

Chairperson's Corner

Chuck Spencer, MD, FAAP

Section on
Rheumatology

Spring 2002

AMERICAN ACADEMY OF PEDIATRICS

Section on Rheumatology News

It is 2002 and where is pediatric rheumatology (PR) going? It does depend on your local perspective – how busy you are, how's the research going, how is the budget, how friendly is your chair, do you need another person in the section, how is the home life?

But optimist/pessimist that I am (expect the worst, hope for the best), I see some favorable signs for our subspecialty in the US and around the world.

- 1) Pediatric rheumatology, more than most pediatric subspecialties, is truly international. Our numbers are not large in any one country and so worldwide we need each other in many ways. Now it does depend on your definition of pediatric rheumatologist, but there may well be as many as 225 pediatric rheumatologists in the United States (board certified or not), 30 in Canada, 340 in PRINTO, 250 Europeans not in PRINTO, 20 in Asia, and other PR unknown to us in India and other countries (800 – 1000 total). You are not alone.
- 2) Cooperation and collaboration between centers in the US and international cooperation appears to be improving. PRCSG and PRINTO are more linked than ever, although, much work still needs to be done. The US Pediatric Rheumatology Research Network (PRRN) is maturing, though again, not past its infancy.
- 3) Drug trials in the US, Canada, and Europe are dramatically increasing. Not only do these trials have the potential to provide our kids with new and better drugs, but these trials may help financially support our centers as well.
- 4) More pediatric residents in the US are going into pediatric subspecialties in 2002, currently there are 38 fellows in pediatric rheumatology. It is our job to recruit more into the field of PR.
- 5) The American College of Rheumatology, the American Juvenile Arthritis Organization, and the AAP will sign a Memorandum of Understanding for pediatric rheumatology at the ACR's Annual Meeting in October 2002. The memorandum documents the intention of all three organization's to work together and advocate for children with rheumatic disease and for pediatric rheumatology in the US.

- 6) The Pediatric Rheumatology Online Journal (PROJ), an international endeavor, is in development and the first online issue will be available this fall.

So, I believe pediatric rheumatology has made some important progress in the past two years. We have much more to do. You may have already heard these ideas, however, they are worth repeating.

- 1) More cooperation and less competition between US pediatric rheumatology centers.
- 2) Make the PRRN work and make it inclusive, involving most, if not all US centers.
- 3) Limited tolerance for territoriality and competitiveness between PR centers, national and international – cooperation benefits everyone.
- 4) Do our best to excite medical students about pediatric rheumatology- there is some evidence in the US (AAP 3rd Year Resident Survey) that a substantial number of senior students who have decided on pediatrics and entering first year pediatric residents have already formed an opinion about their career choice of general pediatrics versus pediatric subspecialties and even have decided which pediatric subspecialty. Furthermore, we should work to get senior students on our elective rotations.
- 5) Train more pediatric rheumatology fellows. We need 400 pediatric rheumatologists in the US and no doubt many PR's in Canada, Latin America, Europe, and Asia.

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American Academy of Pediatrics

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MENTOR/MENTEE REQUEST FORM

Please FAX to Laura Laskosz at 847/434-8000 by July 1, 2002

We need more quality mentoring in pediatric rheumatology!! If you are interested in becoming a mentor or a mentee, please complete the form below and fax it to Laura Laskosz at 847/434-8000.

I REQUEST TO BE A: MENTOR _____ MENTEE _____

I AM INTERESTED IN ATTENDING A SEMINAR ON MENTORSHIP: YES _____

Name: _____

Address: _____

Email address: _____

Telephone # _____ **FAX #** _____

My idea for topic(s) to be covered in a mentorship seminar are:

AJAO Corner Barbara Ostrov, MD

The AJAO meeting took place on April 16, 2001 in Atlanta.

Several items were discussed.

Delta Airlines has an exciting program called "Delta Sky Miles" in which any person or organization can donate their frequent flyer miles to the AJAO. These miles can be used to send families to the national conference or to help volunteers attend meetings and activities. This program lasts for 3 months and is promoted on the AF web site, as well as Delta's web site.

