A rat
Tradition X
For over 350 years, people have come to Boston for top-quality education. Be part of this great tradition. Plan now to come to Boston in October for the best in pediatric CME at the AAP National Conference & Exhibition.

Great CME
The fuller schedule and new formats introduced last year have been designed to give you more choices, more sessions and more interactive learning... in short, more top-quality CME.
• Simpler pricing provides attendees easy access to more sessions. For most attendees, that means the highest value at a low price.
• Two-hour sessions (instead of three) provide more educational opportunities for each attendee each day.
• Over 350 sessions, including repeats of traditionally sold-out sessions, provide greater access to education on high-demand topics.
• Breakfast and lunchtime meet-the-expert discussions offer small-group access to pediatric leaders and provide access to more hours of CME each day.
• Interactive learning opportunities include more than 30 audience response case discussions and more than 50 workshops.

Keynote Address
T. Berry Brazelton, M.D., FAAP
For millions across the country and around the world, T. Berry Brazelton is the face of pediatrics. From his early work in child development over 50 years ago through his creation of the Neonatal Behavioral Assessment Scale in 1973, his publication of Touchpoints in 1992 and his continuing clinical works, research and child advocacy today, Dr. Brazelton remains a trusted leader in advancing the health of all children. Don’t miss this opportunity to hear from the nation’s pediatrician. The keynote address will take place at 8:30 a.m. Monday, Oct. 21.

Noteworthy for 2002
From new diagnosis and treatment guidelines for common problems to the impact of latest surgical techniques and genetic advancements, the 2002 National Conference & Exhibition offers top quality education. Highlights include:
• Programs on Terrorism and Disaster Preparedness
• Tissue Engineering
• New Vaccines and Vaccine Combinations
• Improving Your Bottom Line: Getting Paid for What You Do
• Advances in the Management of Type 1 Diabetes
• The Developmental and Behavioral Pediatrics Track

Look Inside for the “Topic Outline”
How will genetic advances affect you? Want to know more about the latest in asthma treatments? Need a refresher on office orthopedics? The topic outline will help you get the most out of the National Conference & Exhibition by helping you track offerings on 50 topics such as:
• Adolescent Health
• Allergy, Immunology and Pulmonology
• Cardiology
• Community Pediatrics
• Critical Care/Transport Medicine/Emergency Medicine
• Developmental and Behavioral Pediatrics
• Infectious Diseases
• Neonatology/Perinatology
• Orthopedics
• Pediatric Practice/Telephone Care/Health Care Financing
• Sports Medicine

Don’t Miss Out!
• Network with your colleagues from across the country and around the world
• Discuss your most challenging cases
• Update your clinical skills and techniques
• Hear the latest from world-renowned pediatric experts
• Attend cutting-edge seminars, workshops, and sessions
• Earn valuable AMA PRA Category 1 credits
• Visit Boston, for the best from the colonial past and the cutting edge

Don’t delay. Mail or fax your registration by Sept. 20 to receive discounted registration rates and a free AAP conference tote bag. For ongoing program updates and to register online, go to the AAP Web site at www.aap.org/nce.htm.
For older babies and toddlers,

A nutritionally balanced diet doesn’t always come easily

ISOMIL® 2 AND SIMILAC® 2 provide nutritional support as your young patients move to a broader diet.

A USDA study reveals that nutrient intakes don’t always meet the recommended levels in children between the ages of 1 and 2.*

- More than 50% are not getting the RDA for iron and calcium
- More than 80% are not getting the RDA for zinc and vitamin E

And since nutritional needs change as babies grow, both Isomil 2 and Similac 2 have been designed to help promote complete, balanced nutrition.

- Isomil 2 contains 29% more calcium than Isomil® Soy Formula With Iron
- Similac 2 contains 50% more calcium than Similac® With Iron Infant Formula
- Both formulas are iron fortified** for growth and development

Recommend a cup a day.

