Celebrating paediatrics around the world!

Newsletter

- **Excellence in Paediatrics, 2-4 December 2010**
  Respiratory Medicine Sessions co-organised by EPA/UNEPSA and The Cochrane Child Health Field

- **5th Europaediatrics, 23-26 June 2011**
  Join us in Vienna!

- **The History of the Turkish Paediatric Association**

- **Research Project by Cochrane Child Health Field**
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EDITORIAL

The European Paediatric Association (EPA/UNEPSA), representing the paediatricians of the Old Continent, is a qualified member of the International Pediatric Association (IPA). In this case and considering the organizational vertex, during last August, IPA experienced changes affecting both parties, as the IPA President Elections, an important and positive renewal occurred in Johannesburg IPA 2010 Congress.

The position of President was taken by Professor Sergio Cabral for the term 2010-2013. The election of Professor Andreas Konstantopoulos as President-elect will mark a future of dedication and advocacy in Paediatrics for all regions of the world and continue the rapid scientific developments era we have witnessed in the past few years. Professor Chok-Wan Chan as Past-President will be an important person for this new vision of paediatrics. I am sure that the next IPA Congress in Melbourne in 2013 will be a tangible proof of these observations.

The need to increase knowledge is parallel to the growth of science, within the context of the described new era, that started in the XIX century as we know through the History of Science and reflected in the front page of this issue with the Picton Reading Room of Liverpool Public Library in the United Kingdom. Our so called “joint-venture” with the Cochrane Collaboration is producing a novel project that can bring some light in the so common problem of respiratory diseases in children. Please go through the message given by Dr. Terry Klassen and Dr. Katrina Williams and take some time to assist them with their research project by filling the relevant questionnaire. The contribution to evidence is a new possibility for improving diagnosis, prognosis and interventions and constitutes a firm position of EPA/UNEPSA.

Moreover, the 5th Europediatrics that will take place in Vienna 23-26 June 2011 is progressing in the most satisfactory way. Professor Armido Rubino (Chairman of the Scientific Committee) and Professor Wilhelm Kauffersch (President of the 5th Europediatrics) are doing a good job. The scientific programme is very attractive with novel topics that promise fresh knowledge and fascinating sessions. The well known spirit of EPA/UNEPSA for uninterrupted and open communication will be present making this event not only profitable but also enjoyable. If you add in the Conference’s features the incomparable city of Vienna with its flavour for art, this combination cannot be missed.

In this issue, it is crucial to go through the clinical up-date on Proteome Analysis by Professor J. Ehrich, a real break-through for approaching the kidney and urinary tract problems. The “News” chapter as always will keep you informed on the latest paediatric news from the European paediatric family.

It is necessary to express our gratitude to Prof. Fügen Çullu Çokuğraş for the concise history of the Turkish Pediatric Association which reflects the development of Paediatrics in such a vast country and beloved member of EPA/UNEPSA.

Finally, I would like to manifest again our disposition to receive useful information from our members that will assist us with the publication of clinical problems cases, information about paediatric events or other administrative news from the local paediatric communities in Europe. Our newsletter team will be delighted in cooperating with you, producing the best possible result!

Manuel Moya
Editor of Newsletter

P.S. If you wish to receive an e-alert for new issues, all you have to do is send an e-mail to epa-unepsa@candc-group.com
European Paediatric Association (EPA/UNEPSA)

Join the most extensive paediatric network in Europe!

Since the launch of the individual membership scheme at the end of last year, the European Paediatric Association (EPA/UNEPSA) has received hundreds of applications from all over Europe.

EPA/UNEPSA welcomes all doctors who are certified as paediatricians in Europe and are members of their respective National Paediatric Society/Association participating in EPA/UNEPSA.

By joining EPA/UNEPSA, you gain access to a network of 38 national European associations and open yourself to a new world of opportunities.

Benefits
The individual membership is offered at a privileged 50 Euro annual fee and encompasses a set of benefits that aim to provide value to the wide community of European paediatricians.

• On line access to the Evidence Based Child Health Journal is a core benefit of individual membership to our association and we are excited by the prospect of making such a valuable resource widely available to paediatricians across Europe.

• Our members will enjoy reduced registration fees to Europaediatrics as well as to other events organised by our Association.

• The quarterly newsletter aims to be a source of current information relevant to the interests of European paediatricians.

• Finally, our members will find in our website a valuable tool and resource (access to the members-only section, on-line directory of members, complimentary or privileged prices for additional on-line services).

Individual membership is offered on an annual basis starting on the 1st January of each year and ending on the 31st of December.

