

pulse

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

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President's Message

Robert. W. Hostoffer, Jr., DO, FACOP

There is a general excitement within our ACOP family. The excitement can be seen from the student to the fellow member level. This has been quite evident at our board meetings.

The excitement is present dramatically in our students. The student clubs have grown to large numbers. They are quite active in performing services throughout the nation for children. Their energy and their passion is evident, and we all appreciate their support. They have been driving several projects for us and certainly represent the essence of our college.

Our residency programs have been growing. Several quality residency programs are available for our students. Our directors are excited about presenting these programs to our students. I can see that this will be the tip of the iceberg for our profession, and more residencies will be open in the future.

Our membership is growing constantly. Through our membership, our committees will grow. I encourage all members to look at the committee list and see where their talents can fit.

The new board is excited about the upcoming year. We have launched into the spring meeting with some fantastic programs. New members will be actively pursued.

The chairmen of the pediatric departments have been excited about the progress made in developing the curriculum. Led by Dr. Jim Foy, the chairmen have progressed nicely. Their commitment and osteopathic pediatric training will be enhanced.

All these limbs will become part of our conduit. In addition, with participation through the AOA and the AAP, we will strive to enhance the care of children and adolescents in the United States.

I am hopeful you will catch the spirit and work through the conduit to encourage other members, students and residents.



Future of Pediatrics

CONFERENCE

Coming Soon!

With the overall goal of improving child health, this AAP/ACOP conference will provide current information on clinical and practice management topics, with special offerings for the community pediatrician. Conference highlights will include resources and strategies to enhance community involvement and partnerships, as well as opportunities to present and discuss successful projects and ideas. Through a variety of educational formats, the conference will address basic issues and recent advances in pediatric medicine, and participants will experience informal learning in small group settings, through interaction with faculty, and by networking with peers.

Objectives:

This Conference is designed to:

- * Expand your ability to diagnose and manage complex or difficult cases in areas such as pediatric dermatology, infectious disease, and developmental/behavioral pediatrics
- * Improve the quality and efficiency of pediatric practice by introducing new paradigms and approaches to practice management, including strategies for negotiating with managed care organizations and proper application of coding guidelines
- * Explain the elements of the medical home concept and enhance your skills in providing effective systems-based care

PLAN NOW!



Future of Pediatrics
CONFERENCE

**Community Pediatrics,
the Medical Home
and Beyond**

June 29 - July 1, 2007

Hilton at Walt Disney World • Lake Buena Vista, Florida

To register, visit www.pedialink.org/cmefinder

2007-2009

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CATCHING UP WITH...

...John W. Graneto, DO, FACOP, FACOEP



Recently, *Pulse* caught up with John Graneto, the newly-elected Secretary Treas-

urer of ACOP. Here is a man who, although practicing a subspecialty, has retained strong feelings for our College. And he doesn't mind letting you know that.

When he graduated from the University of Cincinnati with a Bachelor's (Biology) and a Master's (Education) degree, John knew he wanted to be a physician. He comes from a chiropractic family and he was surveying allopathic medical schools. His father, a chiropractor, suggested he consider osteopathic medicine as a blending of two philosophies. He did, and he attended Ohio University College of Osteopathic Medicine, graduating in 1986, followed by a pediatrics residency at the Chicago College of Osteopathic Medicine of Midwestern University.

Asked what enticed him into the specialty of pediatrics, he said, "Early on, I admired and was impressed by my own pediatrician. At Ohio, I was mentored by three outstanding DO pediatricians, who were strong teachers. Watching them, I knew that this was the field I wanted. They were Phil Jones (J. Philip Jones, DO, FACOP), Tom Clark (C. Thomas Clark, DO, FACOP) and the late Bill Carlsen. They inspired me."

He felt all along that he really wanted a pediatrics sub-specialty and he was attracted to a second residency, in emergency

medicine, with the goal of becoming a pediatric emergency medicine specialist.

He confesses that two opportunities (as he calls them) were the most satisfactory experiences of his ACOP career so far. Early on, he served on the ACOP Continuing Education Committee, which gave him the chance "to see other pediatrics programs by reviewing a number of residencies." Second was two years ago, when he served as CME Chair for an ACOP program and had the chance to learn all the intricacies of that activity, giving him greater insight into ACOP generally.

What was his most interesting moment in Pediatrics? "Actually," he replied, "it was during my three years as Director of Pediatrics ER, seeing lots of critically-ill children coming into the ER and watching dedicated nurses and other staff working so intently to save lives."

He believes that the greatest attraction of ACOP meetings are the collegial flavor—"a small group with close relationships that is so evident to those who attend. Students need to see this aspect."

John is still in the formative stages of developing his vision for the ACOP for the future. He felt that "I need to watch the other officers, who are fine leaders, for the next couple of years to complete my own vision for the ACOP."

With all his activity, what does he do for relaxation? "I am addicted to powerboating on Lake Michigan and serve as an officer of my Yacht Club." You can tell that he loves it.

And you can tell he also loves ACOP.

PLAN NOW TO ATTEND!!

AOA | 12th Annual Convention and Scientific Seminar ACOP Pediatric Track

Make sure to check PEDIATRICIANS when you register with AOA.



MELNICK at large

By Arnold Melnick, DO, FACOP

Virginia Tech and Us

Several weeks ago, the world shuddered with news of the macabre violence on the campus of Virginia Tech. So repulsive was the act that just thinking about it tugged the heartstrings of almost everyone in the world – and the world did hear about it.

