NEONATOLOGY TODAY

News and Information for BC/BE Neonatologists and Perinatologists

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SPECIAL NEO 2015 PREVIEW ISSUE

IN THIS ISSUE

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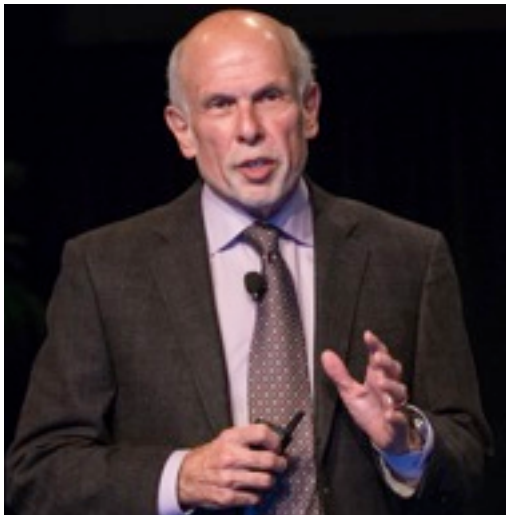
Preview of NEO: The Conference for Neonatology, February 19th - 22nd, 2015 - Hilton Bonnet Creek, Orlando, Florida, USA

By Alan R. Spitzer, MD

Once again, it is almost February, and that means the *NEO Conference and Specialty Review Meetings* in beautiful Orlando, Florida! Join us and get out of the cold and snow while listening to some of the best speakers in the world on the care of the newborn infant!

This year represents the Ninth Annual *NEO-The Conference for Neonatology*, and we are pleased to describe many of the upcoming highlights of the meeting for this special edition of *Neonatology Today*. *NEO* began nine years ago as an extensive redesign of the former *Management of the Tiny Baby Conference*, which ran for 28 years, and was one of the pioneering meetings in Neonatal Medicine. *NEO* now has also become one of the major annual conferences in neonatal medicine, highlighted by the unique "Legends of Neonatology" evening. The line-up for this year's meeting is one of the best that we have attracted to date, with some special features, and a wide range of topics and world-renowned speakers who will address many of the most critical and controversial issues that influence the clinical practice of newborn medicine. It remains our focus of the meeting to provide valuable take-home information for our attendees to bring back to their NICUs to improve the care that they provide in their units. *NEO* is a very practical meeting that will allow you to better understand the current approaches to neonatal intensive care. Also, because of its great success last year, we are continuing the simultaneous translation of the meeting into Spanish, and we look forward to welcoming increasing numbers of attendees from around the world for this event.

As usual, the meeting starts with a Pre-Conference Day dedicated to *Quality Improvement in Neonatology*. The Maintenance of Certification (MOC) Program of the American Board of Pediatrics now consists of four parts, with Part Four being devoted to the demonstration of meaningful participation in quality improvement. In addition, the HITECH (Health Information Technology for Economic and Clinical Health) Act has made meaningful use of the electronic health record a primary feature of modern medical care. So that participants can better appreci-



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References: 1. Klein CJ. *J Nutr.* 2002;132(6 suppl 1):1395S-1577S. 2. Agostoni C, Buonocore G, Carnielli VP, et al. ESPGHAN Committee on Nutrition. Enteral nutrient supply for preterm infants: commentary from the European Society of Paediatric Gastroenterology, Hepatology and Nutrition Committee on Nutrition. *J Pediatr Gastroenterol Nutr.* 2010;50:85-91.

Abbott Nutrition

ate and utilize the methodology of quality improvement and begin to develop the goals of meaningful use, Wednesday, February 18th, will be devoted to a full day Pre-Conference Session on this timely issue. Once again led by Dan Ellsbury, MD and Robert Ursprung, MD, two national leaders of renown in neonatal CQI, this pre-conference session is ideally suited to preparing the clinician for developing sound quality-improvement initiatives in the NICU. Also, with third-party payors now seeking outcome information on the NICU population, this CQI session is one that is progressively gaining in importance in daily medical practice. Stay ahead of the curve, and learn the latest approaches to insuring quality outcomes in your NICU.

The main conference starts on Thursday, February 19th, 2015, and runs through Sunday February 22rd. The *NEO Conference* is always arranged thematically so that we can cover a select series of topics more inclusively. The major themes of this year's meeting include: the Modern Management in Ventilatory Care; Big Data in the NICU—The Modern Approach to Improving Outcomes; Pharmacology and the NICU; The Neonatal Brain—Injury and Outcomes; and Current Concepts in Neonatal Nutrition and Preventing NEC. Each of these sessions has many of the foremost experts and best speakers in the country addressing the topics for which they have become noted.

