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<td>MONDAY</td>
<td>8–9 a.m. [Zoom] <strong>Combating Racial Inequities in Maternal and Infant Mortality</strong>&lt;br&gt;Speaker: <strong>Jasmine Zapata, MD, MPH</strong>, assistant professor, Division of Neonatology and Newborn Nursery, Department of Pediatrics, UW SMPH</td>
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<td>TUESDAY</td>
<td>8–9 a.m. [Zoom] <strong>Collaborating with the Institute for Clinical and Translational Research to Extend Your Research</strong>&lt;br&gt;Speakers: <strong>Elizabeth Burnside, MD, MPH, MS</strong>, FACP, professor, senior associate dean, UW SMPH&lt;br&gt;<strong>Allan Brasier, MD</strong>, executive director, ICTR, UW SMPH</td>
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<tr>
<td>WEDNESDAY</td>
<td>8–9 a.m. [Zoom] <strong>A Panel Discussion on Engaging Learners in Scholarly Work</strong>&lt;br&gt;<strong>Michelle Kelly, MD</strong>, professor, Division of Hospital Medicine &amp; Complex Care, Department of Pediatrics, UW SMPH&lt;br&gt;Visit <a href="http://go.wisc.edu/0077bm">go.wisc.edu/0077bm</a> to see the panelists</td>
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<td>THURSDAY</td>
<td>7:30–8:30 a.m. HSLC 1335 &amp; [Zoom] <strong>Pediatrics Grand Rounds: Odell Lectureship</strong>&lt;br&gt;<strong>Bruce Klein, MD</strong>, professor, division chief, Division of Infectious Diseases, Department of Pediatrics, UW SMPH</td>
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<td>8:30–9 a.m. HSLC 1335 &amp; [Zoom] <strong>Odell Award Recipient Lecture</strong>&lt;br&gt;<strong>Bryn Webb, MD</strong>, associate professor, Division of Genetics and Metabolism, Department of Pediatrics, UW SMPH</td>
</tr>
<tr>
<td>FRIDAY</td>
<td>8–9 a.m. [Zoom] <strong>Pediatric Surgical Research: Elevating Care Beyond UW</strong>&lt;br&gt;<strong>Walid A. Farhat, MD, FACS, GPLLM</strong>, professor, chief, Division of Pediatric Urology, Department of Urology, UW SMPH</td>
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Events highlighted in gray will be held in person in HSLC 1335 or the HSLC Atrium.
# Fellow Capstone Presentations