But it did not take long for so many who heard to ask, “Why?” Everyone wanted to know what caused this horrendous incident, what made the assassin do this, why it occurred – with the subliminal implication that it was an isolated affair. Then came the recriminations: the administration did not act fast enough (I do not agree with this), the university president was slow in issuing an alarm (not so) and other knee-jerk reactions of desperation – as though they were causes.

In reality, nobody can come up with a valid cause-and-effect explanation – certainly not without interviewing the perpetrator – and it’s too late for that. So, wherein lies the problem? It suddenly hit me that I did a column for *PULSE* a few months ago that certainly had some relativity, if not significance. Let me, if I may, repeat the gist of it.

- **50** children are killed each year on school grounds
- **5,000** teachers are attacked or assaulted on school grounds *each month*
- **1,000** of these teachers are seriously injured
- **160,000** children miss school because they are afraid
- **135,000** juveniles carry guns to school daily
- **3** children die daily of child abuse
- **75** percent of adult violence offenders suffered child abuse as children

With my apologies for repeating from a previous column, I must ask myself some serious questions: Do these startling statistics strike a chord? Can there possibly be some connection with these numbers and the terror of Virginia Tech? Are we – medicine, pediatrics or the justice system – closing our eyes to child violence and suffering the hidden and delayed consequences as well as the immediate ones? Are not the numbers listed here more deadly, more terror-inducing, more world-shattering than the lives lost at Virginia Tech – as horrible as they were (and our hearts go out to everyone involved)? Is there something we should be doing as pediatricians? Most important of all, is there

something I, as a pediatrician and a human being, should be doing?

I wish I could close this column with a panacea, a solution for a horrific curse on our children. I’m not even sure where to suggest a starting point. Perhaps an extensive and comprehensive study. Perhaps a national analysis. Perhaps...? I don’t even know whom to call. Or write.

Maybe this is my way of “doing something”. If it is, it’s probably the best I can do. Hopefully, I might arouse others to go further. After all, the problems are so ubiquitous that, whether we realize it or not, they directly affect almost every one of us in practice – and so many of our patients.

Some problems always remain with us, but some will respond, in part or in whole, to direct attention and support of some sort. And usually, we pediatricians are in the forefront of such movements. Let’s hope so -- for the sake of our children, and our children’s children, all of whom are patients of us all.

COMING SOON!

AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

CONDUIT FOR SUCCESS

APPELLATION ? ? ? ? ? ? ? ? *Answers... Whose name is it?*

DiGeorge Syndrome

A genetic disorder characterized by hypocalcemia, immunodeficiency and congenital heart disease. Also with abnormal thymus, parathyroids and great vessels.

Angelo M. DiGeorge

Born in Philadelphia in 1921, he graduated from Temple University School of Medicine in 1946. He served as a medical officer in World War II for several years. In 1953, he was appointed an instructor in pathology in Temple’s Department of Pathology. At St. Christopher’s Hospital for Children, he was pediatric endocrinologist for many years – a distinguished teacher and brilliant researcher.

It was in the 1960s that he is credited with the discovery of the varied symptoms associated with what is now called DiGeorge Syndrome. In 1967, he became Professor of Pediatrics at Temple University, and he continued to be attending endocrinologist at St. Christopher’s Hospital for Children. In 1994, the annual Angelo DiGeorge Award was established at St. Christopher’s, to be given for the best contribution to the instruction of junior medical staff of the hospital.

Personal note: A outstanding endocrinologist and wonderful teacher, he was in the early years well-known to most of the DO pediatricians in the Philadelphia area. They found him friendly, cooperative, understanding and willing to teach anyone who wanted to learn. He was a friend to many DOs and I am glad that I knew him. He is now retired.

Future of Pediatrics Conference

Hilton in the Walt Disney World Resort
June 29 - July 1, 2007

Continued from page 1

- * Demonstrate the ease and benefits of integrating community health and family-centered care into practice by providing strategies, resources, and models of success
- * Present current information, trends, and developments in caring for children with special health care needs (CSHCN) in a medical home
- * Increase access to child health care by teaching pediatric health professionals how to use community resources and strategies to develop sustainable community-based health initiatives

Who Should Attend?

- * Pediatricians in general practice
- * Community Pediatricians
- * Faculty in general and community pediatrics
- * Young physicians
- * Pediatric residents or medical students
- * Other pediatric health care professionals
- * Family advocacy and maternal child health leaders

LEARNING FORMATS

All-Attendee Lecture

Follows the traditional didactic format with slide presentation.

Moderated Session

Presentation of successful projects and ideas (4 to 6 presentations per session) selected from the call for abstracts, with opportunity for questions and group discussion.

Blended Learning Sessions

Get a head start on your learning and enhance your educational experience at the Future of Pediatrics Conference by completing an OPTIONAL, 15-minute, "Hot Topics" online CME module, prior to attending the conference. Plus, earn an additional 0.5 AMA PRA Category 1 Credit per module!

Optional "HotTopics" Online CME modules are available for a reduced fee of only \$5.00 per module with your registration for the following conference sessions:

- * HT1: Emerging Infections (MRSA)
- * HT2: Disaster Preparedness: Collabora-

tion with Community Partners

You are NOT REQUIRED to purchase the "Hot Topics" Online CME modules to register to attend HT1 or HT2 at the conference. Please see details on the conference registration form.

Attention registrants of HT1 - Emerging Infections (MRSA):

We would like to include your real-life cases in our discussion at this session! Get feedback from our expert. Have you encountered a difficult case of staphylococcal infection this year? If so, please email to swatkins@aap.org a brief (one page) outline of the case, the problem, outcome, and questions that arose or linger. Deadline: May 15, 2007.