Last year, one of the highlights of the meeting was a presentation by members of the Preemie-Parent Alliance (http://preemieparentalliance.weebly.com) about their experiences as parents of NICU patients. They will be back this year with a unique session on Thursday afternoon of the meeting entitled, "Surviving the NICU—Parents' Perspectives," organized by Sue Hall, MD, from Stormont-Vail Healthcare in Topeka, Kansas, and Keira Sorrells, Director of the Preemie-Parent Alliance. In this workshop physicians, nurses, and, most especially, parents will have the opportunity to discuss how the NICU appears from their various points of view and how we as clinicians can help improve the NICU experience for our patients and their families. It is our goal that the audience will better appreciate the stresses that NICU hospitalization brings and learn how to provide more compassionate care to NICU families. This session once again promises to be an extraordinary and special one that should not be missed.

One of the other unique features of the *NEO Conference* is the annual "Legends of Neonatology" presentation. Starting in 2007 at the first *NEO Conference*, we have made an effort to acknowledge and show our appreciation to some of the legendary figures in the history of Neonatology. Winners of the Legends Award essentially constitute a 'Hall of Fame' for Newborn Medicine, and prior recipients include: Mildred Stahlman, Maria Delivoria-Papadopoulos, Mary Ellen Avery, Lu-Ann Papile, Avroy Fanaroff, Marshall Klaus, Jerold Lucey, Robert Bartlett, Stanley Dudrick, George Gregory, John Clements, Forrest Bird, William Norwood, William Oh, Abraham Rudolph, Lilly Dubowitz, M. Jeffrey Maisels, Jen-Tien Wung, Frederick C. Battaglia, and Joseph Volpe. All of these honorees have graced us with their presence over the years to accept their awards. This year's honorees are once again unique and major contributors to the field of Neonatal Medicine: Philip Sunshine, MD, of Stanford University, one of the founders of the specialty of newborn medicine, whose work in neonatal nutrition and neonatal lung disease has been critical to the establishment of NICU care and a leading educator of many of the country's leading neonatologists, and John Kattwinkel, MD, one of the great researchers of neonatal lung disease, and one of the founders of the neonatal resuscitation program (NRP) and developers of the Back to Sleep Campaign that has substantially reduced the rate of Sudden Unexplained Infant Death (SUID) in this country. The work of these amazing individuals represents some of the primary reasons why outcomes for critically-ill infants have improved so dramatically in the last few decades. At the Legends presentation itself, Dr. Alan Spitzer, Course Director for *NEO*, will review the contributions of these "Legends" and show how their work has become the core upon which much of modern newborn medicine is founded. This night is always a very special event and a highlight of the meeting that attendees should not miss!

This year's event at the incredible Hilton Orlando Bonnet Creek will be one of the foremost programs of the year in Neonatology. *The NEO Conference* is run alongside another great meeting in newborn medicine—*Specialty Review 2.0*—for individuals looking for a broader review of the field of Neonatology or preparation for their neonatal board examinations or recertification test. We very much hope that you can join us for one of these meetings and promise you an educational experience (and some very good food—we like to feed our attendees well!) that you will not soon forget.

NT

CQIS Continuous Quality Improvement Symposium

The conference neo for Neonatology

FEBRUARY 18th - WEDNESDAY SESSION
NEO CQIS PRE-CONFERENCE AGENDA

Moderated by Dr. Dan Ellsbury and Dr. Robert Ursprung

8:00-9:00 am - *Breakfast & Exhibits*

9:00-9:45 am - The Essential Techniques of Improvement Science - *Dan Ellsbury, MD*

9:45-10:30 am - How To Get ABP MOC Credit for Your Quality Improvement Projects - *Kristi G. Johnson, Manager MOC American Board of Pediatrics*

10:30-11:00 am - *Break & Exhibits*

11:00 am-12:30 pm - Poster Symposium Session I: General Neonatology

12:30-1:30 pm - *Lunch & Exhibits*

1:30-2:15 pm - Reducing Waste and Improving Value in the NICU - *Robert Ursprung, MD*

2:15-3:30 pm - Poster Symposium Session II: Necrotizing Enterocolitis

3:30-4:00 pm - *Break & Exhibits*

4:00-5:00 pm - Poster Symposium Session III: Neonatal Abstinence Syndrome

5:00 pm - *Adjourn*

**You do not have to be registered for NEO to attend the Continuous Quality Improvement Symposium.*

"Excellent conference. I especially appreciated the review of commonly practiced, but poorly supported treatment regimens."

