical
period or window in early life when the gut microbial composition is crucial and perturbation of the gut microbiota during this period causes long-lasting effects on the development of the CNS and the ENS. The intestinal microbiome (<b>gut</b>-brain axis) has been implicated in neurodevelopmental disorders such as autism spectrum disorders, anxiety, obesity, schizophrenia, Parkinson’s disease, and Alzheimer’s disease. Most of the studies have shown associations without strong support for causality. Although animal and cell culture models can be helpful to better delineate mechanisms and causality, translational research with multi-omic approaches can provide evidence of causality.

Microbiota, metabolites and mucosal immunology: Microbiota in the intestine regulates the maturation of the mucosal immune system, while the pathogenic microbiome causes immune dysfunction, resulting in inflammation and disease. The gut mucosal immune system, which consists of lymph nodes, lamina propria and epithelial cells, constitutes a protective barrier for the integrity of the intestinal tract. The composition of the gut microbiota is under the surveillance of the normal mucosal immune system. Inflammation, which is caused by abnormal immune responses, influences the balance of the gut microbiome, resulting in intestinal diseases. Microbiota as well as their cell components and their metabolites act as environmental triggers that influence mammalian gene expression as well as innate and adaptive immune responses. Recognition of commensal-derived PAMPs, such as lipopolysaccharides (LPS) by the intestinal epithelial cells (IEC) induce secretion of the antimicrobial peptide Reglllg, which mediates colonization resistance in the gut. Microbiota-derived signals, butyrate, propionate and acetate (short chain fatty acids, SCFAs), induce IL-18 production from the IEC through activation of NOD-like family, receptors (NLRs). Acetate produced by Bifidobacteria promotes epithelial cell barrier function by inducing an anti-apoptotic response in the IEC. The tryptophan-serotonin metabolic pathway, crucial in regulation of numerous neural responses rely on microbial production.

Microbial metabolites for diagnostics and therapeutics: Since presence of microbial dysbiosis may represent a disease phenotype, the intestinal microbiota and their metabolites have become effective targets for the development of new diagnostic methods. These diagnostic methods may target markers of intestinal inflammation/injury or those of systemic inflammation. Biomarkers include testing the blood (e.g. cytokines, CRP, procalcitonin, intestinal fatty acid binding protein, I-FABP) or non-invasive from stools (e.g. calprotectin, volatile organic acids) or from urine (I-FABP in urine, serum amyloid A in the urine). If dysbiosis is associated with disease, then optimizing the gut microbiome will likely represent an effective treatment for intestinal or other inflammatory diseases (fecal microbial transplant therapy).
### Speaker # 1
**Presentation Title**: Introduction and objectives  
**Speaker/Duration**: Josef Neu : b. 10 minutes  
**Speaker/Institution**: J. Neu, Pediatrics/Neonatology, University of Florida, Gainesvilled, Florida, UNITED STATES|  
**Non-Member Justification**: Josef Neu : (none)

### Speaker # 2
**Presentation Title**: Microbiome and metabolites  
**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 # 3
**Presentation Title**: Microbial metabolites in CNS health and disease  
**Speaker/Duration**: Barbara Warner : f. 30 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**: Microbial metabolites in mucosal immunology and immunity  
**Speaker/Duration**: Emily Hollister : f. 30 minutes  
**Speaker/Institution**: E. Hollister, Diversigen, Inc, Houston, Texas, UNITED STATES|  
**Non-Member Justification**: Emily Hollister : (none)

### Speaker # 5
**Presentation Title**: Microbial metabolites as diagnostics, therapeutics, implications for the future  
**Speaker/Duration**: Josef Neu : d. 20 minutes  
**Speaker/Institution**: J. Neu, Pediatrics/Neonatology, University of Florida, Gainesvilled, Florida, UNITED STATES|  
**Non-Member Justification**: Josef Neu : (none)
PROPOSAL #346678
SESSION TITLE: Coming up short: Improving Access to Kidney Transplant in Children

Contact: Jennifer Charlton University of Virginia
jrc6n@virginia.edu

Audience Size: 200

Tracks: Clinical/Research Pathway | Advocacy/Public Policy | Public Health | Trainee Pathway | Nephrology | Critical Care | Clinical and Translational Research | Children with Chronic Conditions | Basic Science

Objectives
1. Review the changes in access to kidney transplantation for children over time and with the current organ allocation system.
2. Review trends in living kidney donation and discuss strategies to improve living donation.
3. Discuss the use of alternative deceased donor populations (donors after cardiac death, en bloc kidneys from young donors, and increased infection risk donors) and the risk versus benefit ratio of using such donors for pediatric kidney transplantation.
4. Discuss the process and progress that in design of an artificial kidney.