**Wednesday, May 15 | 1:30–5:05 p.m. | HSLC 1335 & Zoom**

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<tr>
<th>Time</th>
<th>Speaker</th>
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<tr>
<td>1:30–1:35 p.m.</td>
<td>Ellen Selkie, MD, MPH</td>
<td>Welcome</td>
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<tr>
<td>1:35–1:55 p.m.</td>
<td>Haroon Ali, MD, fellow, Divisions of General Pediatrics and Adolescent</td>
<td>Feasibility of Performing Tympanostomy Tube Placement and Auditory Brainstem Response Outside the Operating Room Under Deep Sedation</td>
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<td></td>
<td>Medicine and Hospital Medicine and Complex Care, Department of Pediatrics, UW SMPH</td>
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<tr>
<td>1:55–2:15 p.m.</td>
<td>Zachary Gray, MD, fellow, Division of Critical Care, Department of Pediatrics, UW SMPH</td>
<td>Workshop to Promote a Growth Mindset in Pediatric Residents</td>
</tr>
<tr>
<td>2:15–2:35 p.m.</td>
<td>Zachary Smith, DO, fellow, Division of Critical Care, Department of Pediatrics, UW SMPH</td>
<td>Developing an Institutional Transport Medical Control Curriculum</td>
</tr>
<tr>
<td>2:35–2:55 p.m.</td>
<td>Joe Presson, DO, fellow, Division of Hematology, Oncology, and Bone Marrow Transplant, Department of Pediatrics, UW SMPH</td>
<td>Barriers to Utilizing Palliative Care in Care of Pediatric and Young Adult Patients with Sickle Cell Disease</td>
</tr>
<tr>
<td>2:55–3:15 p.m.</td>
<td>Doha Hassan, MD, fellow, Division of Endocrinology and Diabetes, Department of Pediatrics, UW SMPH</td>
<td>Metabolic Biomarkers and Growth in Children with Cystic Fibrosis</td>
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<tr>
<td>3:15–3:25 p.m.</td>
<td>Break</td>
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<tr>
<td>3:25–3:45 p.m.</td>
<td>Adam Cordum, MD, fellow, Sports Medicine, Department of Pediatrics, UW SMPH</td>
<td>Coach Perceptions on Youth Football Importance</td>
</tr>
<tr>
<td>3:45–4:05 p.m.</td>
<td>Sarah Trinh, MD, fellow, Division of Neonatology and Newborn Nursery, Department of Pediatrics, UW SMPH</td>
<td>Developing a Virtual Reality Platform for Neonatal Resuscitation Training</td>
</tr>
<tr>
<td>4:05–4:25 p.m.</td>
<td>Katie Voelz, MD, fellow, Division of Hematology, Oncology, and Bone Marrow Transplant, Department of Pediatrics, UW SMPH</td>
<td>Pilot Study: Comparing the Effect of the Addition of Blinatumomab to Standard Backbone Therapy for NCI Standard Risk B-Cell ALL on Vaccine Specific Antibody Response for Vaccine Preventable Diseases</td>
</tr>
<tr>
<td>4:25–4:45 p.m.</td>
<td>Jesse Boyett Anderson, MD, fellow, Division of Cardiology, Department of Pediatrics, UW SMPH</td>
<td>What Heart Programs Have to Say About Kids’ Brains</td>
</tr>
<tr>
<td>4:45–5:05 p.m.</td>
<td>Bryan Vonasek, MD, postdoctoral trainee, Divisions of Infectious Diseases and Global Pediatrics, Department of Pediatrics, UWSMPH</td>
<td>Prevalence of Treatable Infections in Hospitalized Malawian Children Under Five Years Old with Severe Acute Malnutrition</td>
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<tr>
<td>Time</td>
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<tr>
<td>9:30–10 a.m.</td>
<td>Rebecca Bound, associate director, Research, Department of Pediatrics, UW SMPH</td>
<td>Research Updates from the Research Administrative Team</td>
</tr>
<tr>
<td>10–10:05 a.m.</td>
<td>Dan O’Connell, MD, associate professor, interim division chief, Division of Gastroenterology, Hepatology, and Nutrition, Department of Pediatrics, UW SMPH</td>
<td>Welcome!</td>
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<tr>
<td>10:05–10:25 a.m.</td>
<td>Whitley Hulse, MD, assistant professor, Division of Neonatology and Newborn Nursery, Department of Pediatrics, UW SMPH</td>
<td>Growing Little PEAPODs</td>
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<tr>
<td>10:25–10:45 a.m.</td>
<td>Jo Wilson, MD, clinical instructor, Division of Allergy, Immunology, and Rheumatology, Department of Pediatrics, UW SMPH</td>
<td>A Look at Rhinovirus Circulation Patterns in Children</td>
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<td>10:45–11:05 a.m.</td>
<td>Neil Munjal, MD, MS, assistant professor, Division of Critical Care, Department of Pediatrics, UW SMPH</td>
<td>Predicting Neurological Deterioration in the Pediatric ICU</td>
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<tr>
<td>11:05–11:25 a.m.</td>
<td>Heidi Kloster, MD, associate professor, associate residency program director, Division of Hospital Medicine &amp; Complex Care, Department of Pediatrics, UW SMPH</td>
<td>Family LENS: Lived Experience in Scholarship Related to Children with Medical Complexity</td>
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# Platform Presentation Schedule