Choose from **2** Outstanding Meetings in **ONE** Great Location

Hilton Orlando Bonnet Creek

Please join us in Orlando this February to learn, network with colleagues and other industry experts, and also earn CME / CNE credits.

CQIS Continuous Quality Improvement Symposium **FEBRUARY 18, 2015**

CHOOSE **OR** **CHOOSE**

FEBRUARY 19-22, 2015

NEO:
THE CONFERENCE FOR NEONATOLOGY

One of the Premier Meetings in Neonatal Medicine

NEO: The Conference for Neonatology addresses cutting edge, yet practical aspects of newborn medicine. Educational sessions are conducted by many of the foremost experts, who address neonatal-perinatal topics for which they have become renowned.

Target audience: All neonatal-perinatal providers, including neonatologists, advanced practitioners and staff nurses.

Topics include:

- The Effects of Mechanical Ventilation on Other Organ Systems
- Using the EHR in the NICU — Making it Better for Neonates
- CPQCC — The Challenges Moving Forward
- The Role of Biomarkers in the Diagnosis and Management of HIE
- The Use of Cord Blood in the Treatment of HIE Injury
- New Thinking About NEC

SPECIAL INTERACTIVE SESSION: Surviving the NICU — Parents' Perspectives

FEBRUARY 17-22, 2015

SPECIALTY REVIEW
IN NEONATOLOGY

The Premier Board Review Course in Neonatal-Perinatal Medicine

Specialty Review in Neonatology, the leading review of its type in the country, is an intensive and comprehensive review of neonatal medicine. This course is an invaluable learning experience for those preparing for certifying examinations, as well as new or current fellows-in-training seeking an outstanding fundamental pathophysiology course in neonatal-perinatal medicine.

Target audience: Neonatologists, residents, fellows and advanced practitioners.

Topics include:

- Maternal-Fetal Medicine
- Neonatal Respiratory System
- Neonatal Cardiovascular System
- Neonatal Endocrinology
- Neonatal Nephrology
- Neonatal Infectious Diseases
- Central Nervous System

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ACCREDITATION STATEMENTS

NEO:
The MEDNAX Center for Research, Education and Quality is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The MEDNAX Center for Research, Education and Quality designates this live activity for a maximum of 22.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The MEDNAX Center for Research, Education and Quality is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity offers 22.25 continuing nursing education (CNE) contact hours.

CQI Symposium:
The MEDNAX Center for Research, Education and Quality is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The MEDNAX Center for Research, Education and Quality designates this live activity for a maximum of 5.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The MEDNAX Center for Research, Education and Quality is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity offers 5.25 continuing nursing education (CNE) contact hours.

Don't Forget to "Save the Date" for the 2016 Meeting!

Continuous Quality Improvement Symposium - February 24, 2016
NEO: The Conference for Neonatology - February 25-28, 2016

FEBRUARY 19th - THURSDAY SESSION
MODERN MANAGEMENT IN VENTILATORY CARE

7:00-7:45 am - *Breakfast & Exhibits*

7:45-8:00 am - Introductory Remarks - *Alan Spitzer, MD*

8:00-9:00 am - Non-invasive Ventilatory Management - *Howard Stein, MD*

9:00-10:00 am - The Effects of Mechanical Ventilation on Other Organ Systems - *Bradley Yoder, MD*

10:00-10:30 am - *Break & Exhibits*

10:30-11:30 am - Contemporary Care of the Infant with PPHN - *Robin Steinhorn, MD*

11:30 am-12:30 pm - Practical Applications of the SUPPORT Trial – Managing Oxygen in the NICU - *Wally Carlo, MD*

12:30-2:00 pm - *Lunch & Exhibits*

2:00-3:30 pm - SPECIAL INTERACTIVE SESSION: Surviving the NICU, Parents' Perspectives Preemie-Parent Alliance Members - *Sue Hall, MD, Moderator* (continued at 4:00 pm after the break)

3:30-4:00 pm - *Break & Exhibits*

4:00-5:30 pm - SPECIAL INTERACTIVE SESSION: Surviving the NICU, Parents' Perspectives Preemie-Parent Alliance Members - *Sue Hall, MD, Moderator* (continued from 2:00 pm session)