Osteopathic Sessions

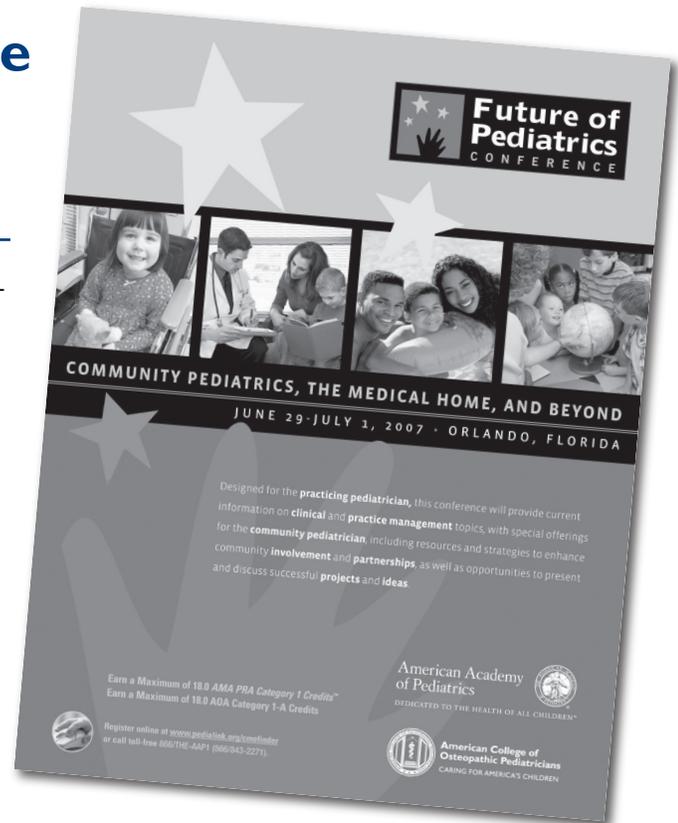
Physicians seeking AOA Category 1-A credit will need to attend all osteopathic sessions and exhibits. An attestation form will be available from the ACOP staff at the conference registration desk. Completion of the attestation form is required.

FEATURED SPEAKERS

Paul V. Miles, MD, FAAP

Since 2002, Dr. Miles has held the position of Vice President and Director of Quality Improvement and Assessment Programs in Pediatric Practice with the American Board of Pediatrics (ABP) in Chapel Hill, NC. He serves on quality committees with the AAP and the American Board of Medical Specialties, including the Task Force for Maintenance of Certification. Dr. Miles is also a former Chair of the ABP Board of Directors.

After graduation from Stanford University, Dr. Miles completed medical school at UCLA and pediatric training at Harbor/UCLA. He was in private pediatric practice for more than 20 years in Twin Falls, Idaho, and served as Director of Clinical Quality



Improvement and Co-Director of the Center of Excellence in Rural Health Care at Magic Valley Regional Medical Center. He has held adjunct faculty positions at Case Western University School of Medicine and the University of Washington School of Medicine.

Prior to joining the ABP, Dr. Miles served as Chief Quality Officer and Executive Director of the Center for Clinical Improvement and Associate Professor of Pediatrics at Vanderbilt University Medical Center in Nashville, TN, where he was responsible for directing quality improvement efforts for the medical center.

Magda Peck, ScD

Dr. Magda Peck, Professor of Pediatrics and Public Health at the University of Nebraska Medical Center, is a recognized national leader in maternal and child health. She earned both masters and doctoral degrees from the Harvard School of Public Health, specializing in maternal and child health and child health policy.

For nearly two decades, Dr. Peck has worked with local, state, national and international organizations to help communities provide better health care for women and children. Her areas of expertise include public health planning and needs assessment, building community data use capacity, child

health research and leadership development. She was the first recipient of the Maternal, Infant and Child Health Epidemiology Award presented by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC). Dr. Peck currently serves as a member of the CDC Select Panel for Preconception Care, working to shape national recommendations on the care of women prior to pregnancy.

Dr. Peck is also the founder, CEO and Senior Advisor of CityMatchCH (www.citymatch.org), the leading national public health organization dedicated to improving the health and well-being of urban women, children and families by strengthening the public health organizations and leaders in their communities. The CityMatCH Data Use Institute, co-founded by Dr. Peck, has trained community leadership teams from over 60

major cities on the effective use of data in decision-making for community health

Hotel Information

Hilton in the Walt Disney World Resort
1751 Hotel Plaza Boulevard
Lake Buena Vista, Florida 32830
Reservations: 800/782-4414

The Hilton, located in the Walt Disney World Resort, is just steps away from Downtown Disney, home of the Disney Marketplace, Pleasure Island and Disney's West Side. Complimentary transportation to all Walt Disney World theme parks is provided. The Hilton features two swimming pools, as well as well-appointed health and fitness club, and offers a variety of cuisines in its seven restaurants and lounges. The Walt Disney World Resort is also home to five championship golf courses.

Special group rates beginning at \$169.00 per night, plus tax, have been negotiated at the Hilton. These rates represent substantial savings from published rates. The cutoff date for reservations at the group rate is June 4, 2007. Call the hotel directly to make your reservations.

Visit <http://www.disneyconventionear.com/FOP> for advance purchase of specially priced Disney Meeting/Convention Theme Park tickets.