The AJAO Board has wanted to update the physician referral list that we published about 4-5 years ago. It was decided that rather than re-create a list, we would instead add this information to our AJAO web site with links to the AAP and ACR pediatric rheumatologists' listings. Several board members designed the web page to clarify the important issues at hand for individuals seeking referral information.

The AJAO Web site was discussed several times. It now contains updated "brochure" information on juvenile dermatomyositis. Pediatric lupus, JRA and spondyloarthritis updates should be on-line soon. The address is: www.arthritis.org. There is an immediate link to the "Juvenile arthritis" section right on the home page. Everyone is encouraged to check it out and give their comments.

There was a long discussion about the proposed "Primer of Pediatric Rheumatic Diseases." There is strong support for development of this book. A detailed prospectus was developed and financial backing is the next step in production of this project.

The Board was appraised of the newly formed Pediatric Rheumatology Research Network (PRRN) and strongly supports its efforts. The AJAO has pledged to raise \$250,000 this year to support Pediatric Rheumatology initiatives, including

improving access to Pediatric Rheumatologists and funding fellowships in Pediatric Rheumatology.

The AJAO Conferences were discussed in detail as well. This summer, there will be a national conference in Minnesota. In the summer of 2003, there will be two large regional meetings, one on the east coast and one near the west coast as well as five "Family Days" scattered around the country. Financial support will come from the AF as part of the AJAO budget. The goal of these day-long programs is to garner participation from pediatric rheumatology centers/practices that usually do not run such activities. The goal is to develop programs in a variety of local communities, reaching populations that are often missed by the size, scope and cost of the larger AJAO meetings.

The next board meeting will be in Minnesota in July.

Pediatric Rheumatology 2003: Park City and Beyond

Norm Ilowite and Ron Laxer, Course Co-Chairs

In March 1976, a small number of clinicians gathered in Park City, Utah under the auspices of the ARA (currently ACR) to discuss the newly developing specialty of pediatric rheumatology. In fact, the specialty of pediatric rheumatology was legitimized at Park City through the publication of a supplement to *Arthritis and Rheumatism*, which was the first collection of work, devoted exclusively to the rheumatic diseases of childhood. All of us in pediatric rheumatology, as well as our patients and their families, owe a tremendous debt of gratitude to these pioneers in the field. Subsequent Park City meetings were held in 1986, 1991 and 1998, and each grew in numbers, content and international representation. The success of these meetings has been such that we have now outgrown the Park City facilities!

The fifth "Park City" meeting will be held from March 22-26, 2003. In keeping with the tradition of combining a high-level academic program with fun on the slopes, a return to a ski venue was decided. Working with the American Academy of Pediatrics, Snowmass, Colorado was identified as the best location in terms of ability to accommodate the number of expected registrants, quality of resort, quality of skiing and other recreational activities, and accessibility. The Rheumatology Section of the AAP is sponsoring the meeting and the Section and AAP staff have both been integral in its planning, a great deal of which has already occurred. The Organizing Committee (see membership below) has developed a wonderful scientific program. An international list of "who's who" will present didactic plenary sessions each morning. These will be followed by concurrent sessions covering a wide range of topics including basic science, epidemiology, health outcomes and clinical problem solving. New for this meeting will be a series of "Meet the Expert" sessions which are intended to be optional, in order to provide small group interaction, requested in numerous evaluations of past meetings. As in the past, "apres-ski" poster sessions will be presented. The format is such that the plenary sessions will largely be from 7-8:45 AM, concurrent sessions from 9:15-10:15AM and repeated from 6-7PM, and posters from 4-6PM. The Meet the Expert sessions will be held from 10:30-11:30 AM. This will allow full day skiing if desired, as well as equal or greater educational and scientific content as compared to previous Park City meetings.