Description:
The goal of this session is to increase our knowledge of current barriers to kidney transplantation in children and to highlight measures to improve access. To begin the session, a broad overview of the challenges to transplant will be discussed including how the current organ allocation policies have affected access for pediatric patients. The next talk will focus on the current trends in living donation of kidneys for children and strategies to promote access and improve outcomes. The third speaker will focus on approaches to increase the deceased donor pool, such as use of deceased cardiac donors, increased risk and en bloc kidneys. To close, the final speaker will review the progress toward building a new kidney.

Time Block: 120 min.

QA: No
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: other nephrology topics

Additional Comments: (none)
Financial Sponsor? (none)
Society Affiliation: ASPN

If Yes: (none)

Learning Pathway
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee

Chairs: Amy Bobrowski (Moderator); Amrish Jain (Moderator); Jennifer Charlton (Contact Person)

Speaker # 1

Presentation Title: Access to kidneys for children with end stage kidney disease: an overview of the problem
Speaker/Duration: Ty Dunn : f. 30 minutes
Speaker/Institution: T.B. Dunn, University of Pennsylvania, Philadelphia, Pennsylvania, UNITED STATES
Non-Member Justification: Ty Dunn : This speaker is a local expert in the area of pediatric kidney transplant.
PROPOSAL #346678
SESSION TITLE: Coming up short: Improving Access to Kidney Transplant in Children

Speaker # 2
Presentation Title  Increasing the living donor pool of kidneys for children
Speaker/Duration: Aviva Goldberg : f. 30 minutes
Speaker/Institution: A. Goldberg, University of Manitoba, Winnipeg, Manitoba, CANADA
Non-Member Justification: Aviva Goldberg : (none)

Speaker # 3
Presentation Title  Increasing the deceased donor pool of kidneys for children
Speaker/Duration: Sarah Kizilbash : f. 30 minutes
Speaker/Institution: S. Kizilbash, University of Minnesota, Minneapolis, Minnesota, UNITED STATES
Non-Member Justification: Sarah Kizilbash : (none)

Speaker # 4
Presentation Title  (Re)building a kidney
Speaker/Duration: Leif Oxburgh : f. 30 minutes
Speaker/Institution: L. Oxburgh, Tufts University, Scarborough, Maine, UNITED STATES
Non-Member Justification: Leif Oxburgh : Lief is a world renowned developmental biologist focused on understanding the complex series of control mechanisms governing embryonic development of this organ, and on reproducing these events in culture with the goal of generating new kid
PROPOSAL #346690
SESSION TITLE: Too Busy to Read? The Top Business Articles of 2019 that Will Change the Way You Lead, Do Your Job and Practice Medicine.

Contact: Christopher Russo Centra Medical Group christopher@russofamily.org

Target Audience: leaders; aspiring leaders
Audience Size: 75
Tracks: Leadership and Business Training

Objectives
Upon participating in this session, attendees will have the knowledge and skills to identify three emerging trends from the world of business and organizational research. Upon participating in this session, attendees will have the knowledge and skills to describe three ways to improve their management skills. Upon participating in this session, attendees will have the knowledge and skills to describe three ways to improve their clinical practice and/or administrative functioning.

Description: While good clinical practice requires keeping up to date on relevant medical literature, it is difficult for pediatricians wearing dual hats as clinicians and administrators, as well as for younger pediatricians aspiring to be leaders, to find the time to keep abreast of current trends in business and organizational research. This fast-paced, interactive didactic will present attendees with the eight best business articles of 2019, with a focus on leadership, strategy and decision-making, communication, organizational culture, and productivity. For the busy physician leader, this session will provide an opportunity to obtain key takeaways for enhancing management skills and improving practice.

Time Block: 90 min.

Learning Pathway
- Advocacy
- Digital Therapeutics
- Clinical/Research
- Education
- Trainee

Additional Comments: Christopher Russo MD FAAP is a pediatric hospitalist and the Director of Pediatrics for Centra Medical Group, a multi-specialty medical group in Central Virginia, and the director of the group’s pediatric hospitalist program. Prior to becoming a physician

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

Society Affiliation: APA|AAP|Other/No Affiliation|PHM

Chairs: Christopher Russo (Presenter)

Speaker # 1
Presentation Title: Main Presenter
Speaker/Duration: Christopher Russo : i. 90 minutes
Speaker/Institution: C.J. Russo, Pediatrics, Centra Medical Group, Lynchburg, Virginia, UNITED STATES
Non-Member Justification: Christopher Russo : (none)
SESSION TITLE: Are the kids really alright?: A life-course evaluation of the long-term kidney effects of childhood-onset diseases

Contact: Jennifer Charlton University of Virginia  
jrc6n@virginia.edu

Target Audience: Pediatric nephrologists, pediatric hematologist/oncologists, genetic counselors and geneticists

Objectives 1. Identify long term effects of low nephron number, placental insufficiency and preterm birth on risk for renal disease. 2. Understand the interaction of APOL1 gene variants and sickle cell on risk for renal disease. 3. Discuss the impact of oncologic disease and organ transplant on risk for renal disease. Identify optimal follow up recommendations and potential for intervention. 4. Examine genetic factors that influence risk for disease.