Registration Fees

- AAP or ACOP Member - \$550
- Nonmember Physician - \$650
- Allied Health Professional - \$450
- Parent and Family Representative - \$150
- Resident - \$150
- Medical Student (with student ID) - \$25

**A SESSION DESIGNED FOR RESIDENCY PROGRAM DIRECTORS,
RESIDENT PANEL MEMBERS, INTERNS and STUDENTS!**



**Email bob@ACOPeds.org to reserve
your seat at the Conduit for Success Session**



**Future of
Pediatrics**
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Conference is jointly held by AAP and ACOP

June 29 - July 1, 2007
Orlando, FL

DON'T MISS THIS!
Saturday, June 30
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**REGISTER
TODAY!**

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Stanley E. Grogg Breaks New Ground



Past President Stanley E. Grogg, DO, FACOP, broke new ground in osteopathic recognition recently when he served as Liaison for the AOA and the ACOP at the February meeting of the Advisory Committee on Immunization Practice in Atlanta.

This was the first time there has been osteopathic representation to the ACIP, even though the AOA has lobbied for the past several years to get a liaison. Stan, Professor of Pediatrics at Oklahoma State University-College of Health Sciences, provided *Pulse* with the complete Report on Advisory Committee on Immunization Practices, printed to the right of this article.

The ACIP consists of 15 national experts in the field, selected by the US Secretary of Health and Human Services to provide advice and guidance to the CDC on the most effective means of preventing vaccine-preventable diseases. The committee develops written recommendations about vaccines periodically and is the only entity in the federal government that makes such recommendations.

In addition to the voting members of the committee, there are ex-officio members (many government agencies) and a number of liaison representatives. In fact, said Stan, "I sat between the representatives from the AMA and the American Pharmaceutical Society, and had an opportunity to comment on every proposed recommendation prior to the official voting."

Report on Advisory Committee on Immunization Practices (ACIP)

By Stanley E. Grogg, DO, FACOP
AOA/ACOP Liaison Member

The Advisory Committee on Immunization Practice (ACIP) met in Atlanta, Georgia on February 21-22, 2007. The following is a summary of the discussions. Complete minutes of the meeting will be published on the Center for Disease Control and Prevention (CDC) National Immunization Program (NIP) website in the future. (<http://www.cdc.gov/nip>).

Hepatitis A Post-Exposure Prophylaxis

A comparative trial of hepatitis A vaccine used alone post-exposure vs immune globulin was presented. The objective was to compare hepatitis A plus Immune Globulin (IG 0.02 ml/kg IM) to Hepatitis A vaccine when used within two weeks of exposure to Hepatitis A disease. In addition to following the patients for clinical symptoms, laboratory testing was performed at four weeks post injection. While many variables were seen in the study (i.e., age of patient, time of administration relative to exposure, concurrent medical conditions, history or previous infection) which made analysis quite difficult, the vaccine group had a slightly higher incidence of infection following vaccine as compared to vaccine plus IG. The risk of Hepatitis A in the vaccine group was never more than 1.5% greater than in the IG group. Since the data is limited (only one other study that showed a 79% vaccine efficacy rate), other factors to be considered in this decision include cost and availability of IG and long term protection of vaccine. Canada and the European countries already recommend Hepatitis A vaccine for routine post-exposure prophylaxis, with exceptions to add IG to infants, immunocompromised, and exposure greater than 7 days previously.

The following was presented to ACIP to vote:

Hepatitis A at the age-appropriate dose or IG should be administered to those recently exposed to hepatitis A; however IG should be used for children <12 months old, immunocompromised, those with liver disease, or when Hepatitis A vaccine is contraindicated. The second dose of vaccine should be administered to complete the series. If IG is used, Hepatitis A vaccine is also recommended to be given simultaneously. The efficacy of IG or vaccine when administered greater than two weeks following exposure has not been studied.

No vote was taken and will be considered at a future meeting.

Rotavirus Vaccine

Rotateq (Rotavirus Vaccine – Merck) has been licensed in the US for approximately one year. Rotarix (GSK), while not available in the US, has been used worldwide. Recent media attention to intussusception (IS) necessitated a review of the post-marketing efficacy and safety data. Over the last year, rotavirus disease accounted for the majority of cases of gastroenteritis (hospitalization, ED visits, and office visits). Also, 96% of the strains observed were the same antigens as present in the vaccine. 3.6 million doses of Rotateq have been distributed in the US. 567 reports to VAERS have been submitted, primarily for diarrhea and vomiting. There have been 35 reports of IS of which 17 were within 1-21 days of vaccination following either dose one or two and 11 of 17 were within 7 days. Data regarding background rates of IS were presented based upon age. Overall, rates of IS are 32-38 cases per 100,000 infants. There were 17 VAERS cases of IS in the Rotateq group; however 52 cases would have been expected based upon background rates.

In summary, the observed rates of intussusception are not greater than suspected, the CDC continues to recommend universal rotavirus vaccination of all US infants, and monitoring should be continued.

Thimerosal

Thimerosal has been in use in vaccines since the 1930's. Environmentally available mercury is available in soil and can be released into the air by burning fossil fuel and volcano eruptions. Principal source in humans is fish (one can of tuna contain 28 mcg of methyl mercury). Methyl mercury has been associated to neurotoxicity.

Thimerosal is 50% ethyl mercury. The FDA Modernization Act of 1997 required mercury exposure to be limited, primarily protecting the fetus. However the guidelines were set by the FDA and EPA for methyl mercury. The assumption was that methyl mercury and ethyl mercury are similar, which is not known. To comply with the standards, the FDA and American Academy of Pediatrics urged the manufacturers of vaccine to remove thimerosal from pediatric vaccines in 1999, in which they complied.