You may apply online for an individual membership. Please visit our website www.epa-unepsa.org for more details and to fill out a registration form.

We look forward to welcoming all of you in EPA/UNEPSA!
 Updates on the 5th Europaediatrics Congress

Already marked on our calendars for 2011, the contemporary city of Vienna in Austria will be welcoming the 5th Europaediatrics congress from 23 to 26 June 2011.

The activities of the 5th Europaediatrics are coherent with, and consequent to the following mission points of the Constitution of EPA/UNEPSA:

• To improve the quality of paediatric patient care in all European countries
• To stimulate collaborative research in paediatrics in Europe
• To encourage cooperation between National Paediatric Societies in Europe and between paediatricians working in primary, secondary and tertiary paediatric care in Europe
• To promote the exchange of national experiences in the various fields of patient care and make national practices known to others.

The scientific programme, prepared by the Scientific Committee, is designed for an audience consisting mainly of paediatricians involved in primary and/or secondary care as well as of other specialists and other professionals involved in child and adolescent care in Europe.

A highlight of the congress is number of practical and interactive courses that will be offered for limited numbers of participants on a pre-registration basis. The 5th Europaediatrics will also host a number of sessions organised by EPA/UNEPSA in association with various authoritative international societies and associations:

• Advanced Paediatric Life Support Working Group
• Cochrane Collaboration
• European Medicines Agency
• European Society for Paediatric Endocrinology
• European Society for Paediatric Gastroenterology, Hepatology and Nutrition
• Paediatric Nursing Associations of Europe
• Thalassaemia International Federation

The Organising Committee targets to create an opportunity for all delegates to actively participate in the congress in a variety of ways and is inviting all involved for their active participation in special interactive sessions throughout the congress.

Therefore, the Scientific Committee will be happy to receive and evaluate abstracts for any of the following topics:

- Adolescent Medicine · Allergology and Immunology · Cardiology · Child & Media
- Child Psychology & Psychiatry
- Computers/Medical Informatics/Telemedicine
- Critical Care · Dermatology
- Developmental and Behavioural Paediatrics
- Education · ENT · Endocrinology
- Environmental Health
- Epidemiology / Demography and Immigration
- Ethics/Bioethics · Gastroenterology, Hepatology and Nutrition
- General Paediatrics · Genetics · Haematology and Oncology · Infectious Diseases
- Neonatology · Nephrology · Neurology
- Obesity/Metabolism · Orthopaedics
- Pharmacology · Preventive Paediatrics
- Pulmonology · Rehabilitation · Rheumatology
- Surgery · Vaccination


The city of Vienna and the Austrian Society of Paediatric and Adolescent Medicine will be the ideal hosts for the 5th Europaediatrics, as the Austrian capital is an excellent location for an international medical congress. It is a city rich in culture, with all the modern amenities, and boasts an impressive history in the medical sciences. Vienna is located in the heart of Europe, and is easy to reach by plane, train or car. The city offers an excellent conference infrastructure and the highly professional services required to organize the 5th Europaediatrics.

For regular updates about the Congress please visit: http://www.europaediatrics2011.org/

The 5th Europaediatrics features an impressive list of organising and scientific committees whose presence guarantee the success of the upcoming congress.
Updates on the 5th Europaediatrics Congress

EUROPEAN PAEDIATRIC ASSOCIATION (EPA / UNEPSA) COUNCIL

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Prof. Andreas Konstantopoulos

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Manuel Moya, SPAIN
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Klaus Schmitt, AUSTRIA
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Laszlo Szabo, HUNGARY
Giorgio Tamburlini, ITALY
Arunas Valiulis, LITHUANIA
Nikolay Nikolaevich Volodin, RUSSIA
Mehmet Vural, TURKEY
Maximillian Zach, AUSTRIA

Local Organising Committee

President
Prof. Dr. Klaus Schmitt

Vice President
Prof. Dr. Wilhelm Kaulfersch

Secretary
Prof. Reinhold Kerbl
All fields of paediatrics demand for novel biomarkers able to diagnose disease entities, severity, prognosis and therapy monitoring. Proteome analysis (proteomics) holds the promise of delivering novel biomarkers on protein level and to provide substantial insight into the pathophysiological changes associated with disease onset and progression. Urine represents an excellent specimen for proteome analysis, as it can be obtained in high quantities without the need for special collection procedures (Thongboonkerd, 2007), shows higher stability than blood (Kolch et al., 2005), and enables the identification of valid biomarkers for renal, as well as systemic diseases (Decramer et al., 2006). This newsletter describes the recent findings on urine proteome analysis within paediatric nephrology and urology and discusses future perspectives.