**Friday, May 17 | 1:30–3 p.m. | HSLC 1345 & Zoom**

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<th>Time</th>
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<td>1:30–1:45 p.m.</td>
<td>Adnan Ahmad, DO, resident, Department of Pediatrics, UW SMPH</td>
<td>Effectiveness of Intratracheal Surfactant and Budesonide for Prevention of Bronchopulmonary Dysplasia</td>
</tr>
<tr>
<td>1:45–2 p.m.</td>
<td>Amber McKenna, MD, resident, Department of Orthopedics and Rehabilitation, UW SMPH</td>
<td>Band-Aids Don't Fix Bullet Holes: The Impact of State Legislation on Pediatric Firearm Injury Mortality 2010 through 2021</td>
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<tr>
<td>2–2:15 p.m.</td>
<td>Paige Condit, MD, fellow, Division of Neonatology and Newborn Nursery, Department of Pediatrics, UW SMPH</td>
<td>Discovery Urinary Metabolomics of Preterm Neonatal Acute Kidney Injury</td>
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<tr>
<td>2:15–2:30 p.m.</td>
<td>Chelsea Olson, PhD, scientist I, Division of General Pediatrics and Adolescent Medicine, SMAHRT, Department of Pediatrics, UW SMPH</td>
<td>Adolescents’ Experiences with Cyberbullying on TikTok are Associated with Depression</td>
</tr>
<tr>
<td>2:30–2:45 p.m.</td>
<td>Hara Levy, MD, MMSc, professor, Division of Pulmonology and Sleep Medicine, Department of Pediatrics, UW SMPH</td>
<td>An In-vitro Monocyte Model for Investigating the Role of Immune Dysfunction in Cystic Fibrosis Disease Onset and Progression</td>
</tr>
<tr>
<td>2:45–3 p.m.</td>
<td>Juan Boriosi, MD, associate professor, Division of Critical Care, Department of Pediatrics, UW SMPH</td>
<td>A Quality Improvement Project to Reduce Magnetic Resonance Imaging Sedation in Children</td>
</tr>
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Effectiveness of Intratracheal Surfactant and Budesonide for Prevention of Bronchopulmonary Dysplasia

Ahman AS, Filman P, Peebles PJ, Gorski D, Menda N, Kaluarachchi DC

Background: Bronchopulmonary dysplasia (BPD) is a common sequela among infants born prematurely. Incidence of BPD has remained unchanged over several decades despite the advances in neonatal care. Intratracheal surfactant mixed with budesonide (SB) is a novel therapy that has shown promising results in development of BPD by decreasing lung inflammation. There is limited data on the effectiveness of SB outside of clinical trials.

Objective: To evaluate the effectiveness of SB in preventing BPD or death.

Methods: We included all preterm infants <33 weeks gestational age hospitalized in St. Mary’s Hospital neonatal intensive care unit (NICU) in Madison, WI who received >1 dose of intratracheal surfactant during 2 epochs: Epoch 1: January 2019- December 2020 and Epoch 2: January 2022-August 2023. Exclusion criteria included infants with major congenital anomalies and death prior to admission to the NICU. During Epoch 1, Poractant alfa was administered without Budesonide, and during Epoch 2, Poractant alfa was mixed with Budesonide 0.25 mg/kg. During each epoch we evaluated the primary outcome of BPD or death at 36 weeks post menstrual age among infants in the study population. BPD is defined as receiving supplemental oxygen at 36 weeks post menstrual age. Demographic and clinical data were obtained from the VON database and compared using univariate and multivariate analyses.

Results: A total of 124 infants were included in the study (75 from Epoch 1 and 49 from Epoch 2). Gestational age and birth weight were lower in Epoch 2. Incidence of death or BPD was higher in Epoch 2 (59% vs 39%) on univariate testing. However, multivariate logistic analysis controlling for gestational age, birth weight and antenatal steroid status revealed no difference in death or BPD [aOR 1.59 (0.66-3.83), p=0.31] between the two epochs.