There is still thimerosal in multidose influenza vaccine vials and trace amounts in other influenza vaccines (<1 mcg).

The clinical effects of autism and mercury toxicity are different. Also, the Institute of Medicine (IOM) reported that there was no evidence of toxicity in available data, however it was hypothetically plausible. The IOM stated that more studies are needed. A Denmark study published in 2003 found no link between autism and thimerosal. A United States study in the 1990's showed no evidence of an association with thimerosal and autism and other neurological disorders. Other studies have shown the incidence of autism in the rise, even after thimerosal has been removed.

In 2004, the IOM **rejected the relationship of autism and thimerosal.**

Influenza

The incidence of Influenza for this season was compared to previous years. This year's pattern is similar to last year, in which the peak incidence has not yet occurred. Resistance to adamantane antivirals is lower than previous years, but still significant and should not be used. Vaccine supply for 2007-2008 season is predicted to be approximately 130 million doses, with significant increases seen over the next three-five years. This year, there is one significant change in recommendation. Age groups and risk groups should not change for next year. **If children <nine years of age receive only one dose of vaccine for the first time (instead of the recommended two doses) in the previous season, then two doses should be given this season.**

Vaccination of healthcare workers again is emphasized. The recommendation is strengthened again but adding that healthcare workers who refuse Influenza vaccination should provide a signed declination.

Amantadine and rimantidine should not be used for the treatment or prevention of influenza in the US until evidence of susceptibility to these antiviral medications has been re-established among circulating Influenza A virus subtypes.

Action: The ACIP voted to accept the current recommendations. The VFC vote followed and unanimously passed.

Pandemic Influenza Vaccine Prioritization

The US capacity for vaccine is not sufficient to make pandemic influenza vaccine rapidly for the population. There are current attempts to increase capability of vaccine production by several manufacturers and new vaccines are under investigation. Several studies, both published and unpublished, have shown that adjuvants can increase effectiveness of the vaccines

which would allow for lower doses resulting in the availability of more doses. There have been some recommended changes in the prioritization for multiple reasons (such as public comment, evolving planning assumption, changing pandemic plans, and more critical analysis). A survey was undertaken to establish priorities of the population in several portions of the state. The results showed the most important priorities were: people working to fight the pandemic and provide care, those providing essential services, those most vulnerable based upon their jobs and children. These will be considered in future interagency working groups.

FluMist® (MedImmune)

A recent comparative trial of Live, Attenuated Influenza Vaccine (LAIV) compared to Trivalent Inactivated Influenza Vaccine (TIV) was described. This study was recently published in the *New England Journal of Medicine*. Results showed approximately a 50% decrease in influenza-like infections given LAIV (~4%) as compared to TIV (~8%). The rates of serious adverse effects were similar between the groups. There was a significantly increase of medically significant wheezing in children < 2 years after dose one (3.8% LAIV vs. 2.1% TIV), with the majority of cases in the age 6-11 months. This was not shown in older children and adults. Based upon this information, MedImmune is not seeking indications for LAIV for children under the age of 12 months but will seek approval for children 12 -59 months of age with a history of wheezing.

Pentacel® (DTaP-Hib-IPV sanofi-pasteur)

This new vaccine is under consideration for approval by the FDA. It is suggested that it be given in a four dose primary series at 2,4,6, and 15-18 months of age. Consideration of ACIP approval will occur once it is approved by the FDA.

Guillain-Barré Syndrome after MCV4 (Menactra® – sanofi-pasteur) Update

Two new cases of GBS have been reported to VAERS since last update, for a total of 19 reported less than six weeks following vaccination. This amounts to 1.78 cases per million person months. The expected rate for no vaccination is 1.11-1.13 cases per million person months depending upon age. Therefore, there is still **no significant evidence of an increased risk of GBS**. Based upon reporting problems with VAERS, on-going monitoring are occurring. Additionally, a larger study

is on going and expected to be completed in a few years.

Safety Surveillance from VAERS

1379 VAERS reports for Tdap have been received; primarily fever, pain, injection site reactions and headache. 5% of these reports are considered serious with 52 hospitalizations and three deaths (two adults with underlying cardiovascular disease and one adolescent with cardiac arrhythmia two weeks post-vaccination). It is felt that this continues to be a safe vaccine as compared to pre-licensure data.

Post-surveillance adverse events with Zostavax® vaccine have been rare and are the same as expected based upon pre-market studies. Several cases of administration of this vaccine to children have not resulted in serious problems.

HPV vaccine

Additional efficacy data was presented for Gardasil® (Quadrivalent HPV Vaccine – Merck). The continuation of the efficacy in HPV naïve groups continued to be similar to the pre-marketing data **demonstrating approximately 99-100% against CIN2/3 and genital warts**. In all patients, including those previously infected with at least one type of HPV, the efficacy is slightly better than pre-marketing studies.

VAERS reporting has not led to serious adverse effects.

On-going studies in older women, men, and immunosuppressed patients are continuing.

GSK (bivalent) will file in April 2007 for a new HPV vaccine. The ACIP will review its recommendations following its approval. This vaccine contains a novel adjuvant (ASO4) along with antigens against two HPV types (16 and 18). This adjuvant has been shown to induce memory B cells, therefore potentially extending the duration of protection of a vaccine. The pre-marketing studies have shown the vaccine to be approximately 100% effective against infection and CIN caused by types 16 and 18 HPV. Initial analysis of the data has shown some efficacy against types 45 and 35, though more data analysis is needed. Additionally, this vaccine initially is showing promise in older women up to 48 years of age, but more data are needed.