6:00-8:00 pm - *Welcome Reception & Exhibits*

FEBRUARY 20th - FRIDAY MORNING SESSION
BIG DATA IN THE NICU – THE MODERN APPROACH TO IMPROVING NEONATAL OUTCOMES

7:00-7:45 am - *Breakfast & Exhibits*

7:45-8:45 am - Using the EHR in the NICU – Making It Better for Neonates - *Jonathan Palma, MD*

8:45-9:45 am - Local Collaboratives in Improving Outcomes in the NICU - *Robert Ursprung, MD*

9:45-10:15 am - *Break & Exhibits*

10:15-11:00 am - CPQCC – The Challenges Moving Forward - *Jeff Gould, MD*

11:00-11:45 am - The North Carolina Perinatal Collaborative - *Martin McCaffrey, MD*

11:45 am-12:30 pm - Outliers in the Data Warehouse – What Do You Do? - *Alan Spitzer, MD*

12:30-2:00 pm - *Lunch & Exhibits*

FEBRUARY 20th - FRIDAY AFTERNOON SESSION
PHARMACOLOGY IN THE NICU

1:30-2:30 pm - The Neonatal Drug Pipeline - *Danny Benjamin, MD*

2:30-3:30 pm - Inhalation Drug Therapy in the NICU - *Thomas Shaffer, PhD*

3:30-4:30 pm - Pharmacological Considerations in the NICU - *Brian Smith, MD*

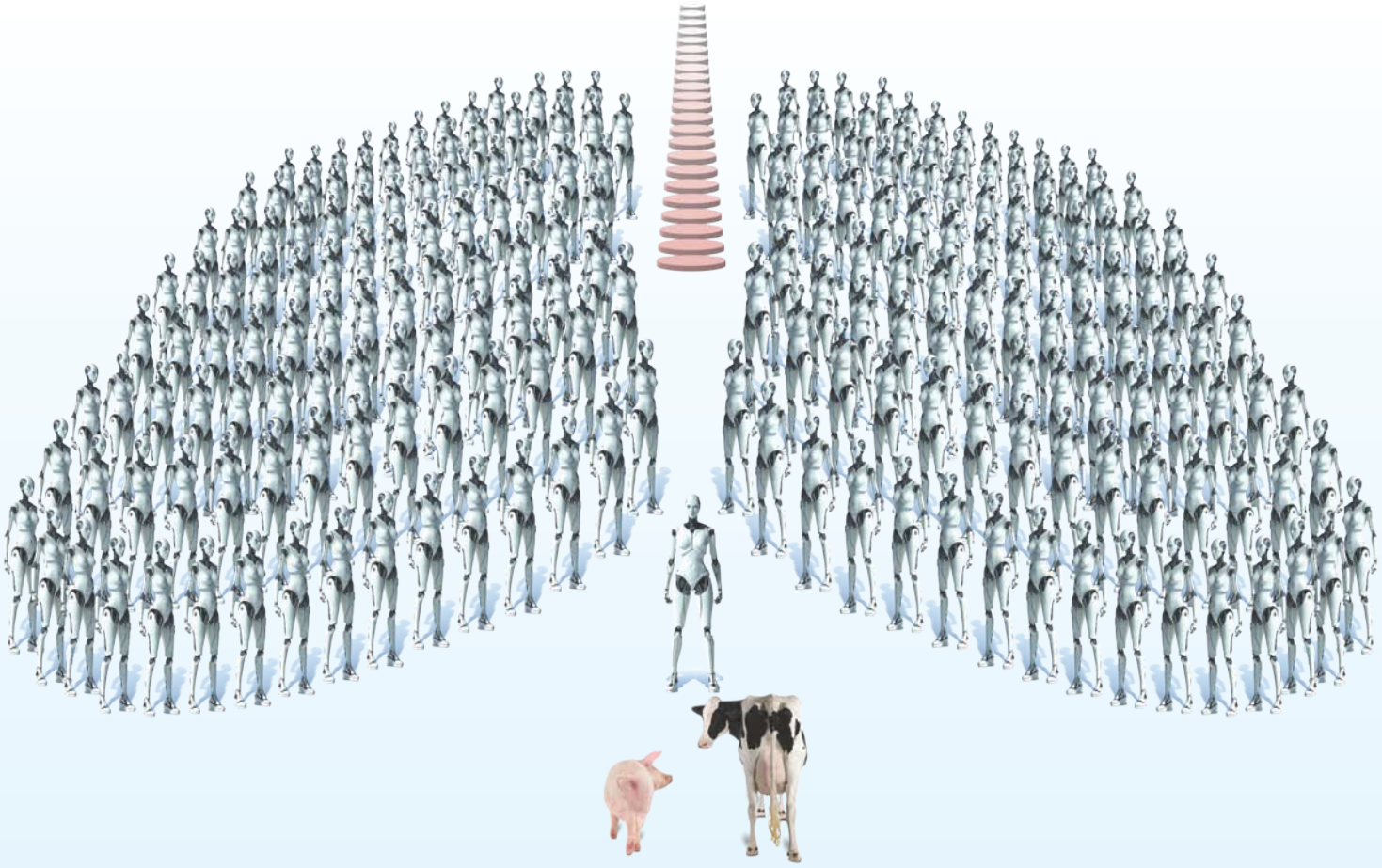
FEBRUARY 20th - FRIDAY EVENING
LEGENDS OF NEONATOLOGY AWARD DINNER