The Scientific Committee, chaired by Bob Colbert, will be responsible for abstract selection and determination of abstract award winners. The ARHP program chair is Suzanne Wright, and this program will have both unique and shared sessions with the general program. Special sessions for trainees are planned. Proceedings and abstracts will be published in the *Journal of Rheumatology*.

A Banquet will be held on March 25th during which we will recognize colleagues who have made, and continue to make, extraordinary contributions to our field.

Snowmass is the site of the American College of Rheumatology's Annual Winter Meeting and has a reputation as an outstanding meeting venue. In addition to the convention center, just a few short steps away, the Silvertree Hotel will also house the posters and break out sessions. Other hotels and condominiums in our "block" are also very close to the convention center. Snowmass is one of 4 ski mountains in the Aspen/Snowmass area, and a lift ticket for one is good at all 4, which are accessible via a free intermountain shuttle. Reduced prices for ski-lift tickets will be made available for meeting registrants. The convention center and lodging sites provide for nearly ski-on ski-off accessibility, making the combining of recreational and scientific activities more efficient. For non-downhill skiers, snowshoeing, sledding, ice skating, snow-mobiling, dogsledding, horse-drawn carriage tours, horse drawn sleighrides, and cross-country skiing make this area an internationally renowned winter wonderland. Additionally, the shopping, art galleries and culinary attractions of Aspen are incomparable.

Registration forms for the meeting will be mailed in September 2002. Please register early and make sure to reserve your hotel accommodations, as they are sure to be taken quickly. Reduced airfares will be made available through the American Academy of Pediatrics Travel office.

So, please stay tuned for further information. Feel free to contact any member of the Organizing Committee for additional information.

ORGANIZING COMMITTEE

Norm Ilowite, Ron Laxer (co-chairs)

Bob Colbert, Peter Malleon, Dan Lovell, Sue Bowyer, Barry Myones, Carol Lindsley (ACR Representative), Eglia Rabinovich, Rob Sundel, Terri Finkel, Susan Wright (ARHP representative), Chuck Spencer (AAP Representative)

International Representatives:

Pat Woo, Angelo Ravelli



AAP Grand Rounds

Susan Ballinger, MD, FAAP, a member of the Section on Rheumatology is now a Contributing Editor for Rheumatology for the AAP Grand Rounds. She welcomes input from section members regarding recent articles that you think may be useful for section members and/or all AAP members to be aware of. Please submit your recommendations to Dr Ballinger at sballing@iupui.edu.



Chairperson's Corner

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- 6) Seek funding from pharmaceutical companies to provide debt relief to pediatric rheumatology fellows in the next ten years.
- 7) Train more pediatric rheumatologists as clinical and basic scientists. Our kids will not do well without better science and we cannot advance as a subspecialty without better science.
- 8) Seek more support from academic pediatric administrations and Chairs for the PR niche. We need a minimum of five pediatric rheumatologists (3 clinical, 2 research) at the 20+ major PR centers in the US by 2020. Good luck you say. It will not be easy and may even be impossible, but I believe that it is our responsibility to work persistently and stubbornly to develop our centers, even in times of Medicaid cuts and bottom line administrators.
- 9) Raise money for pediatric rheumatology centers from private donors—several centers do it well, but more of us should give it a try.

This is a challenging time for our subspecialty but also a time of great promise and potential. With hard work and some good luck, we can achieve some of these goals by 2010 and many by 2020.

Participation in clinical trials is continuing to grow among the members of the Pediatric Rheumatology Collaborative Study Group (PRCSG). Many sites are currently participating in one of two COX-2 trials, with a third trial to start this summer. The PRCSG and the Pediatric Rheumatology International Trials Organization (PRINTO), headquartered in Europe, are continuing to collect information about long-term safety of cyclosporin. This worldwide database is the largest and the longest follow-up safety study ever done on cyclosporin.