Conclusion: Our study reveals that there was no difference in the primary outcome of BPD or death after introduction of SB as a treatment strategy. Large clinical trials investigating efficacy of SB are currently underway. We suggest that NICUs should wait for results of these trials before adapting this strategy into clinical practice.

Band-Aids Don’t Fix Bullet Holes: The Impact of State Legislation on Pediatric Firearm Injury Mortality 2010 through 2021

McKenna A

Introduction: Firearm injuries are the leading cause of death in children. There is wide variation in state legislation of firearms. We evaluated the impact of restrictiveness of state legislation and specific types of legislation on the pediatric firearm mortality rate.

Methods: Data was obtained from the Center for Disease Control and Prevention from 2010–2021 for children 0-18 years. Fatal firearm injuries per state were included and stratified by intent (homicide, suicide, and unintentional). State ranking for firearm legislation was obtained from Giffords Law Center to Prevent Gun Violence; rankings not produced in 2011. States were annually ranked 1-12, from most to least restrictive. Of these state rankings, laws related to concealed carry and safe storage were analyzed with repeated measures mixed modeling to determine their impact on pediatric firearm mortality rates.

Results: From 2010-2021, there were a total of 29,472 pediatric firearm injury deaths, classified as homicide (16,649), suicide (9,784), unintentional (1,321), or other (718). There was a significant correlation between total deaths per 100,000 population and state gun law ranking for each of the 11 years analyzed, ranging from Spearman’s Rho correlation of 0.39, p=0.005 in 2012 to Spearman’s Rho correlation of 0.69, p<0.0001 in 2015. For concealed carry laws, states with no permit requirements had 5.72 deaths per 100,000, compared to 4.38 deaths per 100,000 with basic permit guidelines(p<0.0001), and 2.19 deaths per 100,000 with strict permit guidelines(p<0.0001). In states with stand your ground laws, states requiring use of a gun lock had 3.42 deaths per 100,000, compared to 4.71 deaths per 100,000 in states with no safe storage laws (p=0.004). States with negligence-based child access prevention (CAP) laws had 0.98 fewer total deaths and 0.77 fewer suicides per 100,000 (total deaths p=0.04, suicide p=0.0005). States requiring certain safety design features had 1.78 fewer deaths per 100,000 (p=0.0087).

Conclusions: Over a 12 year period, states with lenient firearm legislation had higher mortality. States with no permit requirements for concealed carrying have higher mortality as do states with stand your ground laws. States requiring the use of gun locks, with negligence-based CAP laws, and requiring safety design features on firearms all have lower pediatric firearm mortality.
Discovery Urinary Metabolomics of Preterm Neonatal Acute Kidney Injury

Condit P, Nightingale N, Overmyer K, Coon J, Harer M

Background: Metabolomics is the study of molecules present in every cell and goes beyond the typical biomarker approach analyzing metabolites that reflect cellular function, diet, and development. The metabolomic approach is a good fit for analyzing kidney function because it is a highly metabolic organ and is responsible for continuously filtering, secreting, and excreting multiple molecules. If the kidney becomes injured, the metabolites present in the blood and in the urine change significantly. Diagnosing acute kidney injury (AKI) in preterm neonates is challenging and determining the specific causes has been elusive. The objective of this study was to compare urinary metabolomics in preterm neonates with and without AKI.

Design/Methods: A prospective observational study of preterm neonates born <32 week’s gestational age was performed from 2021-2022. Participants were staged for AKI using the modified neonatal definition. Every 6-hour urine samples were obtained with cotton in the diaper. Metabolomic analysis was performed utilizing liquid chromatography mass spectrometry (LC-MS). Sample analysis was performed on an Acquity UPLC HSS T3 column, a Vanquish Neo System, and a Q Exactive HF Orbitrap mass spectrometer through a heated electrospray ionization (HESI II) source. The MS was operated in a polarity switching mode acquiring positive and negative full MS and MS2 spectra. The resulting LC-MS data were processed using Compound Discoverer 3.3.