7:00 pm - 2015 LEGENDS: Philip Sunshine, MD and John Kattwinkle, MD - *Presented by Alan Spitzer*

"The Preemie Parent Panel was (comprised of) unbelievably BRAVE PEOPLE who have the courage to tell their stories to so many strangers. Information was very honest, but compassionately given. They were sincere and knowledgeable."

When it comes to surfactant **VOLUME**, SURFAXIN® has you covered.

SURFAXIN (lucinactant) Intratracheal Suspension
5.8 mL/kg Birth Weight, Administered in 4 Equal Aliquots



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INDICATION
SURFAXIN® (lucinactant) Intratracheal Suspension is approved by the FDA for the prevention of respiratory distress syndrome (RDS) in premature infants at high risk for RDS.

IMPORTANT SAFETY INFORMATION
SURFAXIN (lucinactant) Intratracheal Suspension is intended for intratracheal use only. The administration of exogenous surfactants, including SURFAXIN, can rapidly affect oxygenation and lung compliance. SURFAXIN should be administered only by clinicians trained and experienced with intubation, ventilator management, and general care of premature infants in a highly supervised clinical setting. Infants receiving SURFAXIN should receive frequent clinical assessments so that oxygen and ventilatory support can be modified to respond to changes in respiratory status.

Most common adverse reactions associated with the use of SURFAXIN are endotracheal tube reflux, pallor, endotracheal tube obstruction, and need for dose interruption. During SURFAXIN administration, if bradycardia, oxygen desaturation, endotracheal tube reflux, or airway obstruction occurs, administration should be interrupted and the infant's clinical condition assessed and stabilized. Overall the incidence of administration-related adverse events did not appear to be associated with an increased incidence of serious complications or mortality relative to the comparator surfactants.

SURFAXIN is not indicated for use in acute respiratory distress syndrome (ARDS).

For more information about SURFAXIN, please visit **www.SURFAXIN.com** and see accompanying brief summary of prescribing information on the next page.

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BRIEF SUMMARY OF PRESCRIBING INFORMATION

Please see package insert for full prescribing information.

INDICATIONS AND USAGE

SURFAXIN is indicated for the prevention of respiratory distress syndrome (RDS) in premature infants at high risk for RDS.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Acute Changes in Lung Compliance

Administration of exogenous surfactants, including SURFAXIN, can rapidly affect lung compliance and oxygenation. SURFAXIN should be administered only by clinicians trained and experienced in the resuscitation, intubation, stabilization, and ventilatory management of premature infants in a clinical setting with the capacity to care for critically ill neonates. Infants receiving SURFAXIN should receive frequent clinical assessments so that oxygen and ventilatory support can be modified to respond to changes in respiratory status.

Administration-Related Adverse Reactions

Frequently occurring adverse reactions related to the administration of SURFAXIN include bradycardia, oxygen desaturation, reflux of drug into the endotracheal tube (ETT), and airway/ETT obstruction.

To report SUSPECTED ADVERSE REACTIONS, contact Discovery Laboratories, Inc. at 1-877-SURFAXN or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Increased Serious Adverse Reactions in Adults with Acute Respiratory Distress Syndrome (ARDS)

Adults with ARDS who received lucinactant via segmental bronchoscopic lavage had an increased incidence of death, multi-organ failure, sepsis, anoxic encephalopathy, renal failure, hypoxia, pneumothorax, hypotension, and pulmonary embolism. SURFAXIN is not indicated for use in ARDS.