Recently, numerous markers have been suggested for renal obstructions, such as ureteropelvic junction (UPJO) and vesicoureteral reflux (VUR). However, the rigorous clinical validation of specific biomarkers has often been limited. In fact, clinical proteomics initially raised high hopes generated by reports of potential biomarkers for several diseases. It plunged into “clinical depression” as the relevance of the candidate molecules, in many cases, could not be substantiated in subsequent studies. This situation has led to skepticism among many clinicians concerning the real value of clinical proteomics.

The failures of these initial studies have commonly been attributed to shortcomings inherent to proteomics technologies in general, whereas – as we argue here – actually reflect particular shortcomings in the fundamental aspects of the experimental designs chosen.

The pitfalls of proteome analysis include but are not limited to the lack of a well defined disease entity in the study group, lack of an age and sex matched control group, and a lack of additional control groups reflecting related disease entities. If the prevalence is unclear, the predictive values of biomarkers can not be estimated. Pre-analytical errors during urine collection, preservation, storage and preparation must be avoided. The differences in performance characteristics of the main four proteomic methods should be taken into account before testing:

1. Two dimensional gel-electrophoresis (2DE-MS),
2. Liquid chromatography coupled to mass spectrometry (LC-MS),
3. Surface enhanced laser desorption/ionisation coupled to mass spectrometry (SELDI-MS), and
4. Capillar electrophoresis coupled to mass spectrometry (CE-MS).
5. Protein micro array (PMA)

For comparative data evaluation adequate statistical methods are mandatory, considering the special situation that the number of variables (polypeptides) highly outnumber the number of available samples the by multiple testing correction. Last but not least, the lack of validation in a blinded analysis and of a prospective study with a sufficiently high number of patients often limited the quality of initial proteomics analyses (e.g please see http://www.mcponline.org/cpguidelines.pdf or http://www3.interscience.wiley.com/homepages/112770559/2456_instruc.pdf).

Learning from mistakes of the past and considering thorough counteractions, urinary proteomics has demonstrated to be a clinically potent and valuable tool for biomarker discovery (Mischak et al., 2007; Dakna et al., 2008).
The former sections tried to give a concise overview about technical aspects of clinical proteomics. Subsequently, we will discuss recent applications of these methods to paediatric diseases. The renal Fanconi Syndrome (FS) is characterized by renal glucosuria, loss of electrolytes, bicarbonate and lactate, generalized hyperaminoaciduria and low molecular weight proteinuria. We studied the urinary low molecular weight proteome to identify excreted peptides indicative of pathogenetic mechanism leading to tubular dysfunction. A urinary proteome pattern was established using CE-MS proteomic profiling urine from 7 paediatric patients with cystinosis and 6 patients with ifosfamide induced FS as the study group and 54 healthy volunteers and 45 patients suffering from other renal diseases. Consequently, we conducted a blinded study consisting of 11 FS patients and 9 patients with renal disease other than FS. The specificity for detecting FS was 89%, sensitivity was 82%. The marker peptides constituting the proteome pattern are fragments derived from osteopontin, uromodulin and collagen alpha-1 (I) and (III). In conclusion, urinary proteomics can be used to diagnose FS in paediatric patients and might be a future tool for the non-invasive diagnosis of FS. The reduced amount of the marker proteins osteopontin and uromodulin indicated loss of function of tubular excretion in all patients suffering from FS regardless of the underlying cause. In addition, the six different fragments of the collagen alpha-1 chain were either elevated or reduced in the urine. This indicated a change of proteases in collagen degradation as observed in interstitial fibrosis. This indicated fibrosis as an early starting pathogenetic reason for the development of renal insufficiency in FS patients.

Urinary proteome analysis is not only capable to reflect disease associated alternations of the kidney, but also of the reductive system. One of five children suffering from ureteropelvic junction obstruction requires pyeloplasty.

Thus, there is a great necessity to identify high grade UPJO as soon as possible to avoid renal damage. Decramer et al. introduced a novel non-invasive proteomic urine test, which is able to detect these patients at an early stage. We aimed to test this approach to assess its applicability in our centre and to expand it to children older than one year of age. In our study cohort, eleven out of 27 children had a relevant UPJO diagnosed by diuretic nuclear medicine imaging. In children below one year of age, urinary proteome analysis predicted obstruction with a sensitivity of 83% and a specificity of 92%. In older patients sensitivity decreased to 20% and specificity to 66%. In conclusion, the proteome pattern established by Decramer and co-workers accurately predicted the need for surgery in infants of our center but not in older children with UPJO.