Description: Prenatal, perinatal and childhood are critical time points that set the risk for renal disease throughout the life-course. This session will delve into particular high risk exposures such as preterm birth, sickle cell disease, cancer and genetic variation and how these effect life-course risk for renal disease. Gaps in knowledge and prospective for potential screening and interventions will be identified.

Time Block: 120 min.

Learning Pathway
☐ Advocacy    ☐ Digital Therapeutics
☑ Clinical/Research ☐ Education    ☐ Trainee

Additional Comments: (none)

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

Society Affiliation: ASPN

Chairs: Rima Zahr (Moderator); Frederick Kaskel (Moderator); Jennifer Charlton (Contact Person)

Speaker # 1
Presentation Title: Implications of the perinatal milieu on risk for adult kidney diseases
Speaker/Duration: Fangming Lin : f. 30 minutes
Speaker/Institution: F. Lin, Columbia University/ Morgan Stanley Children's Hospital, New York, New York, UNITED STATES

Non-Member Justification: Fangming Lin : (none)
PROPOSAL #346692
SESSION TITLE: Are the kids really alright?: A life-course evaluation of the long-term kidney effects of childhood-onset diseases

Speaker # 2
Presentation Title  Kidney complications in sickle cell disease
Speaker/Duration:  Jeffery Lebensburger : f. 30 minutes
Speaker/Institution:  J. Lebensburger, i.Children’s of Alabama/ University of Alabama at Birmingham, Birmingham, Alabama, UNITED STATES|
Non-Member Justification:  Jeffery Lebensburger : (none)

Speaker # 3
Presentation Title  Kidney complications in children surviving cancer
Speaker/Duration:  Michael Zappitelli : f. 30 minutes
Speaker/Institution:  M. Zappitelli, pediatrics, division of nephrology, toronto hospital for sick children, Toronto, Ontario, CANADA|
Non-Member Justification:  Michael Zappitelli : (none)

Speaker # 4
Presentation Title  Genetic risk in stratification of chronic kidney disease progression
Speaker/Duration:  Ali Gharavi : f. 30 minutes
Speaker/Institution:  A. Gharavi, New York-Presbyterian/Columbia University Medical Center, New York, New York, UNITED STATES|
Non-Member Justification:  Ali Gharavi : Dr. Gharavi is the world’s expert in gene identification and biological pathways for the development of kidney failure.
PROPOSAL #346697
SESSION TITLE: Rare but not forgotten: Innovations in rare genetic kidney diseases

Contact: Jennifer Charlton University of Virginia
jrc6n@virginia.edu

Target Audience: Pediatric nephrologists, endocrinologists, geneticists, gastroenterologists, trainees
Audience Size: 150

Objectives
1. Highlight recent advances in understanding the genetics and pathophysiology of several rare genetic kidney diseases
2. Discuss the diagnostic approach to these diseases and their multi-organ involvement
3. Review the recent advances made in the therapeutic strategies for these rare genetic kidney diseases

Description: Exciting new breakthroughs have been made in understanding the genetics and pathophysiology of rare genetic kidney diseases. This session will highlight the recent progress made in understanding the genetics and molecular biology of cystinosis, Fabry’s disease, X-linked hypophosphatemic rickets, and renal involvement in mitochondrial cytopathies. Both the renal and extra-renal manifestation of these diseases, together with the latest developments in diagnostic tools will be discussed. Finally, the significant advancements that have been made in treatments for these rare kidney diseases will be reviewed, together with potential future directions for genetic and molecular therapies.

Time Block: 120 min.

QA: No
Audience Polling: No
Sabbath Conflicts: N/A
Conflicting Sessions: other nephrology topics

Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)
Society Affiliation: ASPN

Chairs: Sun Young Ahn (Moderator); Stephanie Clark (Moderator); Jennifer Charlton (Contact Person)

Speaker # 1
Presentation Title: Cystinosis
Speaker/Duration: Elena Levchenko: f. 30 minutes
Speaker/Institution: E. Levchenko, Children's Hospital Leuven, Leuven, BELGIUM
Non-Member Justification: Elena Levchenko: Dr. Levchenko is the ESPN representative to the ASPN annual meeting and a world’s expert in cystinosis.
PROPOSAL #346697
SESSION TITLE: Rare but not forgotten: Innovations in rare genetic kidney diseases