Clinical Trials Experience

The efficacy and safety of SURFAXIN for the prevention of RDS in premature infants was demonstrated in a single randomized, double-blind, multicenter, active-controlled, multi-dose study involving 1294 premature infants (Study 1). Infants weighed between 600 g and 1250 g at birth and were 32 weeks or less in gestational age. Infants were randomized to receive 1 of 3 surfactants, SURFAXIN (N = 524), colfosceril palmitate (N = 506), or beractant (N = 258). Co-primary endpoints were the incidence of RDS (defined as having a chest x-ray consistent with RDS and an $FiO_2 \geq 0.30$) at 24 hours and RDS-related mortality at 14 days. The primary comparison of interest was between SURFAXIN and colfosceril palmitate with the intent of demonstrating superiority. Beractant served as an additional active comparator. Compared to colfosceril palmitate, SURFAXIN demonstrated a statistically significant improvement in both RDS at 24 hours and RDS-related mortality through Day 14. A second multicenter, double-blind, active-controlled study involving 252 premature infants was also conducted to support the safety of SURFAXIN (Study 2). Infants weighed between 600 g and 1250 g and were less than 29 weeks in gestational age. Infants were randomized to receive 1 of 2 surfactants, SURFAXIN (N = 119) or poractant alfa (N = 124).

The safety data described below reflect exposure to SURFAXIN administered intratracheally to infants at a dose of 5.8 mL per kg (up to 4 doses) in either 4 aliquots (Study 1) or 2 aliquots (Study 2) in 643 premature infants.

Comparator surfactants colfosceril palmitate and beractant were administered at the recommended doses (5.0 and 4.0 mL per kg, respectively) while the first dose of poractant alfa administered (2.2 mL per kg) was less than the recommended dose of 2.5 mL per kg. Any subsequent doses of poractant alfa were at the recommended 1.25 mL per kg dose.

Overall, the incidence of administration-related adverse reactions was higher in infants who received SURFAXIN compared to other surfactants (Table 1) and resulted in a greater proportion of infants treated with SURFAXIN who experienced administration-related oxygen desaturation and bradycardia. For Study 1, oxygen desaturation was reported in 17%, 9%, and 13% and bradycardia for 5%, 2%, and 3% of infants treated with SURFAXIN, colfosceril palmitate, and beractant, respectively. For Study 2, oxygen desaturation was reported in 8% and 2% and bradycardia in 3% and 2% of infants treated with SURFAXIN and poractant alfa, respectively. **These adverse reactions did not appear to be associated with an increased incidence of serious complications or mortality relative to the comparator surfactants (Table 2).**

Table 1. Administration-Related Adverse Reactions in SURFAXIN Controlled Clinical Studies[a]

	Study 1[b]			Study 2[c]	
	SURFAXIN (N = 524)	Colfosceril palmitate (N = 506)	Beractant (N = 258)	SURFAXIN (N = 119)	Poractant alfa (N = 124)
Total Doses Administered	994	1038	444	174	160
	Total Number of Events (Events per 100 Doses)				
ETT Reflux	183 (18)	161 (16)	67 (15)	47 (27)	31 (19)
Pallor	88 (9)	46 (4)	38 (9)	18 (10)	7 (4)
Dose Interruption	87 (9)	46 (4)	30 (7)	7 (4)	2 (1)
ETT Obstruction	55 (6)	21 (2)	19 (4)	27 (16)	1 (1)

[a] Table includes only infants who received study treatment.

[b] **Study 1 doses were administered in 4 aliquots.**

[c] **Study 2 doses were administered in 2 aliquots.**

Table 2. Common Serious Complications Associated with Prematurity and RDS in SURFAXIN Controlled Clinical Studies Through 36-Weeks Post-Conceptual Age (PCA)

	Study 1			Study 2	
	SURFAXIN (N = 527) %	Colfosceril palmitate (N = 509) %	Beractant (N = 258) %	SURFAXIN (N = 119) %	Poractant alfa (N = 124) %
Apnea	52	52	46	66	75
Intraventricular hemorrhage, all grades	52	57	54	39	38
-Grade 3/4	19	18	21	13	8
Periventricular leukomalacia	10	10	12	4	9
Acquired sepsis	44	44	44	45	52
Patent ductus arteriosus	37	35	37	43	44
Retinopathy of prematurity, all grades	27	26	25	32	31
-Grade 3/4	6	7	6	5	9
Necrotizing enterocolitis, all grades	17	17	19	13	15
-Grade 2/3	6	8	14	8	8
Pulmonary air leak through Day 7, all types	15	17	14	9	7
-Pulmonary interstitial emphysema	9	10	10	3	5
-Pneumothorax	3	4	2	4	1
Pulmonary hemorrhage	10	12	14	6	9

All-cause mortality through 36-weeks PCA was similar regardless of which exogenous surfactant was administered.