New advances in anti-TNF and monoclonal antibody therapy have provided many new treatments that should be considered as additions to our arsenal for defense against JRA. However, to do so in an informed fashion requires the performance of trials in children with JRA. Currently, there are three studies evaluating etanercept. One is an ongoing open treatment follow-up study of those who participated in the blinded efficacy study. Another is a large registry study to assess safety comparing JRA patients treated with methotrexate, etanercept and the combination of etanercept and methotrexate. The last is a study of the safety and efficacy of etanercept in systemically active Systemic JRA patients. There is a study evaluating infliximab given concomitantly with MTX, one study evaluating anti-IL-1 RA (anakinra), and one study evaluating adalimumab (D2E7). The D2E7 study is scheduled to begin this summer. Some of

the COX-2 studies, the infliximab, the anakinra and the D2E7 studies are actively seeking additional centers to participate. **If you have an interest in participating in one or more of these studies then please contact Daniel Lovell or Edward Giannini at 513-636-7686. A NIH sponsored randomized intervention trial for new onset JDM will begin this summer with 11 centers participating.**

In addition to pharmaceutical studies, there are a number of ongoing studies to develop and validate definitions used by pediatric rheumatologists. The PRCSG and PRINTO are evaluating core set definitions of disease activity and damage for children with JDM and JSLE. Carol Wallace and Ed Giannini have been working with PRCSG, PRINTO and ACR members in a project to define “complete clinical response” and “remission” in JRA patients. The JRA core set and definition of improvement have been approved by the ACR and in the near future will be called the “ACR Pediatric 30”.


Members of the PRCSG Coordinating Center and Advisory Council continue to be actively involved in the work to develop the Pediatric Rheumatology Research Network (PRRN). The PRRN has, as its ultimate goal, to develop a network of pediatric rheumatologists with support for infrastructure to facilitate the performance of high quality research in a variety of pediatric rheumatic illnesses. The emphasis of the PRRN will be on investigator initiated research.

PRCSG Update

Daniel Lovell, MD

Survey Announcement

At the next American College of Rheumatology meeting there will be a session on osteoporosis and bisphosphonates in children. Treatment with bisphosphonates in childhood is relatively new, and many aspects are still controversial. Therefore, it would be interesting and useful to know how many people are currently using these drugs for pediatric rheumatic diseases. If you are treating, or have treated rheumatic patients aged less than 18 years with any of the bisphosphonates, and would like to participate in this survey, please contact Rolando Cimaz, MD via e-mail at: Rolando.Cimaz@unimi.it.



PROJ

Pediatric Rheumatology
Online Journal

First issue October 2002
visit us in October at:
www.pedrheumonlinejournal.org



Upcoming Meetings and Events



**American Academy of Pediatrics
National Conference and Exhibition
October 19 – 23, 2002**

Section on Rheumatology sponsored events

Monday, October 21, 2002

3:45 - 5:45pm

Workshop: Rheumatology for the Primary Care Physician

Tuesday, October 22, 2001

6:45 - 7:45am

Meet the Expert: Rheumatology for the General Pediatrician

9:30 - 11:30am

Workshop: Rheumatology for the Primary Care Physician

**American College of Rheumatology
66th Annual Scientific Meeting
October 25-29, 2002
New Orleans, LA**

Saturday, October 26, 2002

4:00 - 5:30pm

Treatment of the Refractory Child with Rheumatic Disease

Sunday, October 27, 2002

2:15 - 3:45pm

Juvenile Spondyloarthropathies: Bench to Bedside

2:15 - 3:45pm

Rehabilitation of the Child with a Rheumatic Disease. *Combined Conference sponsored by the Sections of Pediatrics, Rehabilitation, and the Association of Rheumatology Health Professionals*