Speaker # 2
Presentation Title  Fabry disease
Speaker/Duration:  Michael Mauer : f. 30 minutes
Speaker/Institution:  M. Mauer, University of Minnesota, Minneapolis, Minnesota, UNITED STATES |
Non-Member Justification:  Michael Mauer : (none)

Speaker # 3
Presentation Title  X linked hypophosphatemic rickets
Speaker/Duration:  Anthony Portale : f. 30 minutes
Speaker/Institution:  A.A. Portale, Pediatrics, University of California San Francisco, San Francisco, California, UNITED STATES |
Non-Member Justification:  Anthony Portale : (none)

Speaker # 4
Presentation Title  Mitochondrial cytopathies
Speaker/Duration:  Marni Falk : f. 30 minutes
Speaker/Institution:  M.J. Falk, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES |
Non-Member Justification:  Marni Falk : Dr. Falk is Executive Director of the Mitochondrial Medicine Frontier Program at Children’s Hospital of Philadelphia.
PROPOSAL # 346698
SESSION TITLE: Is it something I ate?: Exploring the relationship between gastrointestinal and kidney health

Contact: Jennifer Charlton University of Virginia jrc6n@virginia.edu

Target Audience: Pediatric Nephrologists, Pediatric Gastroenterologists, Dieticians
Audience Size: 150
Tracks: Basic Science | Children with Chronic Conditions | Trainee Pathway | Nephrology | Community Pediatrics | Infectious Diseases | Clinical/Research Pathway | General Pediatrics | Gastroenterology and Nutrition | Developmental Biology | Cross-Disciplinary Spotlight | Clinical and

Objectives
1. Describe the shared genetic and molecular mechanisms that guide kidney and enteric nervous system development
2. Describe the role of the nutritional disorders in chronic kidney disease including vitamin D and management strategies.
3. Characterize the role of the intestinal flora in the progression chronic kidney disease
4. Explore the potential impact on the kidney from proton pump inhibitor exposure.

Description: Gastrointestinal and nutritional compromise are common in children with decreased kidney function. This session will begin by exploring the shared developmental mechanisms of the bowel and kidneys. Next explore the mechanisms that lead to nutritional disorders of chronic kidney disease as well as management strategies including nutritional supplementation and the emerging potential for pharmacologic targets. Increasing data indicates altered bacterial colonization of the gastrointestinal tract in kidney disease can alter disease course. Contributions of gut dysbiosis to immune dysregulation and even the burden of uremic toxins in pediatric patients with CKD will be discussed with implications for long-term health. Lastly, gastrointestinal medications may have a downside for kidney and mineral metabolism. Concerns related to of the negative renal impact of proton pump inhibitors will be discussed.

Additional Comments: (none)

Time Block: 120 min.

Learning Pathway

☑️ Clinical/Research
☑️ Education
☐ Advocacy
☐ Digital Therapeutics
☐ Trainee

Sabbath Conflicts: N/A

Conflicting Sessions: other nephrology topics

Financial Sponsor? (none)

Society Affiliation: ASPN

Chairs: Robert Mak (Moderator); Kristen Sgamat (Moderator); Jennifer Charlton (Contact Person)
PROPOSAL #346698
SESSION TITLE: Is it something I ate?: Exploring the relationship between gastrointestinal and kidney health

Speaker # 1
Presentation Title  The kidney is not the bowel . . . or is it? Shared mechanisms underlying bowel dysmotility and renal/urinary tract anomalies
Speaker/Duration: Robert Heuckeroth : f. 30 minutes
Speaker/Institution: R.O. Heuckeroth, Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES|
Non-Member Justification: Robert Heuckeroth : Dr. Heuckeroth is a local expert on the topic.

Speaker # 2
Presentation Title  Nutritional disorders in CKD: evaluation and therapeutic options
Speaker/Duration: Caitlyn Carter : f. 30 minutes
Speaker/Institution: C. Carter, Rady Children’s Hospital San Diego, University of California, San Diego, California, UNITED STATES|
Non-Member Justification: Caitlyn Carter : (none)

Speaker # 3
Presentation Title  Dysbiosis of gut microbiota in CKD
Speaker/Duration: Diego Aviles : f. 30 minutes
Speaker/Institution: D. Aviles, LSU Health Sciences Center/Children’s Hospital, New Orleans, Louisiana, UNITED STATES|
Non-Member Justification: Diego Aviles : (none)

Speaker # 4
Presentation Title  Breaking Beans? Should PPI’s cause GI upset for the nephrologist?
Speaker/Duration: Darcy Weidemann : f. 30 minutes
Speaker/Institution: D. Weidemann, Nephrology, Children's Mercy Hospital, Kansas City, Missouri, UNITED STATES|
Non-Member Justification: Darcy Weidemann : (none)
PROPOSAL #346699
SESSION TITLE: Using TOD2AY to improve tomorrow’s renal outcomes in childhood diabetes