Adding one cup of nutritionally complete Isomil 2 or Similac 2 to their daily diet can help one-year-olds meet the RDA for iron, calcium and other essential nutrients.


**1.8 mg/100 Cal.
Coming Soon

A New long-acting formulation of the ADHD Original
an alternative to steroids

the first nonsteroid topical immunomodulator (TIM) for moderate to severe atopic dermatitis

• for short-term and intermittent long-term therapy
• 0.1% and 0.03% for adults; 0.03% for children aged 2 to 15 years
• for patients who:
  - should avoid the potential risks of conventional therapies
  - are not adequately responsive to conventional therapies
• apply anywhere—including face, neck, sensitive areas

The most common adverse events associated with the use of Protopic Ointment included the sensation of skin burning, pruritus, flu-like symptoms, and headache. Local symptoms are most common during the first few days of application and typically improve as lesions heal.

Protopic Ointment is contraindicated in patients who are hypersensitive to tacrolimus or any of the other ingredients of Protopic.

Please see brief summary of prescribing information on the following page.
Due to *Staphylococcus aureus* and
*Pseudomonas aeruginosa* in patients ≥1 year of age

†Based on total prescriptions from IMS National Weekly Prescription Audit, 52 weeks ending 12/30/01
Please see brief summary below.

**FLOXIN® Otic (ofloxacin otic solution) 0.3%**

Brief Summary: Please see product insert for complete prescribing information.

For otic use only.

**INDICATIONS AND USAGE**

**FLOXIN® Otic (ofloxacin otic solution) 0.3%** is indicated for the treatment of infections caused by susceptible strains of the designated microorganisms in the specific conditions listed below:

**Otitis Externa** in adults and pediatric patients, one year and older, due to *Staphylococcus aureus* and *Pseudomonas aeruginosa*.

**Chronic Suppurative Otitis Media** in patients 12 years and older with perforated tympanic membranes due to *Staphylococcus aureus*, Proteus mirabilis, and *Pseudomonas aeruginosa*.

**Acute Otitis Media** in pediatric patients one year and older with tympanic membrane tube due to *Staphylococcus aureus*.

**CONTRAINDICATIONS**

**FLOXIN® Otic (ofloxacin otic solution) 0.3%** is contraindicated in patients with a history of hypersensitivity to ofloxacin, to other quinolones, or to any of the components in this medication.

**WARNINGS**

**NOT FOR OPHTHALMIC USE.**

**NOT FOR INJECTION.**

Serious and occasionally fatal hypersensitivity (anaphylactic) reactions, some following the first dose, have been reported in patients receiving systemic quinolones, including ofloxacin. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria, and itching. If an allergic reaction to ofloxacin is suspected, stop the drug. Serious photohypersensitivity reactions may require immediate emergency treatment. Oxygen and airway management, including intubation, should be administered as clinically indicated.

**PRECAUTIONS**

**General.** As with other anti-infective preparations, prolonged use may result in overgrowth of non-susceptible organisms, including fungi. If the infection is not improved after one week, cultures should be obtained to guide further treatment. If otitis media persists for a full course of therapy, or if two or more episodes of otitis occur within six months, further evaluation and treatment may be necessary to rule out an underlying condition such as cholesteatoma, foreign body, or tumor.

The systemic absorption of quinolones, including ofloxacin at doses much higher than those absorbed by the otic route, has led to seizures or tremors of the tongue in weight-bearing joints and other signs of encephalopathy in immature animals of various species.

Young growing animals dosed in the middle ear with 0.3% ofloxacin otic solution showed no systemic effects, lesions or erosions of the cartilage in weight-bearing joints or other signs of encephalopathy in immature animals of various species.

**Information for Patients:** Avoid contaminating the applicator tip with material from the fingers or other sources. This precaution is necessary if the stability of the drops is to be preserved. Systemic quinolones, including ofloxacin, have been associated with hypersensitivity reactions, even following a single dose. Discontinue use immediately and contact your physician at the first sign of a rash or allergic reaction.