Adverse reactions reported in the controlled clinical studies through 36-weeks PCA occurring in at least 10% of infants were anemia, jaundice, metabolic acidosis, oxygen desaturation, hyperglycemia, pneumonia, hyponatremia, hypotension, respiratory acidosis, and bradycardia. These reactions occurred at rates similar to the comparator surfactants.

No assessments for immunogenicity to SURFAXIN were performed in these clinical studies.

Follow-up Evaluations

Twelve-month corrected-age follow-up of 1546 infants enrolled in the 2 controlled clinical studies demonstrated no significant differences in mortality or gross neurologic findings between infants treated with SURFAXIN and those treated with the comparator surfactants (colfosceril palmitate, beractant, or poractant alfa).

OVERDOSAGE

There have been no reports of overdose following the administration of SURFAXIN.

HOW SUPPLIED/STORAGE AND HANDLING

SURFAXIN (lucinactant) Intratracheal Suspension is supplied sterile in single-use, rubber-stoppered, clear glass vials containing 8.5 mL of white suspension (NDC 68628-500-31). One vial per carton.

Store SURFAXIN in a refrigerator at 2° to 8°C (36° to 46°F) and protect from light until ready for use. Do not freeze. Vials are for single use only. Discard any unused portion of SURFAXIN. Discard warmed vials of SURFAXIN if not used within 2 hours of warming.

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Inspired Innovation

FEBRUARY 21st - SATURDAY SESSION
THE NEONATAL BRAIN – INJURY AND OUTCOMES

7:00-8:00 am - *Breakfast & Exhibits*

8:00-9:00 am - The Role of Biomarkers in the Diagnosis and Management of HIE - *Michael Weiss, MD*

9:00-10:00 am - Cooling in HIE – Where Are We Now, What Is the Future? - *Seetha Shankaran, PhD*

10:15-10:45 am - *Break & Exhibits*

10:30-11:30 am - The Use of Cord Blood in the Treatment of HIE Injury - *C. Michael Cotten, MD*

11:30 am-2:30 pm - Imaging and Outcomes in the VLBW Infant – Evolving the Care - *Lianne Woodward, PhD*

12:45-2:00 pm - *Lunch & Exhibits*

FEBRUARY 22nd - SUNDAY SESSION
CURRENT CONCEPTS IN CLINICAL NUTRITION AND PREVENTING NEC

7:00-8:00 am - *Breakfast*

8:00-9:00 am - Optimizing Growth of the Maternal and Donor Human Milk-Fed, Extremely Preterm Infant - *Steven Abrams, MD*

9:00-10:00 am - Breathing and Swallowing Mishaps in the Neonate: Aero-Digestive Regulation - *Sudarshan Jadcherla, MD*

10:00-10:30 am - *Break*

10:30-11:30 am - The Role of Probiotics in the Care of the ELBW Infant - *Mario Rojas, MD*

11:30 am-12:30 pm - New Thinking About NEC - *David Hackam, MD*

NEO CONFERENCE PLANNING COMMITTEE

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Michael Weiss, MD
Lianne Woodward, MD
Bradley Yoder, MD

NEO CQI - PRE-CONFERENCE FACULTY

Daniel Ellsbury, MD
Robert Ursprung, MD

Please visit www.neoconference.com for up-to-date program changes.

The Legends of Neonatology 2015 Honorees

John Kattwinkle, MD

Dr. John Kattwinkel has been on the faculty of the University of Virginia for 40 years. He graduated from Harvard Medical School and completed his residency, fellowship, and research training at Duke, Case Western Reserve, and the National Institutes of Health. He was Chief of the Division of Neonatology and Director of the UVA Neonatal Intensive Care Unit from 1974-2006, and now continues his teaching and research as an Emeritus Professor since retirement from the clinical faculty in 2013.