Contact: Jennifer Charlton University of Virginia jrc6n@virginia.edu

Target Audience: Pediatric Nephrologists, Pediatricians, Pediatric Endocrinologists

Audience Size: 200

Tracks: Endocrinology | Adolescent Medicine | Obesity/Metabolism | General Pediatrics | Nephrology

Objectives
1. Review the long term kidney complications of both type 1 and 2 diabetes
2. Highlight discoveries from the Treatment Options for type 2 Diabetes in Adolescents and Youth (TODAY) study
3. Highlight the risk factors, therapeutic options and long term prognosis for patients who develop diabetes following kidney transplantation.

Description: This symposium will highlight cutting edge research in pediatric diabetic nephropathy. Diabetes is the leading cause of end stage renal disease in adults, but the kidney complications of pediatric patients with diabetes have been understudied. In this session, the long term kidney complications of both type 1 and 2 diabetes will be reviewed. Next, speakers will highlight discoveries from the Treatment Options for type 2 Diabetes in Adolescents and Youth (TODAY) study. The TODAY study is the first multicenter randomized trial in the United States to compare treatment approaches in 699 children, ages 10-17 years, with new-onset type 2 diabetes. This seminal cohort has allowed for the development of biomarkers to predict renal progression and therapies for pediatric diabetic nephropathy, and provided insight into the optimal care of children with type 2 diabetes. This session will conclude by highlighting the risk factors, therapeutic options and long term prognosis for patients who develop diabetes following kidney transplantation.

Time Block: 120 min.

QA: No

Audience Polling: No

Sabbath Conflicts: N/A

Conflicting Sessions: other nephrology topics

Additional Comments: (none)

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

Society Affiliation: ASPN

Chairs: Daniella Levy-Erez (Moderator); Elaine Ku (Moderator); Jennifer Charlton (Contact Person)

Speaker # 1
Presentation Title: Longitudinal kidney and cardiovascular outcomes in type 1 and type 2 diabetes
Speaker/Duration: Mark Mitsnefes: f. 30 minutes
Speaker/Institution: M. Mitsnefes, CCHMC, Cincinnati, Ohio, UNITED STATES

Non-Member Justification: Mark Mitsnefes: (none)
### Speaker # 2
**Presentation Title**: Lessons from the TODAY Study: Biomarkers to predict the progression of renal disease in type 2 diabetes  
**Speaker/Duration**: Petter Bjornstan : f. 30 minutes  
**Speaker/Institution**: P. Bjornstan, University of Colorado, Denver, Colorado, UNITED STATES  
**Non-Member Justification**: Petter Bjornstan : Expert in this topic.

### Speaker # 3
**Presentation Title**: Therapy algorithms and new therapies for pediatric diabetic nephropathy  
**Speaker/Duration**: Edward Nehus : f. 30 minutes  
**Speaker/Institution**: E. Nehus, Cincinnati Children’s Medical Center, Cincinnati, Ohio, UNITED STATES  
**Non-Member Justification**: Edward Nehus : (none)

### Speaker # 4
**Presentation Title**: That’s NOT Sweet!! Diabetes after kidney transplant  
**Speaker/Duration**: Mary Vajravelu : f. 30 minutes  
**Speaker/Institution**: M.E. Vajravelu, Division of Endocrinology and Diabetes, The Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania, UNITED STATES  
**Non-Member Justification**: Mary Vajravelu : (none)
## PROPOSAL #346701

**SESSION TITLE:** The use of “intra”-corporeal diagnostics and extracorporeal therapies in critical care nephrology

**Contact:** Jennifer Charlton  
University of Virginia  
jrc6n@virginia.edu

**Target Audience:** Pediatric nephrologists and intensivists

**Audience Size:** 200

**Tracks:**  
- Clinical and Translational Research  
- Cardiology  
- Nephrology  
- Neonatology  
- Cross-Disciplinary Spotlight  
- Hospitalists  
- Emergency Medicine  
- Critical Care  
- Clinical/Research Pathway

### Objectives
1. Describe who, when and how to use urinary biomarkers in the critical care unit.  
2. Review the current literature on the role of plasma exchange in sepsis.  
3. Describe the role of CRRT in patients undergoing ECMO.  
4. Highlight extracorporeal therapies for the intoxicated patient.

### Description:
This critical care nephrology session will focus on a potpourri of current topics with a focus on incorporating these practices and techniques into clinical care. The speakers will focus on the hot topics in the critical care nephrology literature including the appropriate use of urinary biomarkers, the role of plasma exchange in sepsis, and the timing of CRRT on ECMO. This will be followed by an update on extracorporeal therapy for intoxications.

