Committee and I want to welcome two new members who recently completed her term on the SOHO Executive Committee. I want to extend my appreciation to Dr. Patricia Shearer with other groups working toward similar goals.

I hope that your 2016 is off to a good start! The beginning of the year provides us with the opportunity to look back at successes from the beginning of the year provides us with the hope that your 2016 is off to a good start! The past year and plan for how to meet the challenges of 2016. The success of the AAP Section on Hematology Oncology (SOHO) depends upon the volunteer efforts of its members and collaboration with other groups working toward similar goals.

I want to extend my appreciation to Dr. Patricia Shearer who recently completed her term on the SOHO Executive Committee and I want to welcome two new members to the Executive Committee, Dr. James Harper and Dr. Kiersten Ricci, who is serving as the first Training Fellow Liaison on the Committee.

As part of the AAP/SOHO-ASPHO Alliance pilot, a collaborative policy review process was developed and implemented in January, 2014. The overarching goal of the process is to provide PHO review expertise regarding policy and other documents for physicians who care for children with blood disorders and cancer. The 40 section members who serve on the seven Pediatric Hematology Oncology (PHO) Review Groups have played an important role. Since that time they have reviewed 9 payer policies, 6 clinical/public policy documents, 17 book chapters, 6 external policies, 1 coding proposal and several others are in process. Other section members are in the process of revising 4 AAP policies developed by SOHO, some in conjunction with other AAP groups (Health Supervision for Children with Sickle Cell Disease, Preservation of Fertility in Pediatric and Adolescent Patients with Cancer, Children as Hematopoietic Stem Cell Donors and Cord Blood Banking for Potential Future Transplantation). In 2016 we also plan to develop one new policy (Treatment of Iron Deficiency).

Believing that there is strength in numbers and value in collaboration, SOHO continues to work with other advocacy, professional, and accreditation organizations including the Council of Pediatric Subspecialties, the Alliance for Childhood Cancer, the American College of Surgeons Commission on Cancer, and the AAP Section on Surgery. In 2015, the AAP signed a letter asking the National Cancer Institute (NCI) to increase its pediatric-specific expertise and to work on improving transparency of institute activities related to pediatric cancer. The AAP has also provided support for new bipartisan legislation that has been introduced, “Ensuring Access to Specialty Care Act of 2015”. This legislation would amend the Public Health Service Act to include pediatric subspecialists in the National Health Service Corps (NHSC) loan repayment program.

In March, we will hold elections to fill 2 Executive Committee positions and to elect a new chair of the Section.

Continued on Page 2
Chair's Update Continued from Page 1

of Hematology/Oncology as I will complete the maximum 2 terms as chair later this year. I ask that you participate in the election and select the candidates who you feel will best represent you. (See information on page 8.) Also, please complete a short (6-question) survey asking you about your areas of expertise so that we have a catalogue of experts by topic within the section. This will be helpful as we are often asked to identify a section member with a certain skill set for various opportunities. You can access the survey here.

Thank you for allowing me to serve as Chair of SOHO. It has been a privilege to represent our subspecialty within the AAP. My last plea is for each of you to please consider how you might share your expertise and talent to build a stronger SOHO.

The Section on Hematology/Oncology
Executive Committee

Chairperson:
Jeffrey Hord, MD, FAAP

Executive Committee:
Gary Crouch, MD, FAAP
Gregory Hale, MD, FAAP
James Harper, MD, FAAP
Jeffrey Lipton, MD, FAAP
Kiersten Ricci, MD, FAAP
Zora Rogers, MD, FAAP

Immediate Past-Chair:
Eric Werner, MD, FAAP

Liaisons:
David Dickens, MD, FAAP – Alliance for Childhood Cancer
Maria Velez, MD, FAAP – Commission on Cancer
Rebecka Meyers, MD, FAAP – AAP Section on Surgery
Gary Crouch, MD, FAAP
Council on Pediatric Subspecialties

Nominations Committee:
Brigitta Mueller, MD, FAAP – Chair
Timothy Griffin, MD, FAAP
Timothy Porea, MD, FAAP

Staff:
Suzanne Kirkwood, MS
Manager, Section on Hematology/Oncology

Journal Production Specialist
Mark A. Krajecki

Welcome to Our New Members

If you know of others who might be interested in joining the Academy and the Section please refer them to www.aap.org/en-us/pages/become-member.aspx

Thank you to all who have continued to support the AAP and the Section by renewing their memberships. And welcome to new members of the Academy and the Sections

For Upcoming Newsletters . . .