Results: Of 40 enrolled participants with median birth weight 1.25 kg (IQR 1.02-1.45) and gestational age of 29 weeks (IQR 27-30), five developed AKI. 999 urine samples from 32 of the subjects were analyzed. Initial principal component analysis (PCA) demonstrated that PCA 1 and PCA 2 capture 29.6% and 10.9% of variance between samples. Samples from subjects with AKI and those without AKI were compared and metabolites that differed based on at least a log2 fold change were identified. Furosemide, acesulfame, kyurenic acid, and hexaethylene glycol were metabolites identified that were significantly increased (p<0.05) in the urine from participants with AKI.

Conclusions: Preterm neonates with clinical AKI have significant changes in urinary metabolomic profiles compared to those without AKI. Further analysis is needed to determine the exact compounds and timing of changes as it relates to AKI to know if metabolomic signatures can be used to determine AKI phenotypes and identify therapeutic targets.

Adolescents’ Experiences with Cyberbullying on TikTok are Associated with Depression

Olson C, Kerr B, Moreno M

Background: Experiencing cyberbullying as a target is positively associated with depression for adolescents. Experiencing cyberbullying as a bystander or perpetrator and depression is less understood, particularly on the popular social media app TikTok. The purpose of this study was to evaluate the prevalence of different roles of cyberbullying on TikTok and examine the association between cyberbullying experiences and depression in adolescence.

Methods: Participants were adolescents aged 13-19 who were recruited via Qualtrics panels and completed an online survey that measured involvement in cyberbullying on TikTok as a target, a bystander, and a perpetrator. Adolescents were further categorized into eight potential involvement role categories (e.g., “target and bystander”). Depression was measured with the Patient Health Questionnaire – 8. An ANOVA with a Tukey post hoc test was conducted to examine involvement in the eight cyberbullying roles and depression. A logistic regression examined involvement in cyberbullying as a target, bystander, or perpetrator as predictors of the likelihood that adolescents reported depression (minimal and mild were grouped and compared against moderate, moderately severe, and severe depression), controlling for age, gender, and race.

Results: Of the 2206 adolescent participants (49.9% female, 47% white, mean age = 15.91, SD = 1.77), 77.3% reported they used TikTok. Of those who used TikTok, 634 (37.4%) reported involvement as a target and bystander. Adolescents with no involvement, those involved in any role, except the perpetrator only role, were more likely to report moderate, moderately severe, and severe depression. Further, those who experienced cyberbullying as a target, bystander, or perpetrator were significantly more likely to report moderate to severe depression than those who were not involved, ORs ranged from 1.44-1.53.

Conclusions: Findings indicate the need for schools and clinical settings to identify and prevent adolescent involvement in any cyberbullying role on TikTok and related depression symptoms. Utilizing peers and parents as a support system for adolescents who are involved as targets, bystanders, or both, who subsequently experience depression, would be valuable.
An In-Vitro Monocyte Model for Investigating the Role of Immune Dysfunction in Cystic Fibrosis Disease Onset and Progression


**Background:** Variants in the CFTR gene result in cystic fibrosis (CF) and a class II clinical variant of clinical significance, Δ-F508 impacts post-translational destabilization, misfolding, and ultimately degradation of CFTR protein with impairment of airway host defense, mucociliary clearance, and microbicidal activity. Although the most pronounced lung disease symptoms of CF, including chronic bacterial infection and purulent airway obstruction, are associated with dysfunctional innate immunity, the lack of cellular models has hindered progress in understanding the basis of CF airway pathogenesis. Recent evidence suggests a positive impact of modulator therapies on CFTR expression in monocytes, thereby identifying modifiable activities that trigger inflammation. The 1α,25-dihydroxyvitamin-D3 (Vit-D3) is known to induce promyelocytes to differentiate into monocytes/macrophage-like cells.

**Methods:** Promyelocytic cells HL-60 and its derivative Δ-F508 cells, and leukemic monocyte cells (THP-1) were cultured on RPMI-640 with 2mM Glutamine, 10% FBS. Cells were treated with LPS (2μg/ml), PMA (2μM) and vit-D3 (150 μM) for 3, 5 & 7 days and analyzed for expression of monocyte surface markers by Flow cytometry and data were analyzed.