### Time Block:
120 min.

### Learning Pathway
- [ ] Advocacy  
- [x] Clinical/Research  
- [ ] Digital Therapeutics  
- [ ] Education  
- [ ] Trainee

### Conflicting Sessions:
Other nephrology topics

### Additional Comments:
(none)

### Financial Sponsor?
(none)

### Society Affiliation:
ASPN

### Chairs:
David Selewski (Moderator); Shina Menon (Moderator); Jennifer Charlton (Contact Person)

### Speaker #1
**Presentation Title** Using urine in the unit: the practical and responsible use of urinary biomarkers in critical care nephrology

**Speaker/Duration:** Katja Gist : f. 30 minutes

**Speaker/Institution:** K. Gist, Pediatrics, University of Colorado, Aurora, Colorado, UNITED STATES

**Non-Member Justification:** Katja Gist : (none)

### Speaker #2
**Presentation Title** TAMOF revisited: Utilizing therapeutic plasma exchange in sepsis

**Speaker/Duration:** Stuart Goldstein : f. 30 minutes

**Speaker/Institution:** S. Goldstein, Center for Acute Care Nephrology, Cincinnati Children's Hospital, Cincinnati, Ohio, UNITED STATES

**Non-Member Justification:** Stuart Goldstein : (none)
**PROPOSAL #346701**

**SESSION TITLE:** The use of “intra”-corporeal diagnostics and extracorporeal therapies in critical care nephrology

<table>
<thead>
<tr>
<th>Speaker # 3</th>
<th>Presentation Title</th>
<th>Speaker/Duration</th>
<th>Speaker/Institution</th>
<th>Non-Member Justification</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>The role of CRRT in children on ECMO</td>
<td>Ayse Akcan Arikan : f. 30 minutes</td>
<td>A. Akcan Arikan, Baylor College of Medicine, Houston, Texas, UNITED STATES</td>
<td>Ayse Akcan Arikan : (none)</td>
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<tr>
<th>Speaker # 4</th>
<th>Presentation Title</th>
<th>Speaker/Duration</th>
<th>Speaker/Institution</th>
<th>Non-Member Justification</th>
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<tbody>
<tr>
<td></td>
<td>Intoxicating substances: Extracorporeal therapies to treat life threatening intoxications</td>
<td>Joshua King : f. 30 minutes</td>
<td>J. King, University of Maryland, Baltimore, Maryland, UNITED STATES</td>
<td>Joshua King : Dr. King is both a nephrologist and toxicologist and has expertise in this topic.</td>
</tr>
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PROPOSAL # 346702

SESSION TITLE: Seeking the Alternative: Innovating Clinical and Financial Approaches to Challenges in Managing Children with Subspecialty Care Needs

Contact: Matthew Davis Ann & Robert H Lurie Children's Hospital of Chicago mmdavis312@gmail.com

Target Audience: Clinicians, researchers, policy advocates, trainees

Audience Size: 150

Tracks: Children with Chronic Conditions | Advocacy/Public Policy | Health Services Research

Objectives
1. Attendees will be able to identify major challenges in pediatric hospital and health system care for children with special health care needs, regarding timely access to pediatrics-trained subspecialists.
2. Attendees will understand examples of cutting-edge clinical approaches to address these challenges in timely access to pediatric subspecialty care regarding physical health and mental health.
3. Attendees will understand payment and policy alternatives to prevailing systems today, which will enhance access for youth with special health care needs.

Description: This State-of-the-Art Plenary will feature accomplished pediatric clinician-scientists who have developed and evaluated novel approaches to addressing major system-level challenges in pediatric care in the United States today. The perceived shortages of pediatric subspecialists in many geographic areas, combined with below-cost reimbursement from Medicaid in most states for children with special health care needs -- many of whom need hospital-level care -- place major strains on patients, families, hospitals, and health systems. Our featured speakers will share their research regarding innovative approaches to behavioral health management systems, post-hospital-discharge care, and alternative payment models that highlight key opportunities for improvements in pediatric care.

Time Block: Either

QA: Yes

Audience Polling: Yes

Sabbath Conflicts: N/A

Conflicting Sessions: health services research, health policy research

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: AAP | APA | APS | SPR

Chairs: Matthew Davis (Chair); Alyna Chien (Panelist); Katherine Auger (Panelist); John Walkup (Panelist)

Speaker # 1

Presentation Title: The Need for Innovation: Surviving Shortages of Subspecialists in Pediatrics

Speaker/Duration: Matthew Davis : d. 20 minutes

Speaker/Institution: M.M. Davis, Pediatrics, Ann & Robert H Lurie Children's Hospital, Chicago, Illinois, UNITED STATES