Dr. Kattwinkel's primary research interests and publications have focused on Neonatal Lung Disease and disorders of respiratory control as well as on development of effective methods of continuing education for health professionals. He was among the first to describe the use of nasal CPAP (Continuous Positive Airway Pressure) for treatment of RDS (Respiratory Distress Syndrome) and apnea of prematurity. As Chair of the AAP Task Force on Sudden Infant Death Syndrome (SIDS) he organized the evidence evaluation and recommendation in 1992 that parents should place babies down for sleep on their backs rather than their stomachs to reduce the risk of SIDS. He has been Editor of the *AAP/AHA Neonatal Resuscitation Program Textbook* for the last 3 editions, and founded the Perinatal Continuing Education Program (PCEP). His current research explores the physiology of respiratory control and use of large databases to predict apnea and related illnesses of prematurity. His interest in transitional physiology and neonatal resuscitation is reflected in his recent design of a multicenter trial to examine the value of assisting ventilation of the ELBW (Extremely Low Birth Weight) newborn before cutting of the cord. His significant lifelong contributions to neonatal care make him more than worthy of "Legend of Neonatology" status.

Philip Sunshine, MD

Philip Sunshine, MD, is one of the founding fathers of the specialty of Neonatal-Perinatal Medicine. He received his BA degree from the University of Colorado in 1952, and his MD from the University of Colorado in 1955. After an internship at Sinai Hospital of Baltimore, he came to Stanford to complete his training in Pediatrics, and obtained his first appointment as Instructor in Pediatrics at Stanford University School of Medicine in 1963. While still an Instructor in Pediatrics, he was appointed Assistant Director of the Clinical Research Center for Premature Infants in 1963, one of the first General Clinical Research Centers (GCRC) dedicated to the study of newborns. By 1967, he was not only the Program Director of the GCRC, but also the Director of Neonatology in the Department of Pediatrics. He rose to the rank of Professor of Pediatrics by 1973, and was appointed the second holder of the Harold K. Faber Endowed Professorship of Pediatrics at Stanford University School of Medicine in 1980, holding that Chair until 1989 when he departed to become Chief of the Department of Pediatrics at the Children's Hospital of Los Angeles and Vice-Chair of the Department of Pediatrics of the University of Southern California School of Medicine between 1989 and 1993. He returned to Stanford in 1993, rejoining the Department of Pediatrics and the Division of Neonatal and Developmental Medicine. Many of his original and very important scientific contributions have become a part of the history of Neonatal and Developmental Gastroenterology and Nutrition. Dr. Sunshine's great strength has always been his intellectual versatility, and his extraordinary clinical insight, talents that he has imparted to numerous trainees over his long career. His willingness to promote other's careers by relegating himself to collaborating author on many of his original contributions has long been a hallmark of his efforts in this respect. Philip Sunshine is one of the "originals" in Neonatology, a neonatologist's neonatologist, one of history's best, and an endearing and enduring figure. He is truly one of the creators of the discipline of Neonatology.

NT

2014 Legends of Neonatology: Frederick C. Battaglia, Alan R. Spitzer, Joseph J. Volpe.

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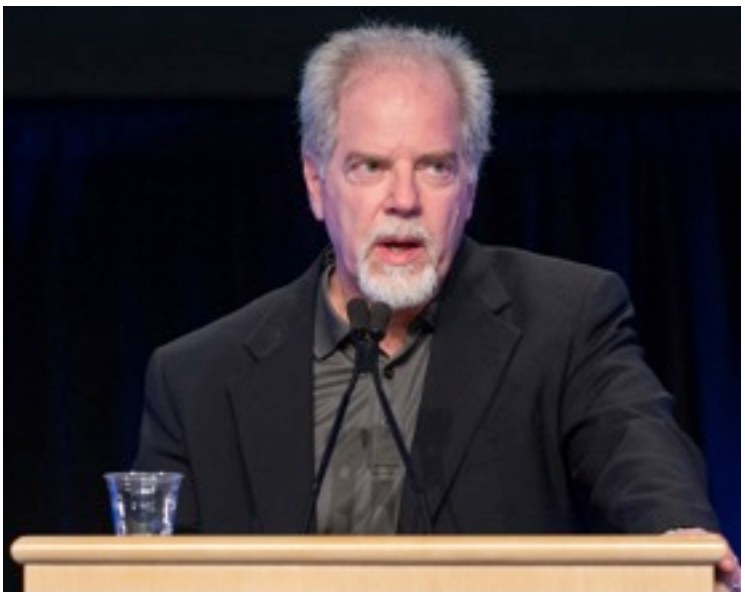

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