**Results:** Vit-D3 and PMA induced strong monocyte (CD14+) differentiation in HL-60 cells and its derivative HL-60-Δ-F508 within 5–7 days. LPS also induces significant differentiation of monocytes but not until 5–7 days in both cells. The CD14+ expression in PMA-treated HL-60 cells was 17.9% and 15.8% and in HL-60-Δ-F508 cells 16.0% and 10.4%, for days 5 & 7, respectively. Vit-D3-treated cells were significantly higher compared to PMA-treatment in both HL-60 cells (59.6% and 75.1% for days 5 & 7, respectively) and HL-60-Delta-F508 cells (94.4% and 96.5% for days 5 & 7, respectively). In contrast, the expression of CD14 was significantly high in LPS (day 5; 40.2% & day 7; 21.6%), PMA (day 5; 83.8% & day 7; 81.0%), and Vit-D3 (day 5; 97.4% & day 7; 71.3%) treated THP-1 cells.

**Conclusion:** Vit-D3 treatment in comparison to PMA and LPS induces monocyte differentiation most effectively in HL60-Δ-F508 cells. Additional work profiling differentiated monocytes will allow an understanding of the role of phagocytic defects in CF disease onset and progression, which is fundamental to designing new therapeutic strategies complementary to CF modulatory therapies.

A Quality Improvement Project to Reduce Magnetic Resonance Imaging Sedation in Children


**Background:** Children usually require sedation or general anesthesia (GA) to remain motionless and tolerate the MRI scanner. Sedation/GA has risks of respiratory depression, potential neurotoxicity to the developing brain, and is more costly than an awake MRI. MRI audiovisual distraction (AVD) has been shown to decrease the need for sedation by 15% to 35% in children. However, our hospital lacked MRI AVD technology.

The Objective was to decrease by at least 20% the need for moderate sedation in children 4 years and older, undergoing MRI studies at our sedation clinic, while maintaining at least 80% diagnostic quality, within radiology protocolled time, by introducing an awake MRI program.

**Design/Methods:** This project was conducted between July 2019 and August 2023 at a pediatric sedation clinic in a freestanding children’s hospital. Stakeholders convened and created a new awake MRI workflow using a new AVD technology (Borealis in-bore video system. PDC Inc. Hartland, WI), available for clinical use on January 27, 2022. The primary outcome was the percentage of patients referred to our sedation clinic, and triaged for moderate sedation, who completed an MRI with AVD and without the need for sedatives. Outcome and process measures were assessed with statistical process control chart methodology.

**Results:** From February 2022 to August 2023, 448 children 4 years and older were referred for a sedated MRI. Of those, 252 children (252/448, 56%) were triaged to moderate sedation. Seventy children triaged to moderate sedation (70/252, 28%) completed an awake diagnostic MRI without sedatives. The average monthly decrease in moderate sedation use was 27%. None of the children triaged to awake MRI required rescue sedation and all studies, except 3 (4%), were within the protocolled radiology time. The was an average of $412 cost savings per awake patient and high patient/parent satisfaction.

**Conclusions:** We successfully implemented an awake MRI program that decreased moderate sedation needs by 27% while maintaining a high rate of diagnostic studies, no MRI delays, high parent/patient satisfaction, and lower costs than sedation.
Poster #4
A Health System Quality Improvement Initiative to Decrease Readmissions for Newborn Hyperbilirubinemia
Bajracharya R, Shadman K, Goetz E, Chen L

Poster #17
A Survey Regarding the Care of the Hemodynamically Significant Patent Ductus Arteriosus (HSPDA)
Condit P

Poster #19
A Systematic Review and Meta-Analysis of Sociodemographic Disparities in Craniosynostosis

Poster #40
A Systemic Review of Environmental Contaminants Correlated with Orofacial Clefting