Non-Member Justification: Matthew Davis : APS
### Speaker # 2
**Presentation Title**  Alternative Payment Can Change the Equation: Evidence for Novel Payment Structures to Incentivize Different Access to Pediatric Subspecialists  
**Speaker/Duration:** Alyna Chien : d. 20 minutes  
**Speaker/Institution:** A.T. Chien, Division of General Pediatrics, Boston Children's Hospital, Boston, Massachusetts, UNITED STATES |  
**Non-Member Justification:** Alyna Chien : SPR

### Speaker # 3
**Presentation Title**  Going Home: Structuring Hospital Discharge with Interprofessional Teams to Optimize Outcomes for Children with Special Health Care Needs  
**Speaker/Duration:** Katherine Auger : d. 20 minutes  
**Speaker/Institution:** K.A. Auger, Hospital Medicine, Cincinnati Children's Hospital, Cincinnati, Ohio, UNITED STATES |  
**Non-Member Justification:** Katherine Auger : APA

### Speaker # 4
**Presentation Title**  Changing the Mindset: Helping Generalist Physicians Manage Children's Behavioral Health to Help Systems Function Better  
**Speaker/Duration:** John Walkup : d. 20 minutes  
**Speaker/Institution:** J. Walkup, Psychiatry, Ann & Robert H Lurie Children's Hospital, Chicago, Illinois, UNITED STATES |  
**Non-Member Justification:** John Walkup : Dr. Walkup is a member of the American Association of Child and Adolescent Psychiatry.

### Speaker # 5
**Presentation Title**  Synthesis of Panelists' Comments  
**Speaker/Duration:** Matthew Davis : a. 5 minutes  
**Speaker/Institution:** M.M. Davis, Pediatrics, Ann & Robert H Lurie Children's Hospital, Chicago, Illinois, UNITED STATES |  
**Non-Member Justification:** Matthew Davis : APS
SESSION TITLE: Promoting Positive Parenting - A Potential Mechanism to Narrow the Disparities in Language, Learning and Emotional Development in Children with Socioeconomic Disadvantage and Biological Risk

Contact: Prachi Shah  
University of Michigan  
prachis@umich.edu

[session spea] State of the Art Plenary

Target Audience: General Pediatricians, Psychologists, and Pediatric providers interested in social disparities and social determinates of health and development, and primary care interventions to help mitigate those disparities.

Audience Size: 100

Tracks: Advocacy/Public Policy | Developmental and Behavioral Pediatrics | Social Determinants/Health Disparities | General Pediatrics

Objectives
1. Participants will become familiar with what constitutes “positive parenting,” and the associations with child development outcomes in at risk populations  
2. Participants will learn about socioeconomic disparities in child development outcomes including language, academic achievement, and emotional development, and the role that parenting can play to help mitigate these gaps  
3. Participants will learn how the promotion of positive parenting practices in primary care can help mitigate health disparities, and promote developmental progress, especially in low-income populations

Description: Income-related disparities in early language, learning, and academic achievement are well described. Socioeconomic differences in parenting practices are thought to partially contribute to the differences in developmental and behavioral outcomes among low-income families. “Positive parenting” is characterized by sensitivity, responsivity and warmth, and has been associated with benefits to child development across numerous domains, with increasing evidence of a greater magnitude of effect in families of socioeconomic disadvantage. Promoting positive parenting, especially in low-income families may be one way to mitigate the developmental and behavioral disparities associated with socioeconomic disadvantage.

This symposium will present an overview of the research on positive parenting and parental sensitivity, with a special focus on children at social and biological risk. We will describe the role of positive parenting on language and emotional development, with special attention to these processes in families of socioeconomic disadvantage. Finally, this symposium will also highlight the public health importance of promoting positive parenting, and will describe primary care interventions to promote positive parenting, with implications on mitigating income-associated developmental gaps in early childhood.

Additional Comments: (none)

Financial Sponsor? (none)

Society Affiliation: SDBP | SPR

Chairs: Julie Poehlmann-Tynan (Presenter); Kathy Hirsh-Pasek (Presenter); Prachi Shah (Chair); Reshma Shah (Presenter)
PROPOSAL # 346707

SESSION TITLE: Promoting Positive Parenting - A Potential Mechanism to Narrow the Disparities in Language, Learning and Emotional Development in Children with Socioeconomic Disadvantage and Biological Risk

Speaker # 1

Presentation Title  Positive Parenting and the Preterm Infant: The Role of Parental Sensitivity in Optimizing Outcomes for Children at Biological Risk

Speaker/Duration:  Julie Poehlmann-Tynan : d. 20 minutes

Speaker/Institution:  J. Poehlmann-Tynan, HDFS, University of Wisconsin, Madison, Madison, Wisconsin, UNITED STATES |

Non-Member Justification:  Julie Poehlmann-Tynan : (none)