**Otitis Externa**

Prior to administration of **FLOXIN® Otic** in patients with otitis externa, the solution should be warmed by holding the bottle in the hand for one or two minutes to avoid discomfort which may result from the instillation of a cold solution. This patient should be with the affected ear upward, and then the drops should be instilled. This position should be maintained for five minutes to facilitate penetration of the drops into the ear canal. Repeat, if necessary, for the opposite ear (see DOSAGE AND ADMINISTRATION).

**Acute Otitis Media and Chronic Suppurative Otitis Media**

In pediatric patients (1 to 12 years old) with acute otitis media with tympanic membrane and in patients with chronic suppurative otitis media with perforated tympanic membranes, prior to administration, the solution should be warmed by holding the bottle in the hand for one or two minutes to avoid discomfort which may result from the instillation of a cold solution. This patient should lie with the affected ear upward, and then the drops should be instilled. The trigua should then be pumped 4 times by pushing inward to facilitate penetration of the drops into the middle ear. This position should be maintained for five minutes. Repeat, if necessary, for the opposite ear (see DOSAGE AND ADMINISTRATION).

**Drug Interactions:** Specific drug interaction studies have not been conducted with **FLOXIN® Otic**.

**Carcinogenesis, Mutagenesis, Impairment of Fertility**

Long-term studies to determine the carcinogenic potential of ofloxacin have not been conducted. Ofloxacin was not mutagenic in the Ames test, the sister chromatid exchange assay (Chinese Hamster and human cell lines), the uninduced and induced (UDS) assay using human fibroblasts, the dominant lethal assay, or the mouse micronucleus assay. Ofloxacin was positive in the rat hepatocyte UDS assay, and in the mouse micronucleus assay. These results have been noted as male or female reproductive performance at one doses up to 360 mg/kg/day. There would be over 1000 times the maximum human dose when the maximum human dose is applied from the ear of a patient treated with **FLOXIN® Otic** twice per day.

**Pregnancy**

**Teratogenic Effects:** Pregnancy Category C.

Ofloxacin has been shown to have an embryocidal effect in rats at a dose of 810 mg/kg/day and in rabbits at 160 mg/kg/day. These doses resulted in decreased fetal body weights and increased fetal mortality in rats and rabbits, respectively. Minor fetal malformations were reported in rats receiving doses of 810 mg/kg/day. Ofloxacin has not been shown to be teratogenic at doses as high as 810 mg/kg/day and 160 mg/kg/day when administered to pregnant rats and rabbits, respectively.

Ofloxacin has not been shown to have any adverse effects on the developing embryo or fetus at doses relevant to the amount of ofloxacin that will be delivered systemically at the recommended clinical doses.

**Nonteratogenic Effects:** Additional studies in the rat demonstrated that doses up to 360 mg/kg/day during late gestation had no adverse effects on fetal development, labor, delivery, lactation, neonatal viability, or growth of the newborn. There are, however, inadequate and well-controlled studies in pregnant women. **FLOXIN® Otic** should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers:** In nursing women, a single 200 mg dose resulted in concentrations of ofloxacin in milk which were similar to those found in plasma. It is not known whether ofloxacin is excreted in human milk following topical otic administration. Because of the potential for serious adverse reactions from ofloxacin in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

**Pediatric Use:** No changes in hearing function occurred in 30 pediatric subjects treated with **FLOXIN® Otic** and tested for audiometric parameters. Although safety and efficacy have been demonstrated in pediatric patients one year and
**Power to relieve pain as fast as Cortisporin® otic solution, but without a steroid.**

Cortisporin is a registered trademark of Monarch Pharmaceuticals, Inc.

Based on daily pain and discomfort assessment recorded by a parent or guardian for intent-to-treat pediatric population. Cortisporin otic solution contains neomycin, polymyxin B, and hydrocortisone.