The incidence of primary vesicoureteral reflux is about 1% of the general paediatric population.

The prevalence is almost 50% in siblings suggesting autosomal dominant inheritance. Severe VUR grade IV and V requiring surgery occurs in 12% of children with VUR. The current diagnosis of VUR reflux involves voiding miction cystourethrogram, which is invasive and costly. Early detection of VUR would be valuable for prevention of reflux nephropathy. Furthermore, the presence of reflux nephropathy is currently assessed by dimercapto-succinic acid nuclear scans, which are costly and expose children to radioactive radiation. There is a need to develop less invasive and less costly tests for the early diagnosis of severe VUR and reflux nephropathy.

We applied CE-MS profiling for biomarker discovery.
The comparison of urine samples of patients suffering from grade IV and V VUR with a control group revealed nine polypeptides comprising a high grade VUR-specific panel. Validation of this pattern in a blinded prospective cohort of samples from children suffering either from high grade VUR or recurring urinary tract infection without VUR resulted in a sensitivity of 88%, a specificity of 79%, positive predictive value of 35%, and negative predictive value of 98%. In conclusion, urinary profiling appears promising for the non-invasive diagnosis of severe VUR. Further studies on children with milder VUR and with secondary VUR are in progress to analyze the role of proteomics as a predictive factor for the development of kidney damage in all types of VUR.

In conclusion, urinary proteomics is a valuable tool to address the urgent demand for novel biomarkers in the field of paediatrics. However, to intensify biomarker discovery efforts in children with other types of disease of the kidneys and of the urinary tract, a combination of focused biomarker studies using advanced proteomic technologies, and well designed clinical studies are needed. The combined efforts can only be successful, if paediatricians, paediatric surgeons and paediatric urologists agree to perform large prospective multicentre trials using urinary proteome analysis.

References:


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The Turkish Paediatric Association

The Turkish Paediatric Association (TPA) was founded in 1930, under the name “Council of Paediatricians”. The first president was Kadri Raşit Anday.

In 1935, the name of the association was changed to “Istanbul Paediatric Association”. The association was legally allowed to cooperate with the International Paediatric Association (IPA), according to the article 12 of the law numbered 3512, in 1954.

The name of the association changed to “Turkish Paediatric Association” on 18/12/1954. It received the status of Non-Profit Organization by the decision of the Board of Ministers in 1969.

Membership of the association to “UNEPSA” was allowed by the Board of Ministers back in 1997.

The association is an active member of IPA since 1954. It has been working actively at EPA (UNEPSA) for the past 10 years. The Members of the TPA Management Board held positions as high as the vice presidency. The association is participating to the meetings of CESP (currently the European Academy of Paediatrics) as an observer, paying membership fees, per person, to both associations, on behalf of the Turkish paediatricians for the last 10 years.

The 1st National Congress of Paediatrics was held in 1961. 45 national congresses were held since then. Our association organized the Euapaediatrics congress in Istanbul in 2008.

In addition of serving the Turkish paediatricians, the Association always remembers its responsibilities to Turkish children and a social problem of our country such as “Child Workers”, “Child Brides”, “Children and Violence”, “Children and War” have been discussed during each meeting.

TPA organizes also seminars in Anatolia with a very high participation, in collaboration with local universities and branches of the association.

The official journal of our association is first published in 1934 under the name of “Child Clinic”. The name of the journal was changed to “Turkish Archives of Paediatrics” in 1997.

The journal is regularly issued 5 times a year, one of them being the congress special issue. It has been indexed by the Turkish Medical Index since 2006 and by international SCI-E indexing since 2009. The best research study was selected among the papers published in our journal in 2007 and 2008, and was awarded with 5,000 TL (2500 Euros).

The association also provided significant financial support for 17 scientific studies between 2005 and 2009. One of these studies was conducted by Assoc. Prof. Müjgan Alikaşifoğlu, MD, et al, in collaboration with WHO. Turkish Paediatric Association also pioneered a study on adolescent health together with EPA- UNEPSA “Demography of adolescent health care delivery and training in Europe” which was published in Eur J Ped 2009; 168:417-26.

Three exams have been held and a core curriculum is determined within the framework of the work of the Turkish Paediatric Competency Board, established jointly by the Turkish Paediatric Association and the Turkish National Paediatric Society.