Speaker # 2

Presentation Title  Parenting Behavior and Language Development in Low Income Children: Community –based interventions to promote language development in low-income populations

Speaker/Duration:  Kathy Hirsh-Pasek : d. 20 minutes

Speaker/Institution:  K. Hirsh-Pasek, Psychology, Temple University, Philadelphia, Pennsylvania, UNITED STATES |

Non-Member Justification:  Kathy Hirsh-Pasek : (none)

Speaker # 3

Presentation Title  Parenting and the Curiosity Gap: Narrowing the income-associated curiosity gap through the promotion of positive parenting and parenting sensitivity

Speaker/Duration:  Prachi Shah : d. 20 minutes

Speaker/Institution:  P.E. Shah, Pediatrics, University of Michigan, Ann Arbor, Michigan, UNITED STATES |

Non-Member Justification:  Prachi Shah : (none)

Speaker # 4

Presentation Title  Positive parenting practices, health disparities, and developmental progress: A Primary Care Intervention to Enhance Parenting Practices In Low-Income Urban Communities

Speaker/Duration:  Reshma Shah : d. 20 minutes

Speaker/Institution:  R. Shah, Pediatrics, University of Illinois at Chicago, Chicago, Illinois, UNITED STATES |

Non-Member Justification:  Reshma Shah : (none)
PROPOSAL # 346708
SESSION TITLE: Adherence to treatment: Barriers to making it stick

Contact: Jennifer Charlton University of Virginia
jrc6n@virginia.edu

Target Audience: Pediatric and adult transplant surgeons, physicians, pharmacists, social workers, patients
Audience Size: 200
Tracks: Clinical/Research Pathway | Adolescent Medicine | Trainee Pathway | Social Determinants/Health Disparities | Media & Technology | Pharmacology | Cross-Disciplinary Spotlight | Nephrology | Community Pediatrics | Literacy | Clinical and Translational Research | Children with Ch

Objectives
1. Describe the factors that modify adherence including health literacy, racial, geographic and economic factors.
2. Review electronic tools aimed at improving adherence.
3. Describe how pharmacy involvement can improve adherence.
4. Review clinical trials aimed at behavior modifications to improve adherence.

Description: Pediatric patients with kidney disease are often inundated with medical interventions including medications, dietary and fluid restrictions, dialysis regimens, and blood pressure monitoring. Realistically, it is rare that patients and their families can adhere to every aspect of a complex care plan, even in the best of circumstances. However, medication adherence remains a major predictor of transplant outcomes over time as transplant clinical care has evolved. This sessions will cover the factors that can modify adherence and interventions to improve adherence, focusing on the kidney transplant population, but adaptable to all aspects of pediatric kidney health management.

Time Block: 120 min.
QA: No
Audience Polling: Yes
Sabbath Conflicts: N/A
Conflicting Sessions: other nephrology topics
Additional Comments: (none)
Financial Sponsor? (none)
If Yes: (none)

Learning Pathway
☐ Advocacy  ☐ Digital Therapeutics
☑ Clinical/Research  ☑ Education  ☐ Trainee

Society Affiliation: ASPN

Chairs: Daniel Ranch (Moderator); Jun Oh (Moderator); Jennifer Charlton (Contact Person)

Speaker # 1
Presentation Title: Health literacy, racial, geographic and economic modifiers of adherence
Speaker/Duration: Cozumel Pruette: f. 30 minutes
Speaker/Institution: C. Pruette, Pediatric Nephrology, Johns Hopkins University, Baltimore, Maryland, UNITED STATES
Non-Member Justification: Cozumel Pruette: (none)
# Proposal #346708

## Session Title:
Adherence to treatment: Barriers to making it stick

### Speaker #2
**Presentation Title:** eHealth tools: Helping doctors and patients connect  
**Speaker/Duration:** Chia-shi Wang: f. 30 minutes  
**Speaker/Institution:** C. Wang, Pediatrics, Emory University School of Medicine, Atlanta, Georgia, UNITED STATES |  
**Non-Member Justification:** Chia-shi Wang: (none)

### Speaker #3
**Presentation Title:** Leveraging your pharmacist to optimize adherence  
**Speaker/Duration:** Jennifer Trofe-Clarke: f. 30 minutes  
**Speaker/Institution:** J. Trofe-Clarke, University of Pennsylvania, Philadelphia, Pennsylvania, UNITED STATES |  
**Non-Member Justification:** Jennifer Trofe-Clarke: (none)

### Speaker #4
**Presentation Title:** Trials in behavior modification  
**Speaker/Duration:** Sandi Amaral: f. 30 minutes  
**Speaker/Institution:** S. Amaral, Pediatrics, CHOP, Philadelphia, Pennsylvania, UNITED STATES |  
**Non-Member Justification:** Sandi Amaral: (none)