Next Meeting

The next meeting will be June 27-28, 2007 in Atlanta.

Please let me know if you have any questions or concerns.



MEMBERSPEAK

Postgraduate Osteopathic Pediatric Education – Where Are You?

By Ronald V. Marino, DO, MPH, FACOP

I have been an osteopathic medical educator for almost 30 years; long enough to qualify me as an elder and perhaps to give my observations some credibility, also old enough to ask some tough questions and stir some controversy. In this essay, I would like to reflect on some aspects of postgraduate pediatric education that concern me.

Postgraduate education has always been a great opportunity to expand one’s knowledge and experience in a specialized field. Historically, underpaid and overworked trainees had extensive service responsibilities perhaps balanced by mentorship or even apprenticeship with their respected elders. The passion to learn and become a specialist infused the life of the trainee and upon completion of the gestational period the graduate was rewarded with status, credibility and sometimes lots of money.

Today’s residents are paid fairly well during the training period and have their time well protected by regulations designed to prevent overwork or sleep deprivation. But do they have mentors and support in their professional development or has pediatric residency become a vocational training program for a nice job? My observation is that residents spend a great deal of time tracking down laboratory findings, sitting at computers, coordinating consults, and scheduling procedures. Hospital services are not in a position to run efficiently without resident labor. I believe the burden of service is eroding the clinical competency, academic knowledge and even the fundamental values that need to be developed in all residents. To continue to perceive pediatrics as a profession and not just a service, I believe we need to tear apart the service education tension and pay attention to instilling core values such as

clinical skills in history and physical examination, therapeutic decision-making, and professional citizenship. Perhaps mid-level practitioners such as Physician Assistants and Nurse Practitioners can perform 80% of the “scut” work residents currently do. As a corollary, if the burden of totally running a clinical service were lightened, then residents must be held accountable. They must distinguish themselves from mid-level practitioners by reading more and knowing more --- significantly more. Residents must also develop outstanding skills in clinical examination and problem solving.

Fundamental critical thinking applied through the history and physical examination is becoming a lost art. It seems in today’s medical-industrial complex every symptom or concern voiced by a patient results in an immediate laboratory or radiologic investigation or referral to a sub-specialist to do the same. Master clinicians must find a way to share their clinical wisdom before clinical pediatrics is a totally lost art.

Fundamental clinical skills, critical thinking, and a set of professional values learned during the residency years will equip graduates to be adaptable to changes in child health issues and the delivery system which are certain to take place. I know pediatrics isn’t what it use to be----- IT NEVER WAS! Constant change demands adaptable, professional practitioners. I believe the great pediatric leaders of the future are getting there, without sufficient guidance and mentorship.

Fortunately, these same individuals are innately intelligent, resilient and adaptable. I challenge our profession to equip them better, to serve the needs of the 21st Century Child!

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AHRQ Breastfeeding Report

By David Meyers, MD
Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality has released a new evidence report on breastfeeding and health outcomes. The report found evidence that breastfeeding decreases infants' and mothers' risk of having many short-term and chronic diseases.

There is good evidence that breastfeeding reduced infants' risk of ear infections by up to 50 percent, serious lower respiratory tract infections by 72 percent, and a skin rash similar to eczema by 42 percent. Children with a family history of asthma who had been breastfed were 40 percent less likely to have asthma, and children who were not prone to asthma had a 27 percent reduced risk compared to those children who were not breastfed. The risk of developing type 1 diabetes was reduced by about 20 percent. These benefits were seen in infants who were breastfed for three or more months. Breastfeeding also reduced the risk of type 2 diabetes by 39 percent compared to those who were not breastfed.

The report also found that breastfeeding was associated with fewer episodes of diarrhea during infancy, decreased incidence of childhood leukemia, and decreased deaths from sudden infant death syndrome. The report found no clear relationship between breastfeeding and improvement in IQ. In premature infants, breastfeeding decreased the occurrence of necrotizing enterocolitis, a serious gastrointestinal infection that often results in death.

For health outcomes in mothers, there is good evidence that women who breastfed their infants had up to a 12 percent reduced risk of type 2 diabetes for each year they breastfed. Breastfeeding decreased the risk of ovarian cancer by up to 21 percent. Breastfeeding also decreased the risk of breast cancer by up to 28 percent in those whose lifetime duration of breastfeeding was 12 months or longer. Women who did not breastfeed their infants were more likely to have postpartum depression, but

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IN MEMORIAM

Harold H. Finkel, DO, FACOP 1924 - 2007



This is an obituary—and a love story. Hal Finkel passed away rather suddenly on February 28, and both I and the ACOP lost a beloved friend. Much of our lives was intertwined, and mixed with ACOP. He was one of my dearest and closest friends.

I knew him tangentially at PCOM where he was in the class of 1946, one year behind me, but we did not start to jell until we both began our pediatric training. In those days, there were no osteopathic pediatric residencies east of Los Angeles. So we both studied in a preceptorship at PCOM.

Hal attended Franklin & Marshall College and Philadelphia College of Pharmacy and Science before entering PCOM.

He joined ACOP almost immediately, becoming president in 1960. He delivered the Watson Memorial Lecture in 1967, and was named Member of the Year in 1989. Throughout that time, he was constantly active in the College. One of his major achievements: his significant role in establishing the combined conventions of the ACOP and the American College of Osteopathic Obstetricians and Gynecologists. That guaranteed success..