Organization of Turkish Paediatric Association

Executive Board
- President, Prof. Haluk Çokuğraş, MD
- Prof. Füglen Çulcu Çokuğraş, MD
- Prof. Mehmet Vural, MD
- Prof. Emre Alhan, MD
- Assoc. Prof. Müjgan Alikaşifoğlu, MD
- Prof. Tülay Erkan, MD
- Prof. Ayşe Güler Eroğlu, MD
- Sultan Kavuncuoğlu, MD
- Prof. Tufan Kutlu, MD
- Prof. Emin Ünüvar, MD
- Prof. Raşit Vural Yağıcı, MD

Our branches
- Adana- Prof. Ali Bülent Antmen, MD
- Ankara- Prof. Ergin Çitçi, MD
- Antalya- Prof. Reha Artan, MD
- Aydın- Prof. Münevver Türkmen, MD
- Bursa- Prof. Nihat Sapan, MD
- Diyarbakir –Prof. Fuat Gürkan, MD
- Isparta –Prof. Bumin Dündar, MD
- İzmir -Prof. Caner Kabasakal, MD
- Manisa- Prof. Hasan Yüksekd, MD
- Mersin- Prof. Necdet Kuyucu, MD
EPA/UNEPSA and The Cochrane Child Health Field Scientific Meeting

Respiratory Medicine Sessions presented in the context of Excellence in Paediatrics

Along with selected centres of excellence in paediatric care such as the Harvard Medical School, the Karolinska Institute and the University of Vienna, EPA/UNEPSA and The Cochrane Child Health Field are proud to participate in the scientific programme of the prestigious international conference Excellence in Paediatrics. This is a recently awarded, international conference in the field of paediatrics, presenting the latest, most insightful and authoritative overview of key developments by outstanding speakers.

The second Excellence in Paediatrics conference will be held in London from 2 to 4 December 2010. The conference aims to present an up-to-date and authoritative overview of paediatrics & child health using a variety of innovative sessions designed to interest general paediatricians and general practitioners, including trainees as well as specialists in the field.

4 December 2010 • London
EPA/UNEPSA and The Cochrane Child Health Field will present a number of respiratory medicine sessions within the context of Excellence in Paediatrics. These special sessions will take place on Saturday, 4 December 2010 in London and the main aim is to focus on significant respiratory issues and alert the paediatric community upon prevention, medication and treatment.

For more information please visit: www.excellence-in-paediatrics.org

Excellence in Paediatrics
Cutting edge topics by outstanding speakers

Expert Committee on Respiratory Medicine Sessions

Chairman
Andrew Bush
Professor of Paediatric Respiriology, Imperial College, Academic Director of Paediatrics, National Heart and Lung Institute, Honorary Consultant Paediatric Chest Physician, Royal Brompton Hospital, UK.

Members
Steve Cunningham
Consultant Respiratory Paediatrician & Part Time Senior Lecturer, Department of Respiratory & Sleep Medicine, Royal Hospital for Sick Children, UK

Andreas Konstantopoulos
President, European Paediatric Association (EPA/UNEPSA)
President - elect, International Paediatric Association (IPA)

Michael Smith
Consultant Paediatrician, Director NI Clinical Research Network for Children, Craigavon Hospital, UK

Mike Thomas
Chief Medical Officer, Asthma UK & Asthma UK Senior Research Fellow, University of Aberdeen, UK

Matthew J. Thompson
Clinical Lecturer & Co-Director of Oxford Centre for Monitoring & Diagnosis in Primary Care (MaDOx), University of Oxford, UK

Scientific Programme
• Interactive Case Study - Difficult Asthma
  Anne Thomson, Duncan Keeley
• Plenary Session – Bronchiolitis
  • Primary care aspects - Mike Thomas
  • What is the evidence base? - Steve Cunningham
  • Emergency Department Management - Joan Robinson
• Debate – This House Believes that Chronic Dry Cough Should be Treated with Inhaled Corticosteroids
  Pro: Mike Thomas, Con: Mike Shields
• Parallel Lecture - Interactions between Upper and Lower Airway - Glenis Scadding
Dear Colleagues and Friends,

We are writing to invite you to participate in a study being conducted by The Cochrane Child Health Field. We are testing a clinical answer format – a way of summarizing and presenting evidence to answer specific clinical questions. As a first step, we are writing to ask child health clinicians to send us questions they have encountered in their practice, in the area of diagnosis of, prognosis for and treatment of respiratory conditions in children and youth.

We are seeking questions that are presented in the PICO format. “PICO” stands for Participants (P); Intervention (I); Comparison (C); Outcome (O). The investigators propose developing and testing a series of 25 evidence-based clinical answers in the treatment, diagnosis and prognosis of childhood respiratory illness, using questions contributed by clinicians. By assembling evidence to answer these questions, we can present evidence-based tools that are directly relevant to clinical care.