Monday, October 28, 2002

4:00 - 5:00pm

Biphosphonates in Children

Upcoming Events

EULAR 2002

European Congress of Rheumatology
June 12 - 15, 2002
Stockholm, Sweden

PANLAR

8th Annual Panlar Congress
June 23 - 27, 2002
Aruba

American Academy of Pediatrics National Conference and Exhibition

October 19-23, 2002
Boston, MA

American College of Rheumatology 66th Annual Meeting

October 25 - 29, 2002
New Orleans, LA

Juvenile Rheumatoid Arthritis Affected Sib-pair (JRA-ASP) Registry

This registry is located at Children's Hospital Medical Center in Cincinnati and sponsored by the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) of the National Institute of Health (NIH). The registry enrolls families with two or more children diagnosed with JRA according to the ACR criteria, from the US and Canada. We have 162 families enrolled in the JRA Affected Sib-pair Registry, as of March 2002, thanks to the effort of the participating families and their physicians. Our goal is to collect 200 ASP families. The main aim of the registry is to make available to the scientific community this large, unique population of JRA families. DNA samples are available for the majority of registry participants. Investigators interested in working with this population can contact the registry manager by phone (513 636-7389) or e-mail (marta.moroldo@chmcc.org) for further information or to obtain a project application.

Registration process:

After a physician identifies a family that qualifies for the registry, he/she obtains their permission to inform the registry. Enrollment requires the following documentation:

1. Completed consent from the family to indicate willingness to participate in the registry.
2. A questionnaire from the family regarding medical history of the JRA affected members.
3. A questionnaire that is completed by the physician.

Strict confidentiality is maintained by limiting access to the registry database, the use of passwords and providing unique numeric identifiers for study participants.

David Glass, MD; Principal Investigator
Marta Moroldo, MD; Registry Manager
Edith Shear, Study Coordinator

Report on Career Workshop November 2001

Executive Committee 2001 - 2002

On November 13, 2001, our Section presented the third in a series of workshops dealing with career development issues for our membership. This year's topic was titled "The Developmental Process for the Pediatric Rheumatologist: Career Paths and Options." The goal of the workshop was to demonstrate the options available to us as our own situations and needs might change as our professional careers blossom and mature. Recognizing that our own lives continue in a developmental fashion, the introductory statements regarding the stage of "middlescence" were presented by Ken Schikler. This was an overview that dealt with the physical and psychosocial changes that progress parallel to our professional growth, and might influence what goals we wish to attain as compared to what goals we might have set for ourselves when we left training programs. Following this several of our members provided insights into how their careers evolved, followed by David Glass, who as a mentor to many of our colleagues shared how he has been able to recognize individuals potential strengths and aid in their decision making regarding career development.

Helen Emery shared with us how her migration to the U.S., found her becoming a rather permanent (for which we are grateful) resident here, but also found her taking her role from fellow to attending, to chief of Rheumatology service at a new and distant medical center after having established a clear cut niche at another center.

Harry Gewanter, our next presenter, told us how his recognition of what he enjoyed most about the practice of medicine, guided him in being able to

shape a career, as well as the expectations of his co-workers, as a pediatric rheumatologist practicing within the context of a general pediatric private practice group. He has been able to provide his subspecialty consultative and ongoing care to children with rheumatologic disease, while additionally seeing children with other special needs, and a "well-kid" population. He has also been able to interact with a pediatric residency training program, incorporating all the aspects of a career that he recognized were important to him.

Carolyn Yancey, unfortunately was not able to be at the workshop, prepared and sent on to us an elegant presentation of the options she has recognized and developed for herself in the area of health care industry. She outlined the variety of venues available to the pediatric rheumatologist, from health policy planning, to health insurance, to pharmaceutical development, to

governmental oversight roles that could both challenge one's clinical skills, and have a very meaningful effect on the population of children with rheumatologic conditions. In her distributed material she pointed out a recurring theme in all the presentations. Our careers can be as plastic or as rigid as we find comfortable or necessary, and with creative effort we should be confident in our ability to mold them as best meets the developmental needs that unfold.

Kenneth Schikler, MD
Helen Emery, MD
David Glass, MD
Harry Gewanter, MD
Carolyn Yancey, MD
Presented Career Options at the Workshop, "The Developmental Process for the Pediatric Rheumatologist: Career Paths and Options"

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What is the Section working on ?

- Advocacy - including reauthorization of the Pediatric Studies Provision in the Best Pharmaceuticals for Children Act (BPCA).
- Initiating a collaborative agreement between the Section, the ACR, and the AJAO.
- Sponsor several education programs at the AAP National Conference and Exhibition.
- Sponsored Park City IV in 1998 and sponsoring Pediatric Rheumatology 2003: Park City and Beyond.
- Analyzing a survey on women in pediatric rheumatology.
- Establishing a mentoring program
- Proposal for three new programs including a two - day pediatric rheumatology fellows retreat, funding for two research fellowships, and a debt interest program.
- Established a section web site including fellowship, job, and other listings.
- Offer three Section-sponsored awards: James T. Cassidy Award, Earl J. Brewer Research grant, and Visiting Professor Program.
- In the process of developing a public education brochure, "What is a Pediatric Rheumatologist?"
- Spearheaded an effort within the AAP Council on Sections to highlight the deficiencies in the Summary of the Future of Pediatric Education (II) report and its lack of support for subspecialties. This led to a Commentary article published in Pediatrics in May 2001.

Why should I be member of the American Academy of Pediatrics?

Advocacy - The AAP advocates effectively for all children at state and federal levels.
The AAP has an excellent Department of Federal Affairs office in Washington that works for children and teenagers. The Academy is viewed as the "white hat" and has considerable influence. Recent issues include strengthening Medicaid and SCHIP, youth violence, adolescent health care, tobacco and alcohol advertising, immunizations, child abuse, asthma, and birth defects.

More than any other medical organization, the AAP advocates for children and teens with chronic diseases.

At the federal level in Washington, DC:

- 1) Lobbied extensively for the reauthorization of the IDEA legislation (signed 6/4/97) and is monitoring the current reapproval process. Our own section member, Harry Gewanter, has played an important role in this work.
- 2) Strongly supported the managed care legislation (managed care patient bill of rights) in Congress, particularly the provision for access to pediatric specialists.
- 3) Consults with congress and the Social Security Administration on SSI issues
- 4) Places the highest priority on achieving universal health care for all children. In the meantime, the AAP supports more steps such as the Families Opportunity Act of 2001. This Senate legislation would allow families to buy into Medicaid to fill in gaps in their insurance and thereby broaden coverage for children with disabilities.
- 5) Filed a letter of complaint to HCFA for inadequate funding of Medicaid. HCFA has asked State Medicaid Offices to prepare a response.
- 6) AAP Chapters are working to increase Medicaid reimbursement in most states.

The AAP can act quickly: A proposed legislation in early 2000 presented new barriers to obtaining approval of new pediatric oncology drugs. On February 25, 2001, the AAP chaired a meeting of national pediatric oncology leaders and child advocates. The FDA responded by sending a letter to all involved drug companies asking them to submit fast track approval applications for these drugs and now these new drugs being tested.

Education

As a member of the Section on Rheumatology, you may be asked to teach general pediatricians and residents at the national and local level, i.e.: National Conference and Exhibition, CME Courses, and State Chapter workshops. You receive discounts on and access to educational resources of the Academy - Pediatrics, PREP, AAP News, Section on Rheumatology newsletter and web site, and coding manuals.

The AAP is a unique organization and a significant value for the membership cost. In no other organization can the pediatric rheumatologist interact with other pediatric subspecialists, many of whom are experiencing the same problems that we face.

We believe that each pediatric rheumatologist and pediatrician with a special interest in the field should support that Academy and the Section on Rheumatology - If you are already a Section member, please keep supporting us, if not, please join us!

Annual Section dues - AAP Fellows \$25 Residents \$10
AAP National dues vary depending on Membership type.

**Questions? Contact Laura Laskosz, MPH, Section Manager at
llaskosz@aap.org or 800/433-9016, ext. 4928
or visit the web site at www.aap.org/sections/rheumatology**

Executive Summary November 13, 2001

The Section on Rheumatology Executive Committee convened on Tuesday, November 13, 2001 in San Francisco, CA.