In addition to his private pediatric practice in Ephrata and Lancaster, he was chairman of pediatrics at Lancaster Osteopathic Hospital for more than 50 years. Much of that time, he also was a member of the hospital board, even serving a term as president of the staff.

At his death, he was associate clinical professor at PCOM and WVSOM. Hal was a thoughtful and dedicated teacher, and he trained hundreds of students in pediatrics as they rotated through his service. Many of them have fond memories of his erudition, his punctuality, his demand for quality, and his friendliness—inviting so many of them to dinner at his home.

Harold was active – and a leader -- for most of his career in state and national osteopathic organizations. He served as chairman of District #5 of POMA (Lancaster and Lebanon counties), a delegate to the AOA House and to the POMA House, accomplishing much, such as chairing the first POMA convention that ever attracted

300 physician registrants.

Harold and I worked together on many projects – often as a team. One was the slick monthly magazine *Maternal and Child Health*, sponsored by the ACOP and ACOOG. Few people know that he left his home and practice one day a week for over a year, just to solicit advertising to support that publication—and he did it willingly and happily.

Hal was just as dedicated and committed to his community --. as a director of the United Way, the Family Service of Lancaster County, the county chapter of the National Committee for Prevention of Child Abuse and the Boy Scouts Council

Above all, he was devoted to his patients and to his family. In 1953 –shortly after he went into practice -- when he found that a number of patients could not afford private care, he created a clinic at LOH with fees of 25 cents a visit. Even when he retired, he continued working in that clinic.

And there were various extra-curricular activities in which he and I were a team. Among them was Atlantic Post Graduate Assembly, which ran the earliest medical education programs in Catskill Mountain resorts, then in Europe. Notably, through all the official and non-official activities in which we acted as a team, we never had a single serious disagreement or argument – probably thanks to Hal.

Hal was intelligent, friendly, humorous, dedicated, committed -- and he integrated all those attributes into an impressive, hard-working, honest and sincere human being.

As his son, Martin, also an ACOP past president, said in his eulogy, “His success in everything he did was grounded in his sense of commitment, not only to all whom he loved but all that he did every day, that defined him and made him the role model we admired, learned from, respected and loved.”

Surviving Harold are his loving wife of 59 years, Ruth (herself a past president of

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SITES FOR SORE EYES

MySpace Unraveled: A Parent's Guide to Teen Social Networking

By Gregory Garvin, DO, FACOP
Associate Editor

This article is actually my review of a paperback book I found that I think might be helpful to many of the ACOP members. I frequently look for “interesting” books to read and when I came across this one I bought it with the purpose of reading it to understand and possibly give advice to my parents about a web site that I’ve heard not much good about but one that many of our teens frequent.

This is about MySpace.com and other similar social networking sites. It struck home, too, when my youngest son let his mother know he had an account with MySpace. Based on the information I discovered about MySpace, he removed his picture and information because the book mentions that employers and college admission counselors are going to MySpace and he didn’t want to have that affect his potential to secure a job.

The paperback is an easy read and is entitled: *MySpace Unraveled: A Parent's Guide to Teen Social Networking*, from the Directors of BlogSafety.com and is written by Larry Magid and Anne Collier. Copyright in 2007, it is published by Peachpitress (www.peachpit.com).

The introduction lists this information-packed book as an “indispensable guide to MySpace for parents and tries to demystify the world’s largest social network.” This book provides a hands-on experience and explores how teens are using MySpace as well as other social network sites. It shows you how to use MySpace and also helps kids use it safely.

In a way, MySpace has become an online teen hangout. It steps you through how to set up and personalize a MySpace account and how to manage your online social life. This paperback looks at how younger people are changing the Internet and how to help guide them as they navigate the Social Web.

There are several chapters I like: especially the first chapter which deals with online socializing basics. The teens of today are “among the most experienced producers, videographers, DJ’s, VJ’s, publishers, podcasters and mobloggers (mobile bloggers), but yet at the same time aren’t necessarily aware of all the web ‘knowledge’ they possess.” The chapter devoted to social networking is very good, detailing facts about sexual predators and sexual exploitation of children and reading this chapter alone is worth the price of the book.

Since early 2006, MySpace has been getting more “hits” (page views) than Google and was welcoming more than 200,000 new members a day!!!! According to articles in the *NY Times* and *Wall Street Journal*, MySpace is described as an “alternate-reality game, a night club with lots of beautiful people and wannabes, MTV, and a teen’s bedroom all rolled into one”

In a sense it became “teen space” much like their own bedrooms with the door closed. The book has many nice “parenting points” highlighted in bright blue. The MySpace profiles are compared to a teen’s room by the authors and at first can be shocking to many parents when they enter MySpace for the first time. The book explains to parents that what they are seeing is what had been going on “for eons” in more private spaces like the “local malt shop, college keg parties, or behind the bleachers on a Friday night football game.” The book points out however that since the Internet is anything you want it to be, it can be that the content is not always “real.”

Other similar sites are listed, like Xanga.com (the #2 site), Facebook.com and MyYearbook.com. In fact, the FBI has listed over 200 social-networking sites. Because of this, teen social networking is in effect “beyond control” except in individual homes.

This book tries to inform parents

about “exactly what teens are doing on these sites.” If you ask them, they are “just hanging out.” Many teens however have purposeful, not random, searching for staying in touch with their friends.

The biggest fear for teens is of “over-exposure” as these teens do their socializing on the net. The authors point out that this form of social networking is today’s “fear of choice” for parents much like parents of the 60’s worried about experimentation with marijuana.