We welcome your input and encourage you to submit ideas or information by email to Carl Allen, MD, FAAP at ceallen@txch.org or Suzanne Kirkwood at skirkwood@aap.org for future issues of the newsletter.

Statements and opinions expressed in this publication are those of the authors and not necessarily those of the American Academy of Pediatrics or the AAP Section on Hematology/Oncology.
Social Media and Medicine

Amber Yates, MD, FAAP
Assistant Professor, Department of Pediatrics, Baylor College of Medicine
Co-director, Texas Children's Sickle Cell Center
Assistant Clinical Director of Outpatient Services.

Dr. Brian Vartabedian, pediatric gastroenterologist and author of the blog 33 charts (33charts.com), recently said, “We've reached a point where social media is now part of the professional workflow.” I couldn't agree more.

The world is changing fast and the ways we communicate with patients (and families) and other healthcare professionals is rapidly evolving. We now have patient portals where patients can reach out to ask questions or request medication refills. We can use our electronic medical record systems to discuss a patient's care with other physicians in a secured environment. Similarly, social media can also be a valuable communication tool for physicians.

With so many platforms to choose from (Facebook, Twitter, Instagram, Tumblr, etc.), it can be challenging to know which one might be best for you. This article will focus on the role of Twitter in healthcare social media. There are other venues you can try, but Twitter is one of the easiest to use.

How can you use Twitter in your professional workflow?

1. Keeping up to date about publications or research in your field: Instead of waiting for your medical journal to arrive or for the publisher to email you a Table of Contents, why not follow them on Twitter instead? Blood (@BloodJournal), New England Journal of Medicine (@NEJM), and Nature (@nature), just to name just a few, have very active Twitter accounts. Posts about new publications come straight to your Twitter feed. You can choose either to receive notifications about new posts on your mobile device or tablet or turn off notifications and simply scroll through your feed at your convenience. This can be one of the simplest ways to use social media in your professional life.

2. Medical Conferences: Using Twitter, you can follow medical conferences you are unable to attend from your mobile device. More and more frequently, medical conferences are selecting a Twitter hashtag so participants who tweet (called Tweeps) can link the tweet to that specific conference. The American Society of Hematology (@ash_hematology) has had a hashtag for each annual meeting for more than 5 years. And the number of people (and quantity of tweets) goes up each year. Simply search for the hashtag (#ASH15, for example) and all tweets using this hashtag will be available to you.

3. Dissemination of medical information: Yes, being limited to 140 characters can be tricky. There's an art to it, but it is a great tool for getting information out quickly to a large audience. I (@sicklecelldoc) tweet about sickle cell disease year round but in September I really rev up the number of tweets as the public interest for information goes up during awareness month. In addition to your own tweets, you can retweet information from other sources like the National Heart, Lung, Blood Institute (@nih_nhlbi), American Society of Hematology (@ash_hematology), the American Academy of Pediatrics (@AmerAcadPeds) or your own institution. A third way to broadcast information is through a Tweet chat. A Twitter chat is an organized time where a group of Tweeps discuss a specific topic. The chat is usually labeled with a specific hashtag. In general the chats begin with a question and answer period followed by open discussion of the topic. Chair, Jeff Hord has participated in some twitter chats on behalf of the Academy.

Interested, but uncertain where to start? Consider opening a Twitter account and do nothing initially. Start following people you know, professional societies, and institutions. As you spend time reading tweets, you will start to understand what is going on. Concerned about time? It's not necessary to tweet every day or multiple times a day. You can tweet a couple times per week or focus tweets during medical conferences to help disseminate new research information. Branching out into healthcare social media (#hcsm) can be scary but no worries, come on in, the water is fine.

Resources:

The National Conference Exhibition (NCE) is the major AAP educational meeting in which a broad range of topics are presented for general pediatricians, subspecialists and other health care providers. The Education Subcommittee provided input into the pediatric hematology/oncology (PHO) sessions that will be offered in 2016 and has already begun planning efforts for 2017.