Poster #33
A Tractometry Approach for Analysis of the Corticospinal Tract in Prenatal Brain Injury

Poster #49
Addressing Autism in the Primary Care Clinic: How Are We Doing?
Louwagie M, Murphy D, Salah A, Arendt D

Poster #39
Adolescents Who Engage in TikTok Activities They Perceive as Important Report Higher Mental Wellbeing
Kerr B, Olson C, Moreno M

Poster #66
Advancing Understanding of POU4F1-Related Ataxia Through iPSC Modeling and Phenotypic Analysis

Poster #71
Age Differences and Test-Retest Reliability of Myelin Water Imaging with Multicomponent MPnRAGE
Weaver J, Kecskemeti S, Guerrero-Gonzalez J, Dean D

Poster #28
Airway and Systemic Dysregulation of Interferon Responses Promote Asthma Exacerbations in Urban Children

Poster #74
Assessing Adolescent Motivations Around E-Cigarette Initiation, Use, and Quitting in Wisconsin
Williams B, Kaye J, Conner K, Adsit R, Piper M

Poster #61
Assessment of Penicillin Allergy and Delabeling Efforts in the University Health Setting
Nordness M, Schaubeger E, Painovich L

Poster #57
Association of Mean Arterial Pressure with Changes in Renal Oxygenation in Preterm Neonates
Mullally G, Harer M

Poster #24
Bone to Be Wild
Ebby C, Fliegel J

Poster #18
Cancellations in Congenital Heart Disease Surgery

Poster #36
Caring for Patients with Hypoplasia of the Penis: Who’s on the Team?
Jewell T, Lewis K, Meurer T, Scribner G, von Muchow M, Rehm J

Poster #51
CGM Use in Adolescents and Young Adults with Type 2 Diabetes
Fenske R, Mann E

Poster #53
Clinical Care, Psychosocial Referrals and Discussions of Sex and Gender Identity Among Pediatric Patients on the Monosomy X Spectrum
Meurer T, Jewell T, Scribner A, von Muchow M, Lewis AK, Rehm J

Poster #69
Comparing Multiple Recruitment Strategies for a Longitudinal Health Study of Adolescents
Suleman A, Calhoun C, Selkie E, Moreno M, Cascio C

Poster #73
Compliance with Best Practice Guidelines for Chemotherapy Documentation for Pediatrics Patients with Acute Lymphoblastic Leukemia/Lymphoma
Siy P, Whitman A, Lee-Miller C

Poster #48
Compound Heterozygous Mars2 Variants Perturb Mitochondrial Oxidative Phosphorylation in Heart
Liu N, Houten S, Webb BD
Poster Presentations

Friday, May 17 | 3–5 p.m. | HSLC Atrium (available all week) | Poster presenter names are bolded

Poster #50
Continuous Positive Sweat Test Despite Trikafta Therapy: A Case Report
Beshish A, Rock M, Majachani N

Poster #38
CranioSure: A Tool for Craniosynostosis Risk Assessment

Poster #2
Creating and Implementing a Simulation-Based Microaggression Curriculum
Ali H, Evaristo C, Ruedinger E, Srinivasan S

Poster #59
Creation of a Dot Phrase to Transition Infants from Car Beds to Car Seats
Vaughan J, Goetz L, Cordum S, Nelson K, Majachani N, Faust S

Poster #60
Diabetes Transition Readiness Assessment: GETTING READY at School

Poster #5
Differences in Breast Milk Composition Based on Farming Exposures and Associations with Allergic Disease

Poster #41
DNA Methylomic Map of Rodent Retina during Axonal Regeneration

Poster #16
Early Corticospinal Tract Development and Motor Outcomes in Infants with Perinatal Brain Injury
Collins KM, Sutter EN, Casey CP, Dean DC, McAdams RM, Gillick BT

Poster #47
Early Impressions and Adoption of the AtriAmp for Managing Arrhythmias Following Congenital Heart Surgery
Leopold S

Poster #76
Educating & