Reflections from the Chair – “Engagement and Transparency”  
Section on Advances in Therapeutics and Technology (SOATT)

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I spoke to a good friend a while back. He works for industry and had just come back from an AAP corporate event. He was disappointed with the meeting. I was surprised. Our AAP should take the lead in working with industry to promote development of technology that is appropriate for children. We should make sure that when we have discussions with industry that we delve into the issues that are important to them and help them address what they feel are the impediments in the development process. For our patients to benefit, industry must be motivated by the opportunities to develop for the pediatric space. Much like our younger generation of physicians, our AAP must be prepared to engage with industry.

I am not advocating for *quid pro quo*. A slap on the back and a wink have no place here. What I mean is that there needs to be a frank conversation. “Promptness, honesty, and integrity” should govern the interaction. Industry details its concerns. The AAP listens intently and using evidence-based practices responds appropriately to the proposed application for this new or existing technology. There is discourse. Industry should hear the feedback and respond accordingly.

The product indication is clearly important here. The Food and Drug Administration (FDA) has long been responsible for weighing the evidence, evaluating the technology, and protecting the American public. New and innovative governmental programs promise incentives for manufacturers who develop for the pediatric space. The environment for development is probably better than it ever has been. But there is an important proviso. What assurance does the pharmaceutical, biologic, or medical device manufacturer who brings his product before the FDA after numerous phased trials have that the billion plus dollars for development will result in an applicable solution for our children? It is called risk. There is no guarantee. The FDA carefully examines the indication based on extensive research. If there is a 1% increase in a side effect not present in the predicate, this can result in rejection. The FDA will examine every patient research file and will disqualify those that do not meet their strict criteria. For most academics, p<0.05 will suffice; for the FDA p < 0.01 is the order of the day. At the end of the process, those products that make it through have earned their indication. There is no rubber stamp approval.

Through its numerous sections and councils, AAP then looks at the indication, makes a decision based on a number of factors that may not be immediately clear to the manufacturer. The indication is abridged. Our patients do not receive the indicated product for the indicated purpose. Product sales suffers. The manufacturer may not be able to justify continued development of a pediatric product with the unintended consequence of preventing our child health experts from meaningful engagement with industry that invests in moving child health therapy forward.

Engagement is critically important. Our AAP website indicates that corporate donors receive “significant acknowledgement.” We need to pursue this in the form of increased communication. It is a bad risk to allow a manufacturer to develop products for which AAP policy will not support. There must be discussion, and true access to our leadership. Talking to industry about our children's needs is not a conflict of interest. We must aim for a conversation in which the concerns of our children are fairly represented. In fact, it is a conflict of interest if we refrain from discussions with industry as this

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does not benefit our children. We have no problem with industry supporting the Academy, our NCE, and donating to our causes so that we can support the programs that our patients need. The corporate Friends of Children Fund is supposed to allow the AAP to “aggressively respond to emerging health issues” to support “the advancement of pediatrics.” We must bring our corporate donors out of relative isolation in the exhibitor space and have these frank discussions with them including product intent, clinical trials, review of the evidence base, application to the Food and Drug Administration for indicated use in the pediatric population, and post-market surveillance.

This policy of *quid pro nihilo* is not sustainable. Advancements in child health technology and therapeutics occur as a result of partnership and collaboration between pediatricians and industry. What we give back in return does not have to guarantee sales, target earnings or increase profit margins, but if we do not honestly discuss our needs and our intents transparently, we can only look forward to decreased interest in developing for our patients and an industry that spends its valuable resources elsewhere.
From the Editor's Desk

“Around the Country . . . ”

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It was a brutal and extended winter for many, and especially in the Northeast. (Our family was confined in our hotel due to the 2nd of 3 late major snowstorms that hit Boston and the Northeast in mid-March!). So, I’m sure that many were breathing a sigh of relief when Spring finally arrived. With Spring also came the busy annual pediatric innovation meeting season, and some highlights included:

Impact Pediatric Health Pitch Competition (IPH - https://impactpediatric.health) at SXSW (Austin, Texas) – March 9, 2018
SXSW is the world’s largest creative business conference and festival and is well-known as a global event for the interactive, film, and music industries. More recently, SXSW has become a showcase event for start-up companies, especially in the healthcare field. The IPH pitch competition is co-sponsored by several of the leading children’s hospitals in the U.S. (Texas Children’s Hospital, Boston Children’s, Children’s Hospital of Philadelphia, and Cincinnati Children’s, Children’s Hospital Los Angeles, Seattle Children’s, Stanford Children’s, and Children’s Healthcare of Atlanta). This year’s pediatric innovator winners were Green Sun Medical (pediatric device), Cancer Aid (pediatric digital health), and GoCheck Kids (pediatric global health).

DMD (Minneapolis, Minnesota) – April 9 – 12, 2018
The 17th Annual Design of Medical Devices Conference is the world’s largest medical device conference and is hosted by the University of Minnesota’s Earl E. Bakken Medical Devices Center (part of the Institute for Engineering in Medicine), the College of Science and Engineering and the Department of Mechanical Engineering. It was held at the Graduate Minneapolis hotel & the McNamara Alumni Center, located on the University of Minnesota Twin Cities Campus. This year’s program included the inaugural session on Pediatric Interventions as well as a half day pediatric innovation conference called the Pediatric Device Breakthrough Collaborative.

MedTech Innovator 2018: Pediatric Pitch Event – April 11, 2018
MedTech Innovator and AdvaMed Accel partnered to host a pediatric-focused pitch event at AdvaMed’s HQ office in downtown Washington, D.C. The event featured pitches from best-in-class medical device, diagnostic, and digital health companies working on pediatric solutions with the opportunity to network with MedTech Innovator partners, including investors, children’s health providers, and senior medtech industry executives from AdvaMed’s Pediatric Working Group. This event served as a critical step in selecting the companies that will participate in the MedTech Innovator 2018 Program.

In addition,

Artificial Pancreas NIH Trials
Dr. Andrew Bremer, Program Director, Division of Diabetes, Endocrinology, and Metabolic Diseases, NIDDK / NIH remarked to us that there are 4 large NIH-funded artificial pancreas trials that are just starting to get up-and-running. More information on the trials is available in the link below:

Please mark your calendars for the 2018 AAP NCE meeting in Orlando, Florida in the fall (November 2 – 6, 2018) with the Section’s Educational program on Pediatric Innovation. Please note that the meeting is taking place later than in the past.

We hope that you enjoy reading this edition of the newsletter, and please share it with a colleague, patient, or friend. We welcome all suggestions for articles. It is an avenue of communication for our Section, and for those who share the passion of caring for children and improving our care for children.

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**Pediatric Medical Device Resource List:**

FDA-funded Pediatric Device Consortia (PDC) – a resource for pediatricians, pediatric caregivers, and pediatric specialists in developing their innovative pediatric medical device projects. Available assistance can include consulting, project management, and seed funding.

Further details can be found in the previous editions of the newsletter at:

**Atlantic Pediatric Device Consortium**
(Georgia Institute of Technology / Emory University/Children's Healthcare of Atlanta / Virginia Commonwealth University Institute for Engineering and Medicine)
www.atlanticpediatricdeviceconsortium.org

**Boston Pediatric Device Consortium**
(Boston Children's Hospital/Harvard Medical School)
www.childrenshospital.org

**National Capital Consortium for Pediatric Device Innovation**
(Children's National Health System/University of Maryland)
innovate4kids.org

**New England Pediatric Device Consortium**
(Simbex/CIMIT/IPI/Mass General Hospital for Children / Dartmouth University)
nepdc.org

**Philadelphia Regional Pediatric Medical Device Consortium**
(Children's Hospital of Philadelphia/University of Pennsylvania/Drexel University)
www.PhillyPediatricMedDevice.org

**Southern California Consortium for Technology and Innovation in Pediatrics**
(Children's Hospital Los Angeles/University of Southern California)
scctip.com

**University of California San Francisco Pediatric Device Consortium**
(University of California San Francisco)
pediatricdeviceconsortium.org

**University of Michigan Pediatric Device Consortium**
(University of Michigan)
http://peddev.org/

**FDA Pediatric Device Consortia Grants Program**
(Office of Orphan Products Development)
https://www.fda.gov/ForIndustry/DevelopingProductsforRareDiseasesConditions/PediatricDeviceConsortiaGrantsProgram/

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**SOATT Milestones**

The Section has created a document that catalogs important highpoints for the Section since its creation in 2010. See a copy of the document here.
The 35th Annual Advances in Therapeutics and Technology Conference (formerly known as the High-Frequency Ventilation of Infants, Children & Adults) was held April 3 – 7, 2018 at the Cliff Lodge in Snowbird, Utah. The conference presented high quality education and networking opportunities to pediatricians with a focus on advances in therapeutics and technologies. Along with featured speakers, the conference included oral abstract presentations on research on advances in therapeutics and technology.

Dr. Coleen Kraft, the president of the AAP participated in a Special Panel Discussion “What is/should be the Role of Industry in the Hospital and/or Your Practice?” This discussion focused on the difficulties we have as pediatricians interacting with industry. Although industry no longer has a role in pediatric education or ACCME content, it is still vital that pediatricians and representatives from industry interact to foster improved communication in development of technology and therapeutics. There was general agreement that the relationship needed modification in order to ensure development of appropriate technologies that are needed for further advances in practice.

Dr. Charles Thompson, immediate past SOATT chair, presented “The International Children's Advisory Network (iCAN): A Novel Approach to Youth and Family Engagement”. iCAN has been an integral part of SOATT and its effort to bring innovative technologies to the patients we care for. iCAN provides children worldwide an opportunity to take part in the design of clinical research which in turn is designed to study pediatric patients.

One of the more interesting abstract presentations was presented by Dr. D. Kurepa on behalf of the research team from Cohen Children's Hospital. “Point of Care Ultrasound in Diagnosis, Treatment and Follow-up of Neonatal Peripheral Intravenous Extravasation Injuries” demonstrated a novel use of bedside ultrasound to diagnose serious intravenous extravasation injuries.