**Power against otitis externa due to Staphylococcus aureus and Pseudomonas aeruginosa in patients ≥1 year of age**

- **Corticosteroid Solution**:
  - **Floxin® Otic (n=229):** pruritus (6%), application site reaction (3%), rash (1%), earache (1%), and vertigo (1%).

- **Adverse Reactions**:
  - Rash
  - Pruritus
  - Earache
  - Vertigo

The following treatment-related adverse events occurred in ≥1% of the subjects with intact tympanic membranes:

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>Frequency (n = 229)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pruritus</td>
<td>6%</td>
</tr>
<tr>
<td>Application Site Reaction</td>
<td>3%</td>
</tr>
<tr>
<td>Rash</td>
<td>1%</td>
</tr>
<tr>
<td>Earache</td>
<td>1%</td>
</tr>
<tr>
<td>Vertigo</td>
<td>1%</td>
</tr>
</tbody>
</table>

The following treatment-related adverse events occurred in ≥1% of the subjects with tympanic membranes:

- **Floxin® Otic (n=229):** pruritus (6%), application site reaction (3%), rash (1%), earache (1%), and vertigo (1%).

The following treatment-related adverse events occurred in ≥1% of the subjects with perforated tympanic membranes:

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>Frequency (n = 365)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pruritus</td>
<td>7%</td>
</tr>
<tr>
<td>Earache</td>
<td>1%</td>
</tr>
<tr>
<td>Rash</td>
<td>1%</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Benzyl Alcohol**

- **Floxin® Otic (n=229):** pruritus (6%), application site reaction (3%), rash (1%), earache (1%), and vertigo (1%).

The following treatment-related adverse events occurred in ≥1% of the subjects with tympanic membranes:

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>Frequency (n = 365)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pruritus</td>
<td>7%</td>
</tr>
<tr>
<td>Earache</td>
<td>1%</td>
</tr>
<tr>
<td>Rash</td>
<td>1%</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Systemic Effects**

Dizziness

Other treatment-related adverse reactions reported in subjects with non-intact tympanic membranes included diarrhea (0.6%), nausea (0.5%), vomiting (0.5%), dry mouth (0.5%), headache (0.5%), vertigo (0.5%), tinnitus (0.2%), fever (0.2%).

The following treatment-related adverse events occurred in ≥1% of patients with intact tympanic membranes:

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>Frequency (n = 586)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rash</td>
<td>1%</td>
</tr>
<tr>
<td>Dizziness</td>
<td>1%</td>
</tr>
</tbody>
</table>

**DOSE AND ADMINISTRATION**

**Otic Externa:** The recommended dosage regimen for the treatment of otitis externa is: For pediatric patients (from 1 to 12 years old): Five drops (0.25 mL, 0.5 mg ofloxacin) instilled into the affected ear twice daily for ten days. For patients 12 years and older: Ten drops (0.5 mL, 1.5 mg ofloxacin) instilled into the affected ear twice daily for ten days. The solution should be warmed by holding the bottle in the hand for one or two minutes to avoid dizziness which may result from the instillation of a cold solution. The patient should lie with the affected ear upward, and then the drops should be instilled. Repeat, if necessary, for the opposite ear.

**Acute Otitis Media in Pediatric Patients with Tympanic Membranes:** The recommended dosage regimen for the treatment of acute otitis media in pediatric patients (from 1 to 12 years old) is: Five drops (0.25 mL, 0.5 mg ofloxacin) instilled into the affected ear twice daily for ten days. The solution should be warmed by holding the bottle in the hand for one or two minutes to avoid dizziness which may result from the instillation of a cold solution. The patient should lie with the affected ear upward, and then the drops should be instilled. Repeat, if necessary, for the opposite ear.

**Chronic Suppurative Otitis Media with Perforated Tympanic Membranes:** The recommended dosage regimen for the treatment of chronic supplicative otitis media with perforated tympanic membranes in patients 12 years or older is: Ten drops (0.5 mL, 1.5 mg ofloxacin) instilled into the affected ear twice daily for fourteen days. The solution should be warmed by holding the bottle in the hand for one or two minutes to avoid dizziness which may result from the instillation of a cold solution. The patient should lie with the affected ear upward, before instilling the drops. The drops should then be pumped 4 times by pushing inward to facilitate penetration into the middle ear. This position should be maintained for five minutes. Repeat, if necessary, for the opposite ear.

**Topical Power**

- **First-line therapy**
  - **Floxin (ofloxacin otic solution) 0.3%**

**Floxin Otic** is a safe and well-tolerated topical otic solution. Please see brief summary below.
LOOKING FOR STEROID-FREE ECZEMA CONTROL?

INTRODUCING...
ELIDEL is contraindicated in patients who are hypersensitive to pimecrolimus or any of the components of the cream. It should not be applied to areas of active cutaneous infections. Use should be carefully evaluated if varicella zoster virus, herpes simplex virus, or eczema herpeticum infections are present.

*Data from three phase 3 randomized, placebo-controlled, multicenter, efficacy and safety studies conducted in pediatric patients aged 2 to 17 years (n=1114) and 1 active-controlled adult study (N=656).

*Data from a 1-year, randomized, multicenter, double-blind, placebo-controlled study in patients aged 2 to 17 years. An increased incidence of skin infections, rhinitis, and urticaria was found in patients using ELIDEL sequentially with topical corticosteroids as compared to ELIDEL alone.

*Treatment should be discontinued upon resolution of disease. Patients should be re-evaluated if symptoms persist beyond 6 weeks.

Please see brief summary of Prescribing Information.
When you want or need to avoid corticosteroids for your mild to moderate patients*

**ELIDEL® in control.**

- The efficacy and safety of new ELIDEL have been evaluated in 1772 pediatric and adult patients
- New ELIDEL effectively relieves the itch, redness, inflammation, and excoriation of eczema flares
- New ELIDEL is proven safe in patients aged 2 years through adult
- In a 1-year pediatric safety study, 57% of ELIDEL patients had no flares requiring a corticosteroid
- New ELIDEL is an odor-free, easy-to-use cream that may be used on the face, neck, hands, and sensitive skin areas
- New ELIDEL should be used twice daily at the earliest signs or symptoms and for as long as they persist

*ELIDEL is indicated for short-term and intermittent long-term therapy for mild to moderate atopic dermatitis in non-immunocompromised patients 2 years of age and older, in whom the use of alternative, conventional therapies is deemed inadvisable because of potential risks, inadequate clinical response, or patient intolerance of such therapies.
See eczema control with ELIDEL® for yourself

8-year-old female Caucasian treated with ELIDEL for eczema on neck

Subject’s Assessment (Day 43):
Complete disease control

<table>
<thead>
<tr>
<th>Severity of eczema (IGA)</th>
<th>Baseline</th>
<th>Day 8</th>
<th>Day 43</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>moderate</td>
<td>mild</td>
<td>almost clear</td>
</tr>
<tr>
<td>EASI</td>
<td>9.6</td>
<td>3.2</td>
<td>0.2</td>
</tr>
</tbody>
</table>

2-year-old female Asian treated with ELIDEL for eczema on face

Subject’s/Caregiver’s Assessment (Day 8):
Complete disease control

<table>
<thead>
<tr>
<th>Severity of eczema (IGA)</th>
<th>Baseline</th>
<th>Day 8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>moderate</td>
<td>almost clear</td>
</tr>
<tr>
<td>EASI</td>
<td>4.8</td>
<td>0.6</td>
</tr>
</tbody>
</table>

IGA=Investigator’s Global Assessment. EASI=Eczema Area and Severity Index.

- 35% of patients treated with ELIDEL were “clear or almost clear” of signs of atopic dermatitis at 6 weeks*
- Results described here may not be representative of entire patient population; individual results may vary

If patients have lymphadenopathy that is unresolved or of unclear etiology, discontinuation should be considered. Patients should minimize or avoid natural or artificial sunlight exposure. **ELIDEL should not be used with occlusive dressings.**

The most common adverse events seen in clinical studies included application-site burning, headache, pharyngitis, nasopharyngitis, cough, influenza, pyrexia, and viral infection.
In clinical studies, skin papilloma or warts were observed in 1% of ELIDEL patients.
The efficacy and safety of ELIDEL have not been studied beyond 1 year.

*Based on investigator’s global assessment of disease severity in the 6-week, double-blind phases of two, 26-week, multicenter trials comparing ELIDEL to placebo cream in pediatric patients aged 2 to 17 years (n=403).


Please see brief summary of Prescribing Information.
NOW approved in patients as young as 6 years...
In β-agonist therapy

SINGLE-ISOMER TECHNOLOGY
JUST RIGHT FOR HER.

- Now approved in two doses for children ages 6 to 11 years
- New lower dose...Xopenex 0.31 mg now available
- Important new pediatric clinical data—from one of the largest, well-controlled, pediatric trials conducted with a β-agonist
- Proven safe at a low, effective dose
- Devoid of the unnecessary left isomer, (S)-albuterol

Xopenex®
(levalbuterol HCl)
Inhalation Solution, 0.31mg, 0.63 mg and 1.25 mg*
*Potency expressed as levalbuterol.

Important Safety Information

In patients aged 6 to 11 years: the adverse events occurring in ≥2% of patients and more frequently than with patients receiving placebo were (0.31 mg Xopenex: 0.63 mg Xopenex; and placebo, respectively): headache (7.0%: 11.9%; 6.5%); pharyngitis (5.6%; 10.4%; 8.8%); rhinitis (5.1%; 10.4%; 1.7%); asthma (3.1%; 6%; 5.1%); fever (3.1%; 3%; 5.1%); viral infection (7.0%; 9%; 5.1%); rash (NA*: 7.5%; NA*); accidental injury (0.1%; 4.6%; 3.6%); diarreah (1.3%; 5%; NA*); pain (3%; 1.5%; 3.6%); asthemia (5%; 3%; NA*); lymphadenopathy (3%; NA*, NA*); and urticaria (NA*: 3%; NA*).

In patients aged 12 years and older, the adverse events occurring in ≥2% of patients and more frequently than with patients receiving placebo were (0.63 mg Xopenex: 1.25 mg Xopenex; and placebo, respectively): viral infection (6.3%; 13.3%; 9.5%); rhinitis (11.1%; 2.3%; 2.7%); nervousness (2.3%; 9.6%; NA*); tremor (NA*: 6.6%; NA*); sinusitis (4.2%; 1.4%; 2.7%); flu syndrome (4.2%; 1.4%; NA*); increased cough (1.4%; 4.1%; 2.7%); mouth/throat (7.8%; 2.7%; NA*); pain (2.6%; 1.4%; 1.3%); larynx edema (2.3%; 1.4%; NA*); diarreah (1.4%; 2.1%; 1.3%); dyspnea (1.4%; 2.7%; 1.3%); leg cramps (NA*: 2.7%; 1.3%); accidental injury (NA*: 2.7%; NA*); anxiety (NA*: 2.7%; NA*); and migraine (NA*: 2.7%; NA*).

* Less than 2% reported.

Xopenex is contraindicated in patients with a history of hypersensitivity to levalbuterol HCl or racemic albuterol.
See reverse side for brief summary of Xopenex prescribing information and safety information concerning β-agonists.

Dear Academy Fellow:

In order to fulfill the recruitment requirements of AAP Bylaws, you are requested to:

Carefully review the following list of new Fellows for Academy membership, and relay your reactions directly to your District Chairperson, whose name and address is at the end of this list.

In submitting these names of board-certified pediatricians to you, it is understood that academic and pediatric credentials are not in question. Comments are requested concerning possible legal and/or ethical situations which you might have personal knowledge.

Send any comments on the following list of new Fellows to your District Chairperson.

American Academy of Pediatrics

NEW FELLOWS

 list.