I feel that the book helps parents get that hands-on “cookbook” approach to using MySpace. It emphasizes that parents and their teens should read the MySpace safety tips which I highly recommend. The book is full of sound advice about protecting your “profile.”

MySpace does have restrictions on inappropriate images and language. Threatening, violent or explicit content is unacceptable and MySpace will delete accounts in violation. But unfortunately, most of the millions of profiles are unregulated, according to the authors.

I highly recommend the book to make your parents and teens knowledgeable about MySpace and other socializing networking sites. Since providing anticipatory guidance is one of our roles for our parents and teens, knowing about social networking is just another one of those “things” we need to know a little about.

The book was published in 2007 but I suspect there are “new” things already out there about this issue of socializing networking for our patients and their parents. Happy surfing.

If any of you come across a web site I might be able to pass on to other ACOP members in the PULSE, please email a line to me at garving@genesishealth.com.

In Memoriam

Continued from page 9

the old ACOP Auxiliary), and four children: Martin A. Finkel, DO, professor of pediatrics at UMDNJ-SOM; Lawrence Finkel, DO, a Phoenix radiologist; Steven, a hospital vice president; and Lois, a Virginia teacher.

Harold is gone. The team is gone. And so is an important part of my life But the love lingers on.

Arnold Melnick, DO

PEDIATRICS... and then some!

Some pediatricians have moved their attention to areas tangential to or complementing the practice of Pediatrics. This is one of a series.

Benjamin L. Cohen, DO, FACOP

Capping an osteopathic career of almost 50 years, Benjamin L. Cohen, DO, FACOP, has spent most of that time in educational pursuits, rising from bedside instructor at Grandview Hospital (Dayton, OH) to his current position as Provost and Chief Operating Officer of Western University of Health Sciences (WesternU).

Ben, a lifelong member of ACOP as well as a past president, graduated from the old Kansas City College of Osteopathic Medicine in 1960 and did a pediatric residency at Grandview Hospital. Although he spent several years as a pediatric practitioner (a highly-regarded one), most of his career has been devoted to "giving back" by training young DOs - maybe one of the longest and broadest osteopathic educational careers.

He was soon tapped to be the founding dean of the then brand new School of Osteopathic Medicine at the University of Medicine and Dentistry of New Jersey, where he developed notable programs in research, service and clinical affairs.

In the nineties, he was called to the Texas College of Osteopathic Medicine as

Vice President and Executive Dean, and subsequently promoted to Provost and Senior Vice President and then Interim President.

With the establishment of the brand-new Touro University College of Osteopathic Medicine, Ben was chosen to be Interim Chief Executive Officer.

He served there until recruited by Western University to be Interim Dean of its College of Osteopathic Medicine of the Pacific, quickly reaching his present role as Provost.

In addition, Ben holds two honorary degrees, several educational awards and has served as President of the American Association of Colleges of Osteopathic Medicine. Ben's career personifies educational and administrative excellence and his achievements are too great to summarize briefly. Over the years, he has mentored many younger DOs, and advised several osteopathic colleges and a number of deans and potential deans.

He is truly a Pediatrician...and then some.



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By THE NUMBERS

Pediatric Allergy

By Robert W. Hostoffer, Jr, DO, FACOP

2	fold increase in food allergies in five years
12	million Americans have food allergy
15,000	E.R. visits a year for food allergies
8	percent of infants and toddlers experience food allergy
10	million dollars spent by NIH on food allergy now
50	million dollars will be the NIH budget for food allergies in 2009
3	million Americans have nut or peanut allergy
600,000	reactions to peanuts a year in children
150	deaths a year from accidental peanut exposure in allergic patients
50	percent of children with low peanut IgE will outgrow allergy
6	million dollars was spent on peanut research by peanut farmers over ten years



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Breastfeeding Report

Continued from page ?

unmeasured factors—such as depression that was undiagnosed prior to giving birth—may have increased the rate of depression seen in this group. Breastfeeding did not increase the risk of fractures due to osteoporosis. The effect of breastfeeding on a woman’s weight could not be determined based on the available studies.

The report was nominated and funded by the U.S. Department of Health and Human Services’ Office on Women’s Health and prepared by Stanley Ip, M.D., Joseph Lau, M.D., and colleagues at AHRQ’s Tufts-New England Medical Center Evidence-based Practice Center in Boston, Massachusetts. AHRQ’s EPCs develop evidence reports and technology assessments on topics relevant to clinical, social science/behavioral, economic, and other health care organization and delivery issues—specifically those that are common, expensive, and/or significant for the Medicare and Medicaid populations.

To access Breastfeeding and Maternal and Infant Outcomes in Developed Countries, go to: <http://www.ahrq.gov/clinic/tp/brfouttp.htm>.

Thanks to Amy Sweigart



Amy Sweigart is finishing her one-year term as the liaison to the ACOP Board of Trustees, representing all of the Pediatric Student Clubs. She has been a source of information for the clubs on issues pertaining to the College, and she has been a tremendous asset in recruiting new clubs to join the ACOP. Amy has actively participated in Board meetings and conference calls. She has also been invaluable to the National Office in obtaining information on graduating students moving on to their residency training.

Additionally, Amy successfully obtained presentations from pediatric student clubs for the CD ROM project, called the “Conduit for Success”. This was a huge undertaking and will be launched at the joint AAP/ACOP meeting in Orlando, June 28 - July 1.

We wish Amy well and will miss her on the Board!

Stewart A. Hinckley
ACOP Executive Director