The first Earl J. Brewer Research and James Cassidy Awards were presented during the American College of Rheumatology

Pediatric Rheumatology Section Business

Meeting. The first Earl J. Brewer Research Award was presented to Deborah Levy Miller, MD for her research in Thromboembolism in Pediatric Systemic Lupus Erythematosus (SLE) Patients with Antiphospholipid Antibodies. Deborah Kredich, MD was the

first recipient of the James T. Cassidy Award for outstanding achievement in pediatric rheumatology. Plans are underway for the Visiting Professorship Award with anticipation that the visiting profes-

sor to visit a selected site in the 02-03 academic year.

A recruitment campaign will be developed to attract Post-Residency Training Fellows to join the section. In addition, a PRTF will be selected to serve as a non-voting member on the Executive Committee.

Other proposed bylaw changes include the development of a referendum to allow one of the current members of the Executive Committee to be appointed as the Chair-Elect.

The Section continues to move forward on new projects. New projects include a

mentoring program, a survey of women in pediatric rheumatology, development of immunization guidelines for pediatric rheumatology, an on-line journal of pediatric rheumatology, an Annual Fellows

Meeting, a Pediatric Rheumatology Research Fellowship, and a Debt Interest Forgiveness program.

A draft Collaborative Agreement has been developed by the Section to provide a formal acknowledgement of collaboration among the AAP, the American College of Rheumatology (ACR), and the Arthritis Foundation of the American Juvenile Arthritis Organization (AJAO). The ACR has revised the document and is sending to the AAP and AJAO for signatures.

The Section is also involved in reviewing and endorsing the ACR Position Statement on the Guidelines for Referral, the development of an on-line map of pediatric rheumatology centers and locations of pediatric rheumatologists in the United States. A public education brochure entitled, "What is a Pediatric Rheumatologist" will be available in the near future.

The next SORh meeting will be held on Sunday, May 5, 2002 in Baltimore, MD.

Congratulations!

**Deborah Kredich, MD
winner of the first
James T. Cassidy Award
and
Deborah Levy Miller, MD
winner of the first
Earl J. Brewer
Research Award**

AAP Launches Pediatrician Referral Service (PRS)

On March 1, 2002, the American Academy of Pediatrics launched the next evolution of its Pediatrician Referral Service (PRS), transforming it into an on-line, searchable service. Historically, the Academy has responded to approximately 600 to 700 referral requests each year. Until recently, these requests were handled by AAP staff who photocopied and mailed pages from the *Fellowship Directory (Blue Book)*. Since the *Fellowship Directory* was only updated once every year or two, the information was often outdated. Parents and family members searching for a pediatrician, pediatric subspecialist, or pediatric surgical specialist, will now have a more convenient, efficient, and effective way to conduct their search. The PRS is located at www.aap.org/referral on the American Academy of Pediatrics web site. Patients and caregivers may also access

the referral service through Medem®'s Physician Finder Service at www.medem.com.

The PRS is being launched in several phases. In the initial launch, the Members Only Channel Directory was transitioned to the PRS with the exception of several categories of membership such as Residents, Honorary Fellows, etc. Phase 2, which is expected to become operational in mid-Spring, will add search capability by boarded specialty and subspecialty.

Participation in the PRS is optional for AAP members, so if you are no longer in practice, or just prefer not to participate in this service, you may withdraw your name from the PRS by visiting www.aap.org/referral/prsremove.cfm, calling 888/227-1775, or e-mailing prs@aap.org.

If you do wish to participate (and we hope you do!!), in order to make the PRS as accurate and robust as possible, **we ask you to update your contact information, board, and sub-board information online through the AAP Members Only Channel (www.aap.org/moc – click on Member Services) or by sending an e-mail to prs@aap.org, or by calling the Academy at 888/227-1775.** Remember, prospective patients will use the mailing address and/or phone number we have on file to contact you. Please be sure that the information in our records is accurate and appropriate for listing in the PRS.

Thank you for helping us bring this valuable service to the children and families we serve.