Dr. Steven Abman gave the 21st Robert DeLemos Memorial Lecture entitled “Management of Pulmonary Hypertension in Infants and Children Beyond the Neonatal Period”, where Dr. Abman discussed the ongoing challenges in managing pulmonary hypertension occurring in pediatric patients.

In another special lecture, Dr. Andre Cap presented “Disturbances of Coagulation during Extracorporeal Life Support”. The special challenges during ECMO managing circuit hemodynamics were presented including issues with pump management and special coagulation issues arising from under and over circulation of the oxygenator.

Other presentations included “Respiratory Syncytial Virus Update 2018: Still a Threat”, “Role and Delivery of Aerosol Therapy in Pulmonary Critical Care”, and “Sequelae of Preterm Lung Disease in Adolescents and Adults”.

The AAP SOATT was a sponsor for the meeting. Abstracts from the meeting will be published in the June 2018 edition of Neonatology Today (http://www.neonatologytoday.net/). Next year, the 36th Annual Advances in Therapeutics and Technology will take place on March 26 - 30, 2019 at the Cliff Lodge in Snowbird, Utah. Information and registration for the conference can be found on the PACLAC site (http://paclac.org/advances-in-care-conference/). Registration for the 2019 meeting will be open in mid-May 2018.

The planning committee invites you to submit abstracts from original studies for presentation at the conference. Individuals, groups, or institutions may submit abstracts with interest in advances in therapeutics and technology. If you have a unique case report, possess unique knowledge on a topic, or have done extensive bench research in a related field, then this is your opportunity to showcase your work. Abstracts are encouraged from those in training and experienced researchers. Abstracts submitted to other conferences will also be considered.

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Please follow the submission guidelines: Use Microsoft Word format (“doc” or “docx”) in 12-point font using either Times Roman or Arial font. Limit Abstracts to a single 8½ x 11-inch page format. Tables, diagrams, and other graphics are encouraged but must be contained within the single page format. If the research involves human or animal subjects, the appropriate approval from the institutional research board must be documented. Presenters will be required to identify any conflicts of interest.

The informal setting and relaxing surroundings at this conference is your opportunity to gain national and international recognition for your research by submitting an original abstract. In the body of the email please identify the following: author's credentials, names and credentials of any collaborators, preferred email contact, and phone number.

The deadline to submit Abstracts is December 15, 2018. Abstracts may be sent as an attachment by email to Donald Null, MD at dnull@ucdavis.edu. Abstract notification is by early February 2019.

Be Informed!  Get Involved!  
Join the Section on Advances in Therapeutics and Technology Listserv® Today! 
If you are interested in joining the Listserv, email tcoletta@aap.org
Annual Leadership Forum Resolution Passes to Ensure AAP Input for the August 2018 FDA Meeting on Pediatric Medical Device Development

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The Section on Advances in Therapeutics and Technology (SOATT) and the Section on Urology sponsored a resolution on pediatric medical device development that was presented and accepted at this year's AAP Annual Leadership Forum (ALF) from 3/15/18 – 3/18/18.

For those not familiar with the annual ALF, it brings together chapter, committee, council and section leaders from around the country to draw on their diverse perspectives and expertise to advise the AAP Board of Directors. In addition, the event also provides leadership education and promotes networking and understanding of AAP priorities. Prior to each annual forum, AAP groups and members can submit resolutions for consideration, and members are able to comment on them online prior to the forum. Eligible voting members who are present at the forum vote on the resolutions, and accepted resolutions are referred to the appropriate AAP entity afterwards.

The resolution brings attention to an upcoming public FDA meeting on pediatric medical device development in August 2018, and ensures AAP input for this FDA meeting (August 13 - 14, 2018 at the FDA White Oak Campus in Silver Spring, Maryland).

https://www.fda.gov/MedicalDevices/NewsEvents/WorkshopsConferences/ucm596777

The purpose of the public meeting is to identify strategies to enhance the medical device ecosystem to cultivate development and innovation of devices that serve the unique needs of pediatric populations. Topics for discussion will include ways to improve research infrastructure and research networks to facilitate the conduct of clinical studies of pediatric devices, extrapolation, use of postmarket registries and data to increase pediatric medical device labeling, assistance to medical device manufacturers in developing devices for pediatric populations, and identifying barriers to pediatric device development and incentives to address such barriers. At this meeting, there will be discussions on legislative changes and regulatory process improvements that have been implemented to facilitate development of medical devices that serve the unique needs of pediatric populations as well as discussions on ways to further the development of pediatric medical devices.

The SOATT has been active in advocating for new regulations and/or improvements to existing FDA regulations for therapeutics and technological innovations including devices, and the accepted AAP ALF resolution encourages the AAP to continue to advocate for improvements to existing regulatory approaches as well as the development of new regulatory approaches, pathways and incentives for the timely approval of safe and effective medical devices for the pediatric populations.
A Perinatal-Neonatal Clinical Trials Regulatory Research Directory Can Facilitate Establishing a Neonatal-Perinatal Research Network

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The objective for this newsletter article is to give the highlights from “A directory for neonatal intensive care (NIC): potential for facilitating network-based research in neonatology” Ariagno, RL, Lee CH, Stevenson DK, Benjamin Jr DK, Smith PB, Escobedo MB and Bhatt DB. J. of Perinatology 15 March, 2018 (https://doi.org/10.1038/s41372-018-0097-8), which presents the history of NIC directories to date, the plan to update and to advance functionality via web based platform, proposal on how to implement the updated and new directory, and the potential impact of a Neonatal Perinatal Research Network for maternal/infant health and outcome.

Chronology of NIC Directories and Association with Databases:

In May 1994 at the first meeting of the California directors of neonatal intensive care units (NICU), there was an initiative to create a directory of all NICU directors since these data were unknown and we needed a method to communicate and collaborate. By November 1994 the first edition was published.

The first National Directory was created by the American Academy of Pediatrics (AAP) Section on Perinatal Pediatrics (now Section on Neonatal Perinatal Medicine) in 1996. Subsequent editions expanded in comprehensiveness and the first Directory of USA and Canada was published in 2011. There were 1007 NICUs in the USA and 38 in Canada. There were 100 Neonatal Perinatal Training Programs in the USA.

After 2011 the formal annual update was not sustained except for California. Nevertheless, there was a volunteer annual private update by the group for Training Programs and Directors to maintain communication and collaboration.

The California Association of Neonatologists (CAN) began in 1994 and the California Perinatal Quality Care Collaborative (CPQCC) database started in 1997 and Maternity Quality Care Collaborative database in 2006. The CPQCC and Vermont Oxford Network (VON) have used the Directory and have conducted and published numerous collaborative projects for quality improvement (see J of Perinatology for references).

Proposal to Advance Current Paper/PDF Directories to Web Based Platform to Improve Content and Functionality:

The current directory has several sections, which include different formats for reviewing information, often alphabetically, with the main section having a list of NICUs and personnel by city. In addition to a list of the neonatologists by NICU, the directory has evolved to include a listing of perinatologists, nurse practitioners, and more recently, NICU hospitalists. The directory also maintains a list of fellowship training programs across the state and denotes the self-reported level of care of each NICU as outlined by the AAP.

In practical terms, having the most up-to-date and comprehensive list of contact information has allowed for efficient communication and collaboration for clinical care, disseminating evidence-based practices, and quality improvement. In addition to the benefit of facilitating organization, a directory of NICUs and their characteristics has enabled research and guidelines to optimize the delivery of care. Research on how levels of care may impact healthcare quality and outcomes would not be possible without the comprehensive categorization of the Directory.

Establishing a New Searchable Neonatal-Perinatal Clinical Trials Regulatory Research Directory:

In the J. of Perinatology article, we propose to expand the directory to provide functionality and resources (facilities and staff) for research collaboration to build on previous work using the current Directories, and to advance by adding regulatory science and the option to develop pediatric study plans, which are acceptable for the US Food and Drug Administration (FDA) process for approval of therapies for our field. This Directory would provide data on the number of newborn deliveries and admissions to the NICU with clarification of the gestational age range, and birthweight strata.

Ideally, the NICUs clinical data could be linked to the electronic medical record (EMR) and other databases such as

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One goal of a new directory would be to allow stakeholders to identify requirements for regulatory clinical trials research
at individual sites. A search function could identify sites that had the capacity to engage participants in multiple settings
(e.g., NICU, outpatient clinics) and site experience conducting various types of trials. Sites would document access to
appropriate research equipment (e.g., freezers, dry ice, and centrifuges) and ability to use electronic health databases to
identify participants. Pharmacy capabilities could be assessed (e.g., blinding, investigational drug pharmacies, weekend/
night coverage). Investigators would be able to explain IRB requirements (e.g., use of central IRB vs. local), typical time to
put contracts in place, and whether they had previously undergone audits by sponsors or the FDA.

Organizations such as the PTN, and public-private partnerships such as the International Neonatal Consortium (INC)
and the Institute for Advanced Clinical Trials for Children (I-ACT for Children), which are defining important priorities
for regulatory research, could have access to research groups to determine availability for a target clinical population and
to identify those centers which have the capacity for successfully conducting regulatory research trials. This effort will
further facilitate regulatory and clinical trials research collaboration. Having a searchable directory of research capacity
would increase visibility of those NICUs that are seeking to engage in research. Investigators seeking other centers to
participate in a multi-center trial could search for centers with certain types or numbers of patients, resources available
such as site research coordinators and/or specimen banking. Such a resource would also be attractive for funders and
pharmaceutical companies seeking collaborators for specific projects.

**Implementing the updated and new Directory:**

The creation and maintenance of this platform will require an initial investment of funding and workforce. It will also
require a stable organization to support, maintain, and potentially innovate new applications. For California, CPQCC, with
CAN’s support, may be the appropriate group in order to take on this initiative. CPQCC already maintains an electronic
list of member NICUs and contacts. There is a data infrastructure and web platform for members to access their clinical
data. While the current system is not designed to support a directory, the ability to adapt the existing infrastructure in
order to facilitate the directory may be more efficient than creating a completely new system. The staff and leadership at
CPQCC are also familiar to the large majority of NICUs in California, which may facilitate communication and buy-in.

California has the advantage of having almost all NICUs in the state already belonging to CPQCC, which provides the
infrastructure and unique opportunity to establish a population-based Research Network. As in the history above for
all of the Directories to date, it all started in California. We can and should become the model for the Nation and if
successful as in the past there will be a National Research Directory and ideally a Global Research Directory. Although
the AAP SONPM leadership has not continued the maintenance and updating of the current Directory since 2011, the
AAP SONPM NeoPeriTD Task Force can provide a path for the SONPM to help lead the national effort. For NICU sites to
become attractive for funding to accomplish large-scale research projects, we will need data to show their readiness and
capacity.
In order for CAN and other large networks to effectively plan regulatory clinical trials, we will need to understand our resources and limitations to participate. It will be important to develop a process to ultimately include potential participation of all NICUs in California to maximize availability and enrollment of infants. This directory data will facilitate informing individual sites about their readiness to participate and what resources are needed at the key sites and also for the affiliate sites, which may be essential to success in future neonatal regulatory trials.

In summary, what are the next steps for the Ariagno RL, Lee HC, Stevenson DK et al proposal?

1. Although we have the approval of CAN leadership to proceed, we will need consensus from all neonatologists in California that they will participate.
2. Dr. Bhatt has had California NICUs support and has already collected the NICU data for 2018.
3. We are in discussion with a web-based developer to start the project with the 2018 data.
4. A funding source(s) will be needed to support setting up and maintaining the California web NICU directory.
5. Adding and establishing a Clinical Trial Regulatory Research Directory will require collaboration with PTN leaders. A consensus for establishing accepted Standards of Care for all California NICUs (see previous SOATT Newsletter regarding paradigm to facilitate) will improve network research and has already been discussed to begin with antibiotic stewardship (https://neonatalsepsiscalculator.kaiserpermanente.org/?kp_shortcut_referrer=kp.org/eoscalc).
6. As in the history of the original directories, after the experience in California, we will arrange for a review with AAP SONPM to implement for Canada and rest of the USA in the future.
7. Utilize the California Clinical Trials Regulatory Research Directory for a Trial.
iCAN Update- International Children’s Advisory Network

Leaders and Values Defined
Empower, Act, Transform

Laura McMaster, LMFT, CCRP
Director, iCAN Research
Email: lauramcmaster@icanresearch.org

Back row: Chaz Thompson (KIDS FL), Jessica Bo (KIDS CAN), Hampton Woods (KIDS GA)
Front Row: Sarah Fletcher (KIDS CAN), Canadian youth attending, and Calvin Thompson (KIDS FL).

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Introduction
As an organization dedicated to improving pediatric health care by providing children and families a voice in health, research, medicine and innovation, iCAN Research is right at home with the concept of changing for the better. In that spirit, we are pleased to announce new officers and a defined set of core values to reflect our mission: to foster greater global understanding about the importance of the pediatric patient and caregiver voice in healthcare, clinical trials, and research.

Who is Leading and Why
Volunteer officers have been appointed from within the international health and technology community. In the role of President of iCAN, we are proud to announce Leanne West, Chief Engineer of Pediatric Technologies and Principal Research Scientist at The Georgia Institute of Technology and Chief Innovation Officer of the Georgia Tech Pediatric Technology Center. The Vice President of iCAN is Christine Woods, healthcare IT and human resources professional with Atlanta-based technology firm Healthcare IT Leaders, and a familiar and much-respected parent voice whose enthusiasm and knowledge about the organization impress all who meet her. Chester Koh, MD, Director of Pediatric Robotic Surgery and Attending Surgeon, Urology at Texas Children's Hospital joins us in the role of Secretary and communications strategist. Also from Texas Children's, Director of Finance James Hury serves as the Treasurer, working on financial strategy. Begoña Nafria Escalera, Patient Advocacy Manager, at the Innovation Department with Hospital Sant Joan de Déu in Barcelona, Spain represents the European YPAGnet (Young Person's Advisory Group), as well as the iCAN education committee. iCAN's Director, coordinating activities and facilitating communications across the network, is Laura McMaster, an Atlanta-based family therapist and clinical research professional with health-related work experiences in the US and Western Europe.

Though our thought leaders from earlier years in iCAN's development remain committed, the time came to define structure and centrally locate leadership. On Friday March 23, iCAN's Founder and Chairman of the Board of Directors, Charlie Thompson, MD, KIDS Connecticut lead Sharon Smith, MD, and Executive Director of the Connecticut Academy of Pediatrics, Jillian Wood flew to Atlanta, GA to engage the new president and her team. Everyone met or called in, reviewed goals, and defined iCAN's short and long-term goals. iCAN remains under the umbrella of the Connecticut-based Foundation for Children, the non-profit arm of the Connecticut Chapter of the American Academy of Pediatrics.

Empower, Act, Transform
Educating youth and caregivers about research and clinical trials not only empowers them but provides benefits to clinicians and researchers seeking feedback. iCAN leads the way for youth to make a positive impact on pediatric health outcomes by offering their assessment through network projects. By making protocols, assent, and consent language more patient-friendly, pediatric patients and caregivers can be active participants in their own care.

Investigators can engage members of the iCAN network to gather youth perspectives about the aspects of clinical research and health care advocacy, a newer concept. During our March leadership meeting, iCAN brainstormed about how we can strengthen our processes. We defined 3 core motivations for everything we do:

- **Empower**
  - We can empower through our education and advocacy, team building, excitement and leadership, sharing and inspiring others, and engaging youth, parents/caregivers, and the health & research communities.

- **Act**
  - We can act by providing feedback, sharing and transferring knowledge, and improving the health and well-being of children around the world.

- **Transform**
  - We can transform pediatric healthcare, the patient experience, health outcomes, policy & research regulations, innovation, and preconceived notions about children in research.
Excitement within the network is felt from each person touched by its progress, which extends around the world to over 19 chapters. One of our newest chapters, KIDS Bari housed at the pediatric University Hospital Giovanni XXIII in Bari, Italy, recently enjoyed a visit and tour of their local hospital labs (first picture). One of our original chapters, KIDS Georgia, co-hosted a table with the Georgia Clinical and Translational Science Alliance at the Atlanta Science Festival March 24, a city-wide science and innovation event (second picture). Over 1,000 people stopped by to learn from our youth leaders.
Edinburgh, Scotland: Summit 2018

iCAN Research is headed to the capital of Scotland for the 4th annual summit in July! Once a year, youth participants, their families, chapter presidents, and sponsors are invited to attend this educational event where youth connect with other chapters from around the world, listen to speakers, and practice leadership skills. This summer, Pamela Dicks, PhD, Network Manager of the Scottish Children's Research Network, has organized the summit around improving the healthcare and outcomes of children with acute, chronic, and rare conditions.

Themes include drug development, rare disease education and advocacy, and quality of life improvement. Activities include a week-long innovative drug discovery youth challenge, sessions facilitated by world leaders in pharmaceuticals, research, public health, and technology, and group team building activities.

iCAN youth participants look forward to the summit each year as an opportunity to spend time together and to grow in their knowledge of how they can control their own health. A clear message leadership conveys is that once they understand their diagnoses, even if they do not have any current medical needs, youth participants do not have to feel controlled by any disease.

We’re New and Need You!
How to Join . . .
It’s easy! There are NO DUES to join the SOATT if you are an AAP member.
Send an e-mail to Jackie Burke at jburke@aap.org to request to be added to the Section.
2018 National Conference Programs for SOATT

Friday, November 2, 2018
1:30 – 5:30 PM  Peds 21 Leveraging New Technologies to Transform Child Health
(sponsored by SOATT, Section on Telehealth and the Council on Health Information Technology)

Saturday, November 3, 2018
1:30 – 5:30 PM  SOATT Joint H program with Section on Perinatal Neonatal Medicine
DRUG THERAPEUTICS SESSION and EMERGING TECHNOLOGIES SESSION

Sunday, November 4, 2018
11:25 – 11:45 AM  SOATT Plenary on Top Health Tech Innovations for 2017

Monday, November 5, 2018
8:30 – 10 AM  SOATT’s Gadgets and Gizmo’s Workshop - Repeats at 4-5:30 PM
2-3:30 PM  Section on Advances in Therapeutics & Technology Educational Program including top 3 research abstracts and Award for Pediatric Innovation

SOATT 2018 Section Election Results and 2019 Call for Open Positions

The following members have been elected by SOATT members to the executive committee:

Chairperson (second term):

Mitchell Goldstein, MD, FAAP

Executive Committee Member:

Karen Kaplan, MD, FAAP (second term)
Susan Cummins, MD, FAAP (second term)

Thank you to each person who voted in the election. The new terms will commence November 1, 2018.

2019:

The Section will have the following opening for executive committee:

One (1) executive committee position. If you are interested in running for this position, please e-mail your bio sketch to Tracey Coletta at tcoletta@aap.org by December 1, 2018.

If you have any questions about the election or future leadership openings, please e-mail our staff at jburke@aap.org.

Thank you to Paul Wang, MD, FAAP for serving as the Section's Nominations Chairperson.
A Message from the Membership Committee

*Chris Rizzo, MD, FAAP*
SOATT Membership Committee Chair
crizzo624@gmail.com

It is an exciting time to be involved in generating new information on pediatric technology, devices and medications.

Those of you reading this newsletter are likely SOATT members. We rely on your help to recruit others to the Section. Members of the Section do not need to be eligible for AAP membership. See below for membership categories and eligibility.

Our Section continues to grow and now has 944 members!

**Who Can Join?**

1. AAP Members

Membership in the section is open to AAP Fellows, Specialty Fellows, Candidate Members, Post Residency Training Members, Honorary Fellows, Emeritus Fellows, and Corresponding Fellows with an interest in advances in therapeutics and technology. There is no fee for AAP members.

2. SOATT Affiliate Members

Affiliates are those who are not eligible for membership in the AAP and hold a Masters degree or Doctorate (or equivalent) in pharmacy or other health science concentration. Affiliates must submit an application (see “How to Join” below) and have a signed letter of support from an AAP fellow in good standing. There is a $40 annual fee for section affiliate members.

**How To Join?**

If you are already a member of the AAP and would like to become a SOATT member, join online by:

1. Going to Member Center of the AAP website and use your AAP login and password.
2. Click on “Join a Section or Council” under Member Community
3. Choose “Advances in Therapeutics and Technology”, answer a few questions, and click “Submit”.

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If you have any questions about membership, please contact Chris Rizzo MD, FAAP at crizzo624@gmail.com or the section staff at jburke@aap.org.
Welcome New Members
(March 2017 to April 2018)

Nephi A. Walton, MD
Susan T. Oyetunde-Egwele, MD
Amanda Nicole Lansell, MD, FAAP
Billie Lou Short, MD, FAAP
Robert D. White, MD, FAAP
Dan L. Stewart, MD, FAAP
Joseph Russell Hageman, MD, FAAP
Herbert William Clegg II, MD, FAAP
Rose Marie Viscardi, MD, FAAP
Mary Jess Wilson, MD, MPH, FAAP
William Bernard Moskowitz, MD, FAAP
Jagjit Singh Teji, MD, FAAP
Nathan B. Beraha, MD, FAAP
David Kanter, MD, MBA, CPC, FAAP
Gail Lois Levine, MD, FAAP
Donna J. Fisher, MD, FAAP
George Paul Albert, MD, FAAP
Rangasamy Ramanathan, MBBS, MD, FAAP
Dennis Alan Rosenblum, MD, FAAP
Helen M. Towers, MD, FAAP
Henry Rodriguez, MD, FAAP
Lawrence E. Schwartz, MD, FAAP
Christopher G. Maloney, MD, PhD, FAAP
Shafqat Shah, MD, FAAP
Michael L. Forbes, MD, FAAP
Geoffrey Gage Binney Jr., MD, FAAP
Anne R. Hansen, MD, FAAP
Daniel A. Rauch, MD, FAAP
Douglas Liano, MD, FAAP
Graham Patrick Krasan, MD, FAAP
Meera N. Sankar, MD, FAAP
Aninda Das, MD, MPH, FAAP
Bengt-Ola Sigvard Bengtsson, MD, FAAP
Kimberly Dawn Ernst, MD, MSMI, FAAP
Regina Abhulimen, MD, FAAP
Sharon Patricia McKiernan, MD, FAAP
Debasis Kanjilal, MD, FAAP
Barbara J. Moore, MD, FAAP
Clara Hyun-Jung Song, MD, FAAP
Erin Clifford Stepka, MD, FAAP
Dimple K. Khona, MD, FAAP
Deepa Mukundan, MD, DNB, FAAP
Leslie Law Harris, MD, FAAP
Andrew Alan Bremer, MD, PhD, FAAP
Gina L Allegretti, MD, FAAP
Tamara D. Simon, MD, FAAP
Kaashif Aqeeb Ahmad, MD, FAAP
Thomas Michael Lancaster, MD, FAAP
Ellen L. Chan, MD, FAAP
Lourdes Maria Falcon, MD, FAAP
Russell James McCulloh MD FAAP
Alexander M. Hamling, MD, MBA, FAAP
Jane Brumbaugh, MD, FAAP
Tina Qiao Na Cheng, DO, FAAP
Claudia M. Espinosa, MD, FAAP
James Robert Kiger, MD, FAAP
Preethi Thomas, MD, FAAP
Ebele Gwendolyn Orazulike, MD, FAAP
Katie Resident, MD
Katie Ellgass, MD, FAAP
Saifdar Sultan Khan, MD, FAAP
Himadri Nath, MD, FAAP
Kari Lynn Wagner, MD, FAAP
Jose F Hernandez Rivera, MD, FAAP
Jennifer A. Wagner, MD, FAAP
John C. McDonnell, MD, FAAP
Daniel Shtraykher, DO, FAAP

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Welcome New Members

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Marc Rabner, MD, MPH, FAAP
Resham Kaur, MD, FAAP
Deana H. Miller, MD, FAAP
Paulina Buraczynski, MD, FAAP
Priti Nagnur, MD, FAAP
Sneha Iyer, MD, FAAP
Danielle Fleissig, MD, FAAP
Samana Ali, MD, FAAP
Rathanasamy Selvan, MD
Rajiv Arya, MD
Jose Luis Ortega, MD
Adel Tawadros Loka Tawadros, MD
Harry Antonio Sanchez, MD
Yuan Shi, MD
Marco Antonio Carvajal Lopez, MD
Jaspreet Singh, MD
Thatiane Mahet Gesualdi, MD
Jordan Johnstone
Domenica Santamaria Obando
Shawna J. McCafferty
Jessica Tennant
Cassandra Pitcher
Kristine Marie Casanova Torres
Nibal Eid
Wendy De La Rua
Miyako Watanabe
Dawn Hill
Marielys Collazo-Roman
Carla Marie Fabre
Ngum Ngwa
Mounica Y. Rao
Alemara Montes de Oca
Omolayo Dada
Derek Armstrong

Joshua J. Skydel
Patrick Liu
Gergana Mishkova
Claudette Lapage Poole, MD, FAAP
Amira Baker, MD, FAAP
Karina Geronilla Phang, MD
Rod Ghassemzadeh, MD
Anna Kathleen Schlechter, MD, FAAP
Shruti Mittal, MD, FAAP
Asaad Mohamed Elbashir, MD, FAAP
Nidhi Shah, DO, FAAP
Vrinda Arora, MBBS, FAAP
Justin Goldstein, MD, FAAP
Susan Annette Pitts, DO
Christopher S. Thom, MD, PhD
Ali Asseri
Satja Issaranggoon Na Ayuthaya, MD
Hanan Haydar, MD
Krista Torrey, PharmD
Carlton Lee, Pharm.D., MPH
Elizabeth McCormick, PharmD
Todd Anthony Kociancic, Pharm.D.
Shannon Manzi, PharmD
Arun Kumar Pramanik, MD, FAAP
Rohitkumar B. Vasa, MD, FAAP
Renata G. Kiefer, MD, FAAP
Hilary A. Welland, MD, FAAP
Catherine Crisp Turkel, PharmD, MBA, PhD
Announcements from the AAP

Section Produces Patient Education Brochure on Clinical Trials in Conjunction with the AAP Department of Marketing and Publications

Should My Child Join a Clinical Trial? Patient education brochure was finalized and published in February 2014. The brochure covers:

- Why are clinical trials for children needed?
- How are clinical trials done?
- What are the benefits and risks of a clinical trial?
- What do I need to know before I sign up my child for a clinical trial?
- What questions should I ask about a clinical trial?
- Words to Know
- For more information

For a free sample copy of the brochure, please contact AAP Customer Services at 866/843-2271.


Family Partnerships Network, a Program of the AAP Showcase of Young Innovators in Pediatrics

In case you missed the webinar, please click on the link to view the recording https://www.youtube.com/watch?v=Pi78HNNsS3E&feature=youtu.be

Meeting Description:
The American Academy of Pediatrics (AAP) FamilY Partnerships Network (FPN) was pleased to present the Showcase of Youth Innovators in Pediatrics Webinar. The purpose of this FREE 60 minute webinar was to share the stories of youth and pediatricians who are working to advocate and innovate for improved care and relationships with families, including children and youth.

Participants will hear from youth who have engaged in improving their own care or who have been inspired to advocate for others through organizations such as the International Children’s Advisory Network (iCAN), KidsCan, and Young Invincibles. The webinar was moderated by Joyce Lee, MD, MPH, an expert in patient-centered participatory design, who gave her own perspective on the importance of engaging with families and youth to improve care.
## SOATT Leadership Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Mitchell Goldstein, MD, FAAP</td>
<td>Chairperson, Executive Committee</td>
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<tr>
<td>Ron Ariagno, MD, FAAP</td>
<td>Co-chair, Research Subcommittee</td>
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<tr>
<td>Francis Chan, MD, FAAP</td>
<td>Liaison</td>
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<tr>
<td>Susan Cummins, MD, MPH, FAAP</td>
<td>Member, Executive Committee, Co-chair, Research Subcommittee</td>
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<tr>
<td>Edress Darsey PharmD</td>
<td>Liaison, PPAG</td>
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<tr>
<td>Karen Kaplan, MD, FAAP</td>
<td>Member, Executive Committee</td>
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<td>Chester J. Koh, MD, FACS, FAAP</td>
<td>Newsletter Editor</td>
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<td>Robert Leggiadro, MD, FAAP</td>
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<td>Christina Bucci-Rechtweg, MD, FAAP</td>
<td>Program Chairperson</td>
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<td>Eric Ng, MD, FAAP</td>
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<td>Mark Puder, MD, FAAP</td>
<td>Member, Executive Committee</td>
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<tr>
<td>Chris Rizzo, MD, FAAP</td>
<td>Chair, Membership and Communication Subcommittee</td>
</tr>
<tr>
<td>Charlie Thompson, MD, FAAP</td>
<td>Immediate Past Chairperson</td>
</tr>
<tr>
<td>Robert Walker, MD, FAAP</td>
<td>Member, Executive Committee</td>
</tr>
<tr>
<td>Paul Wang, MD, FAAP</td>
<td>Nominations Chairperson</td>
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### AAP Staff
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- Tracey Coletta [tcoletta@aap.org](mailto:tcoletta@aap.org) • Section Coordinator
- Mark A. Krajecki • Journal Production Specialist