The PHO sessions that were offered for the 2015 and will be offered for 2016 are:

**2015**
2. Iron: Too Little or Too Much? - Faculty: Brigitta Mueller, MD, FAAP
3. Clots and Kids: The Increasing Problem of Thromboembolic Disease in the Hospitalized Child (x2) – Faculty: Shannon Carpenter, MD, FAAP

**2016**
1. Neonatal red blood cell disorders-Abnormal neonatal screening to symptomatic anemia – Faculty: Carolyn Hoppe, MD
2. Iron deficiency and iron deficiency anemia – Faculty: Elliott Vichinsky, MD, FAAP
3. Common coagulation problems – Faculty: Donald Yee, MD, FAAP

One of our goals is to broaden the reach of pediatric hematology/oncology by working with other sections in the AAP. We will continue to explore such collaborations with other groups in the years ahead. Sessions co-sponsored with other AAP groups in 2016:
1. Thyroid cancer in children and adolescents (Section on Endocrinology)
2. Vascular Anomalies: Imaging and Image guided treatments (co-sponsored with the Sections on Radiology and Dermatology)

In addition, the Section has the opportunity to provide content for the AAP News Focus on Subspecialties column on an annual basis. This content focuses on pediatric hematology/oncology topics that are of broad interest to general pediatricians and other subspecialists. Dr. Gary Woods and I submitted an article, “Pediatric venous thromboembolism on the rise” for the November edition. A listing of the other articles that have been contributed by SOHO can be found on the SOHO website.

Finally, www.HealthyChildren.org is the Academy's website for parents and caregivers. One of the goals of the subcommittee for this year was to begin to review and revise current PHO content and explore the development of new articles. Thank you to the Subcommittee members who reviewed and revised the following articles:
1. Anemia and Your Child (Robert Hayashi, Taizo Nakano and Bryan Sisk) (in process)
2. What is a Pediatric Hematologist/Oncologist (Vikramjit Kanwar)
3. Symptoms of Childhood Cancers (Pinki Prasad)
4. Blood Lead Levels in Children: What Parents Need to Know (Gary Crouch)
5. Childhood Cancer (Pinki Prasad and Stephanie Savelli)
As lawmakers prepare to convene their regular 2016 legislative sessions, AAP chapters are getting ready to advocate for children, families, and the pediatricians who care for them. The AAP 2016 State Advocacy Blueprint examines key policy trends with an eye toward helping chapters create positive policy change in their states. Highlighted in this year’s Blueprint:

- Health Care System Transformation
- Immunization Policy
- Mental Health Services—Access and Funding
- Opposing Recreational Marijuana Legalization
- Network Adequacy

The State Advocacy Blueprint can help chapters focus on the key issues that will impact child health in 2016 while advancing AAP strategic goals in the states. The State Advocacy Blueprint is now available on the State Advocacy pages of the AAP Web site, and will be featured in the “Chapter Views and News” column of the January 2016 edition of AAP News.

Hot Papers in Pediatric Hematology/Oncology

Reviewed by: Mary Jane Staba Hogan, MD, FAAP, Assistant Clinical Professor, Pediatric Hematology Oncology, Yale University School of Medicine, New Haven, Connecticut.


An international team of researchers performed whole genome sequencing and other molecular biology techniques to identify a de novo mutation in one allele of the homologous recombination DNA repair gene, RAD51 in an adult with Fanconi Anemia (FA)-like disease whose parents and sibling are unaffected and not mutation carriers. As a child, the individual presented with growth delay, microcephaly, hydrocephalus, thumb and radius abnormalities, imperforate anus and improperly formed left testicle. Tests on patient-derived cells for diepoxybutane (DEB) and mitomycin C (MMC) were positive. Western blot analysis of lymphoblast and fibroblasts demonstrated a normal level of FANCD2 monoubiquitination consistent with a defect in the downstream branch of the FA/BRCA pathway. As a 23 year old adult, the individual has not developed marrow failure typically seen in FA patients not affected by rare biallelic mutations in BRCA1, BRCA2 or RAD51C. The individual thus far has not developed cancer.

This finding has implications for genetic counseling for families with a high risk of FA who had been typically screened for 1 of 17 mutated genes with autosomal recessive or X-linked inheritance. Understanding this de novo mutation may also help explain how the RAD51 gene protects DNA, how this mutation leads to malignancy, and how neurodevelopment is impacted by mutations in proteins of the downstream branch of this DNA repair pathway.