As you already know, in child health decisions, it is frequently not appropriate to extrapolate from research carried out on adults, due to children's differing developmental and physiological processes. Outcomes in children, particularly young children, can be different than those in adults tested with the same intervention. Thus child health practitioners need sources of evidence that are tailored to the unique physiological and developmental needs of this population. This is why it is so important to find the most effective ways of presenting this evidence, in order to improve child health.

Your participation in this study will help us, by establishing the type of questions for which clinicians seek answers in their daily practice. Please suggest at least one clinical question, in the PICO format, concerning respiratory child health, in an intervention, diagnosis, or prognostic question. Please be specific – see the questionnaire below for examples. If you have any questions, please contact the study coordinator, Iva Seto, at seto@ualberta.ca.

By replying with a clinical question, you are giving informed consent to be a participant of this study. Please note that after you submit a clinical question, we may contact you again (via e-mail) to: 1. clarify your question or other issues you may have raised in your e-mail, 2. invite you to take part in phase 2 of the project (testing and feedback of the clinical answer format), or 3. invite you to contribute more clinical questions.

Best wishes,

Dr Terry Klassen and Dr Katrina Williams
Co-Coordinators, The Cochrane Child Health Field
**Research Project by The Cochrane Child Health Field**

**Intervention question**
In paediatric patients with acute pneumonia, without chronic broncho-pulmonary disease, given acetylcysteine and carbocysteine compared to placebo, what is the time to resolution of clinical symptoms and/or signs?

<table>
<thead>
<tr>
<th>P (participants)</th>
<th>paediatric patients with acute pneumonia, without chronic broncho-pulmonary disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>I (Intervention)</td>
<td>acetylcysteine and carbocysteine</td>
</tr>
<tr>
<td>C (comparison)</td>
<td>placebo</td>
</tr>
<tr>
<td>O (outcome)</td>
<td>time to resolution of clinical symptoms and/or signs</td>
</tr>
</tbody>
</table>

**Diagnostic Question**
What is the diagnostic accuracy of Galactomannan detection for invasive aspergillosis in immunocompromized patients?

<table>
<thead>
<tr>
<th>P (participants)</th>
<th>Immunocompromized paediatric patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>I (diagnostic test or procedure)</td>
<td>Galactomannan detection for invasive aspergillosis</td>
</tr>
<tr>
<td>C (comparison)</td>
<td>Reference standard of invasive aspergillosis diagnosis</td>
</tr>
<tr>
<td>O (outcome)</td>
<td>Diagnostic accuracy, sensitivity, specificity</td>
</tr>
</tbody>
</table>

**Prognostic question**
Do children preschool children diagnosed with asthma have more persistent symptoms and severe symptoms as school aged children if they also have allergic rhinitis?

<table>
<thead>
<tr>
<th>P (participants)</th>
<th>Preschool children with asthma (with and without allergic rhinitis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I (a time frame and/or setting)</td>
<td>At least 12 months follow-up</td>
</tr>
<tr>
<td>C (comparison)</td>
<td>Allergic rhinitis or not</td>
</tr>
<tr>
<td>O (outcome)</td>
<td>Persistence and severity of asthma</td>
</tr>
</tbody>
</table>

*Please return this questionnaire to the study coordinator, Iva Seto, at seto@ualberta.ca*
News from around the world

SOUTH AFRICA

The 2010 IPA Congress was held in Johannesburg, South Africa with great success on 4-9 August 2010. The Congress is considered to be a great milestone in the history of the International Pediatric Association as it took place at the 100th Birthday since the foundation of IPA.

As a historical reference, IPA was inaugurated in Paris in 1919 by Victor Henri Hutinel with the presence of representatives from 16 countries and today it consists of 148 national, 7 regional, 16 subspecialty member societies and 1 committee for pediatric chairs and represents a total of one million pediatricians with one unified voice for global child health.

The 2010 IPA Congress gathered over 3,500 delegates from around the world, focusing in a cutting edge scientific programme, which embraced issues both from child health and pediatrics. The plenary sessions included key IPA programmes led by world renowned Technical Advisors on current IPA professional activities and future directions of the association action plan.

EPA/UNEPSA was present at the exhibition area of the 2010 IPA Congress with a booth promoting the future events and initiatives of the Association.

SOUTH AFRICA

Within the framework of the 2010 IPA Congress on Sunday, 8 August 2010 took place the election for the new President-elect and the Standing Committee of the International Pediatric Association. The President-elect winner was Professor Andreas Konstantopoulos, current President of the European Paediatric Association (EPA/UNEPSA). During the Closing Ceremony of the IPA Congress Professor Chok-Wan Chan handed over the IPA Presidency to Professor Sergio Cabral who will serve in this prestigious position for the term 2010-2013.

The new standing committee formed will have the following structure:

Standing Committee

Africa (Sub-Saharan) (Union of African Pediatric Societies and Associations - UNAPSA)
- Francois Tall, Burkina Faso - will hold the seat of the Regional President ex-officio.
- Angela Okolo, Nigeria

Asia-Pacific (Asian Pacific Pediatric Association - APPA)
- Xiao Hu He, China - will hold the seat of the Regional President ex-officio.
- M. A. Arif, Pakistan
- Yoshikatsu Eto, Japan
- Naveen Thacker, India

Central Asia (Union of National Pediatric Societies of Turkish Republics - UNIPSTR)
- Enver Hasanoglu, Turkey - will hold the seat of the Regional President ex-officio.
- Ahmaddudin Maarij, Afghanistan
News from around the world

Europe (Union of National European Pediatric Societies and Associations - UNEPSA)

- Leyla Namazova, Russia - will hold the seat of the Regional President ex-officio.
- Patricia Hamilton, UK

Latin America (Asociación Latino Americana de Pediatría - ALAPE)

- Hernando A Villamizar, Colombo - will hold the seat of the Regional President ex-officio.
- Gonzalo Giambruno, Uruguay

Middle East & North Africa (Union of Arab Pediatric Societies - UAPS)

- Ali-El Halabi, Jordan – will hold the seat of the Regional President ex-officio.
- Joseph Haddad, Jordan.

North America

There being no single representative North American Regional Society, two candidates from North America have accordingly been nominated by the two Member Societies of North America:

- Gary Pekeles, (Canadian Paediatric Society)
- Jay E. Berkelhammer, (American Academy of Pediatrics)

International Specialty Societies

- European Society for Social Pediatrics and Child Health (ESSOP) – Giorgio Tamburlini, Italy
- International Child Neurology Association (ICNA) - Mohamad Mikati, Lebanon
- International Pediatric Academic Leaders Association (IPALA) – Peter Cooper, South Africa
- International Pediatric Nephrology Association (IPNA) – Jie Ding, China
- International Society for Tropical Pediatrics (ISTP) – Michael Krawinkel, Germany

CZECH REPUBLIC

The 49th Annual Meeting of the European Society of Paediatric Endocrinology (ESPE) took place in Prague from 22 to 25 September 2010 with more than 3000 delegates from 91 countries. It was the largest ESPE meeting so far and the largest endocrine paediatric meeting ever held in Europe.

The theme of the meeting was “Bridging Clinical Care and Basic Research”. EPA/UNEPSA was present at the exhibition area of this important meeting and promoted the future events and initiatives of the Association.

GERMANY

On the occasion of the 95th birthday of Prof. Dr. Dr. h.c. Klaus Betke, a special symposium was organised in Munich to honour this famous European paediatrician.

Prof. Dr. Dr. h.c. Klaus Betke was the director of the Dr. von Haunerschen Kinderspital from 1967-1983 in Munich, Germany and one of the “fathers” of EPA/UNEPSA which was founded back in 1976.


Klaus Betke was a very experienced and excellent paediatric clinician, successful researcher, dedicated academic teacher, and strategic manager. He worked as a resident and later as a consultant at the university children's hospitals in Wuerzburg, Erlangen, Freiburg, and became full professor of paediatrics and chairman at Tuebingen and Munich. Under his guidance the Dr. v. Hauner'sche Kinderspital of Munich’s Ludwig-Maximilian-University became one of the leading Departments of Paediatrics in Germany.
His thesis for qualifying as a university lecturer (Habilitationsschrift) was on the haemoglobins of the newborns. His close co-worker and friend Enno Kleihauer developed in a very productive and like-minded cooperation with him the Haemoglobin F staining method which enabled haematologists to better describe and follow up several disease states in pregnancy, early life and disturbed haematopoiesis. Their paper in German Medical Monthly (Deutsche Medizinische Wochenschrift 82, 1127, 1957) became a citation hit for years and made them known all over the world even today.

A relatively small international group of scientists from both Germany, Great Britain and the United States closely worked together in red cell haematology during these years: some additional famous names are Hermann Lehmann, Samuel Rapoport and Ernie Beutler.

Needless to say that Professor Betke’s teaching programme in paediatrics was one of the highlights for all Munich’s medical students.

EPA/UNEPSA owes Professor Betkea great deal of its successful history especially during the years after the foundation of our society in 1976. In 1984, five years before the fall of the Berlin wall, Betke was UNEPSA’s secretary general and organised the UNEPSA Congress (which is now Europaepidiatrics) together with Prof. Patzer in Erfurt, former German Democratic Republic. This is one of the many examples that Prof. Klaus Betke was also an important international coordinator of paediatrics in Europe across the iron curtain.

All EPA /UNEPSA members thank Klaus Betke for his engagement in our association and wish him all the best.

UNITED KINGDOM

The prestigious New England Journal of Medicine (NEJM.org) published a review concerning the preferences of the readers with regards to weekly copies.

Since its online publication in 1995, e-publications’ growth and development have been enormous. Currently, only 20% of 0.5 million readers remain faithful to hardcopy publications which are now considered a “second choice”.

The advantages of the online publications are obvious. The reader has the whole information within the reach of his pc or laptop, so it is easier to navigate from an abstract to the references to enlarged figures or to relative articles from issues dating back to 1812, plus other advantages.

The many advantages of the online publications era should be brought under the consideration of the still important percentage of readers familiarized with the printed publications.
Calendar of Events

2010

International Paediatric Neurology Masterclass
UK, University of Bristol,
30 September - 1 October 2010

48. Jahrestagung der Österreichischen Gesellschaft für Kinder- und Jugendheilkunde
AUSTRIA, Linz, 30 September - 2 October 2010

36 Annual Meeting of the European Paediatric Ophthalmological Society -EPOS-
GERMANY, Bad Nauheim,
30 September - 2 October 2010

Actual problems of pediatrics and nutrition
RUSSIAN FEDERATION
Stavropol, October 2010

21 International Congress of the European Society of Pediatric Intensive Care -ESNIC
DENMARK, Copenhagen, 2 - 5 October 2010

Excellence in Paediatrics 2010
UK, London, 2 - 4 December 2010

American Academy of Pediatrics 2010 National Conference & Exhibition
USA, San Francisco, 2 - 5 October 2010

Excellence in Child Mental Health
UK, London, 3 December 2010

2010 Hot Topics in Neonatology
USA, Washington D.C., 5 - 7 December 2010

XI Congresso Nacional de Pediatria
PORTUGAL, Funchal, 6 - 8 October 2010

STEPPS 2010 Strategies & Trends in European Pediatric Surgery
SPAIN, Las Palmas, Gran Canaria,
6 - 8 October 2010

IX Congress of Croatian Pediatric Society & VII Congress of Croatian Society of Pediatric Nurses
CROATIA, Pozega, 6 - 9 October 2010

Annual Meeting of ESSOP
TURKEY, Izmir, 13 - 17 October 2010

2011

1st Global Congress for Consensus in Pediatrics and Child Health
FRANCE, Paris, 17 - 20 February 2011

11. Jahrestagung der Gesellschaft fur Paediatrische Sportmedizin
GERMANY, Munich, 18 - 20 February 2011

11 Congress of the European Society of Magnetic Resonance in Neuropaediatrics -ESMRN-
NETHERLANDS, Amsterdam, 24 - 26 March 2011

37 Jahrestagung der Gesellschaft für Neurö pä diatrie
GERMANY, Munich, 7 - 10 April 2011

12 International Congress of Pediatric Laboratory Medicine -ICPLM-

22 International Congress of the European Society of Pediatric Intensive Care -ESNIC-
GERMANY, Hannover, 25 - 28 May 2011

29 Annual Meeting of the European Society for Paediatric Infectious Diseases -ESPID-
NETHERLANDS, Hague, 7 - 11 June 2011

12 European Congress of Paediatric Surgery -EUPSA-
SPAIN, Barcelona, 15 - 18 June 2011

ESDP 2011
NORWAY, Oslo, 15 - 17 June 2011

23 Congress of the International Association of Paediatric Dentistry -IAPD-
GREECE, Athens, 15 - 18 June 2011

58 Annual International Congress of the British Association of Paediatric Surgeons -BAPS-
UK, Belfast, 19 - 22 June 2011

5th Europaediatrics 2011
AUSTRIA, Vienna 23 - 26 June 2011

7 European Meeting of the International Society for Neonatal Screening -ISNS-
SWITZERLAND, Geneva, 28 - 30 August 2011
CROATIA, Dubrovnik, 21 - 23 October 2010
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Roll over your mouse to visit the websites of the National Associations.

Visit www.epa-unepsa.org for contact information for each member organisation.
“We would appreciate your feedback, keeping our newsletter updated! Please send us your news, proposals or comments at epa-unepsa@candc-group.com”