Investigators from the University of Cambridge developed a pipeline or algorithm to measure serum and cerebrospinal fluid (CSF) microRNAs from the miR–371–373 and miR–302/367 clusters which are overexpressed in all malignant germ cell tumors (GCTs), to distinguish pediatric patients with gonadal and extragonadal malignant GCTs from benign GCT, non-GCT tumor and non-tumor control groups. They used exogenous non-human spike-in cel-miR-39-3p and endogenous housekeeper miR-30b-5p for serum and CSF qRT-PCR quantification respectively, in a total of 45 specimens from 25 children (8 with malignant GCT, 12 with benign GCT and non-GCT tumors, 5 controls). A four-serum miRNA panel (miR–371a–3p, miR–372–3p, miR–373–3p and miR–367–3p): (i) showed high sensitivity/specificity for diagnosing pediatric extracranial malignant GCT; (ii) allowed early detection of relapse of a testicular mixed malignant GCT; and (iii) distinguished intracranial malignant GCT from intracranial non-GCT tumors at diagnosis.
These findings are important for several reasons. Since elevated alpha-fetoprotein (AFP) and human chorionic gonadotropin (HCG) for diagnosis and follow-up are limited to certain malignant GCT subtypes, (predominantly yolk sac tumor and choriocarcinoma, respectively) or may be elevated in non-malignant conditions, the initial management of primary gonadal GCTs is complete resection where possible regardless of serum AFP/HCG levels. For extragonadal disease (e.g., the retroperitoneum, mediastinum, intracranial), typical radiological findings and raised AFP/HCG markers alone may be sufficient for diagnosis. For AFP/HCG negative extragonadal cases, biopsy is required to establish diagnosis which has risks of morbidity, due to the difficulties in surgical access to these anatomical sites. Furthermore, disease-monitoring after malignant GCT diagnosis to detect early non-symptomatic relapse currently relies heavily on serial radiological imaging, with associated cumulative radiation exposure and second malignant neoplasm risk. Consequently, microRNAs which are short, non-protein coding RNAs that are highly stable in body fluid, may offer greater sensitivity/specificity as biomarkers for diagnosing and/or monitoring malignant GCTs when employed using appropriate quantification systems.


In a correspondence to the editor of Nature Genetics, scientists from St. Jude Children's Research Hospital describe 'ProteinPaint', a web application for simultaneously visualizing genetic lesions (including sequence mutations and gene fusions) and RNA expression in pediatric cancers. The pediatric data set consists of 27,188 validated somatic coding lesions acquired at diagnosis or relapse from 17 subtypes of pediatric cancer, 252 pathogenic or loss-of-function germline lesions detected in >1,000 pediatric patients with 21 cancer subtypes1 and RNA sequencing data for 928 pediatric tumors from 36 subtypes. The data were compiled from five major studies (including the research referenced below) and will be expanded with the publication of additional pediatric cancer studies. The authors provide supplementary notes and figures to explain how to access and use genomic information in collaboration with adult cancer genome data portal, Catalogue of Somatic Mutations in Cancer (COSMIC) and various analyzing tools to help develop individualized cancer therapies. 1 Zhang, J. et al. N. Engl. J. Med. (http://dx.doi.org/10.1056/NEJMoa1508054 (18 November 2015).

Reviewed by: Taizo Nakano, MD, FAAP, Assistant Professor, Pediatrics, Center for Cancer and Blood Disorders Children's Hospital Colorado, University of Colorado School of Medicine.


The incidence of pediatric thromboembolism has steadily increased in the past decade. Although our adult counterparts have been quick to incorporate new oral anticoagulants into daily therapeutic practice, pediatric hematology has been more cautious to adopt these medications given the low number of clinical trials and the lack of a specific reversal antidote. We share the same excitement to find an alternative to the pain and trauma of subcutaneous injections, the dietary restrictions and frequent lab monitoring, but hesitate to increase use of these agents without a commercially available reversal agent. Seigal et al. recently published their findings on Andexanet alfa; a promising new agent designed to neutralize the anticoagulant effects of factor Xa inhibitors.

Andexanet is a recombinant human factor Xa decoy protein that binds and sequesters factor Xa inhibitors in the vascular space. The authors designed a two-part randomized control trial (ANNEXA-A and ANNEXA-R) to study the impact of two different administrations of Andexanet versus placebo in patients taking commercially available factor Xa inhibitors. The study population consisted of 101 healthy adult volunteers who were randomized and blinded to the study intervention. Statistically significant improvements were demonstrated in reduction of anti-factor Xa activity, reduction of unbound factor Xa inhibitor concentrations, and almost fully restored thrombin generation. Andexanet demonstrated these changes within 2-5 minutes, was reproducible and did not demonstrate serious adverse or thrombotic events. Their dramatic results provide optimism that an antidote for a new generation of factor Xa inhibitors is now within reach.

Continued on Page 7

Although systemic mastocytosis is a rare diagnosis in children, the academic pediatric hematologist may be asked to evaluate patients for this disorder not infrequently. Referrals often come from pediatric immunologists and dermatologists interested to determine if peripheral evidence of abnormal mastocyte activity is a result of abnormal marrow proliferation. Carter et al. recently published a thorough review to guide the pediatric hematologist through patient assessment, diagnosis and management of pediatric mastocytosis. In particular, the authors focus on the interpretation of serum tryptase levels and bone marrow pathology to guide management. Records from 105 children who presented to the NIH with pediatric mastocytosis were reviewed in their publication. They found that organomegally was a strong indicator of systemic disease, that serum tryptase levels correlated with severity of disease and could be utilize to monitor disease resolution. With a better understanding of the pathophysiology of disease and improved markers to diagnose and monitor disease, we can better standardize our approach to the evaluation of this disorder.


In a recent issue of *Blood*, a collection of clinical review articles was published to provide comprehensive updates on some of the most poignant issues the sickle cell field is facing today. Topics reviewed include hydroxyurea and drug development, pulmonary hypertension, the role of neutrophils, platelets and inflammatory pathways, CNS complications, and gene therapy. Hogen et al. focused their comprehensive review on the progress made towards gene therapy for sickle cell disease. They review landmark discoveries that contribute to the process of safe and efficient gene transfer and high-level, stable gene-expression. Some of these discoveries include the characterization of the \( \beta \)-globin locus control region, the transition to lentiviral vectors, and the addition of alternate globin gene expression. There are currently three gene therapy trials open to the sickle cell population. The progress these authors outline not only presents optimism for this modality of curative therapy in sickle cell disease, but optimism for a treatment modal with potential applications to patients with other hemoglobinopathies.


Relapsed and refractory autoimmune cytopenias remain a frustrating disorder to manage for both the patient and physician. Common therapeutic interventions, including steroids and IVIG, risk acute and chronic toxicity for often only transient improvement in blood counts. Bride et al. carried out a prospective, multicenter clinical trial utilizing the mTOR inhibitor sirolimus (rapamycin) to treat 30 patients with autoimmune multilineage cytopenias. They report that the majority of children obtained a complete and sustained remission with very few side effects. In particular, the authors highlight a profound positive response in a cohort of 12 patients diagnosed with autoimmune lymphoproliferative syndrome (ALPS) and recommend sirolimus as an early therapeutic option. Additionally, their results suggest the pediatric hematologist consider the use of sirolimus for relapse/refractory autoimmune cytopenias secondary to Evans syndrome, common variable immunodeficiency, and systemic lupus erythematosus. Evidence towards a well-tolerated, safe and efficacious oral option for autoimmune cytopenias provides a hopeful alternative for a large range of children that suffer from this often chronic condition.
The winter issue of *AAP Quality Connections* is now available on the website. Content from the winter issue of AAP Quality Connections includes:

- COQIPS Committee Updates
- National Quality and Patient Safety Update
- My Quality Journey by Michael Rinke
- COQIPS Liaison Updates—AHRQ Liaison and Parent Liaison
- Value in Inpatient Pediatrics (VIP) Update—A Flurry of Firsts by Matthew Garber
- Announcements, Opportunities, Resources from AAP

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**PHO Tech Tip**

In this feature we hope to highlight various technologies that have been developed to assist pediatric hematology/oncology patients with their care and pediatric hematology/oncology physicians in caring for their patients.* If you have a tech tip that you would like to be shared in future editions of the newsletter, please send them to: Suzanne Kirkwood at skirkwood@aap.org

**Download the New ASH Pocket Guides App Today**

The ASH Pocket Guides app includes interactive versions of all the Society’s clinical quick reference guides and is available for Android, iOS, and the web. In addition to the pocket guide contents, the app includes tools to aid in clinical decision making, including: bleeding score and 4Ts calculators; calculators for initial and chronic warfarin dosing; and interactive algorithms for the diagnosis and management of HIT and VWD.

The ASH Pocket Guides app is free to all and is currently available for [iOS devices](https://apps.apple.com/us/app/american-society-of-hematology/id123456) and [Android](https://play.google.com/store/apps).  

*Inclusion of this information within the newsletter does not represent endorsement of the product by the AAP or the Section on Hematology/Oncology, but is being shared as an information only.

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**New AAP News column: Tips for Pediatricians Giving Interviews**

Debuting in the February issue of *AAP News*, [Mastering the Media](https://www.aap.org/about-us/news/pediatric-newsletters/aap-news), is a new column from the AAP Council on Communications and Media. It tackles topics related to how media are relevant to pediatricians and impact children and adolescents and how media interviews can be opportunities to promote child health and to advocate for children.

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**Vote in the SOHO Elections**

The Section/Council election process is underway! If you have not done so, please take time to vote in the SOHO election. It is important that the Executive Committee provide broad representation in regard to many factors such as geographic location, stage of career and clinical expertise. Please review the current Executive Committee roster ([http://www2.aap.org/attachments/SOHO_Executive_Committee.docx](http://www2.aap.org/attachments/SOHO_Executive_Committee.docx)) and consider this information as you evaluate the 2016 candidates. The online ballot, as well as candidates’ biographical information, is available through the [AAP Election website](https://www.aap.org/about-us/vote) from now until March 31.
MOC Part 2 Activity: PREP Hematology/Oncology

This intensively peer-reviewed state-of-the-art new online self-assessment program is developed by leading pediatric Hematology-Oncology specialists for specialists. Case-based questions will challenge your knowledge in the extensive scope of this specialty. Thorough explanations of preferred responses are included with the most up-to-date references available for your review. Important points are highlighted with abundant graphics and charts. Questions and critiques are based on content specifications from the American Board of Pediatrics (ABP) MOC examination.

Your PREP® Hematology-Oncology subscription offers:

- 96 questions per year (8 questions/month)
- A maximum of 24.00 AMA PRA Category 1 Credits™ per year (see CME page for details)
- A maximum of 20.00 MOC Part 2 Points (see CME page for details)

Start your free trial or subscribe now!

Call for Nominations:
PREP Hematology/Oncology Online Self-Assessment Editorial Board

We are seeking AAP Fellows with strong education credentials and proven writing skills to assist with the development of this important program. The following documents provide more information. Please complete the fact sheet and disclosure form and return along with a current CV and an unedited, typed writing sample (1 to 2 pages on any topic):

1. PREP Hematology/Oncology Job Description - [http://www2.aap.org/attachments/2._PREP_Subspecialty_Job_Description_1-5-16.docx](http://www2.aap.org/attachments/2._PREP_Subspecialty_Job_Description_1-5-16.docx)
2. PREP Hematology/Oncology Fact Sheet - [http://www2.aap.org/attachments/1._AAP_Fact_Sheet_PREP_Hem-Onc.docx](http://www2.aap.org/attachments/1._AAP_Fact_Sheet_PREP_Hem-Onc.docx)
3. AAP Full Disclosure Form - [http://www2.aap.org/attachments/3._AAP_Full_Disclosure_Statement_Form_Hem-Onc.docx](http://www2.aap.org/attachments/3._AAP_Full_Disclosure_Statement_Form_Hem-Onc.docx)

All nominations application materials must be received by the deadline: Friday, April 1, 2016. Please do not hesitate to contact Scott Miller (smiller@aap.org) or Lisa Donato (ldonato@aap.org) if you have any questions.
Council on Quality Improvement & Patient Safety

2015–2016 COQIPS Executive Committee
Wayne Franklin, MD, MPH, MMM, FAAP
Chairperson
Joel Tieder, MD, MPH, FAAP
Vice Chairperson
Terry Adirim, MD, MPH, FAAP
David Bundy, MD, FAAP
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Ricardo Quinonez, MD, FAAP
Michael Rinke, MD, PhD, FAAP
Elizabeth Vickers Saarel, MD, FAAP
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Mission
To support the mission of the American Academy of Pediatrics in obtaining optimal health for all children. To accomplish its mission, COQIPS will define, promote, improve, measure, educate, and advocate for quality improvement and patient safety.

Join COQIPS
To join COQIPS, visit www.aap.org/COQIPSMembership

Member Benefits
Quality Connections — Receive the COQIPS Newsletter, published quarterly
E-mail List — Direct access to over 500 QI and patient safety experts and colleagues to share experiences and ask questions
Networking Opportunities — Network with colleagues and external organizations at the COQIPS section (H) program at the AAP National Conference & Exhibition
Leadership Opportunities — Participate in committee work on essential projects focused on policy and advocacy, guideline development, membership, education, implementation, patient safety and measurement

GET INVOLVED!
We are looking for members who are interested in:
• Spearheading the development of COQIPS policy and review of other AAP policy
• Developing COQIPS education programs for the National Conference & Exhibition
• Creating programs and materials for new and existing members
• Responding to requests for public comment from federal entities and national organizations about important quality and patient safety issues affecting pediatricians

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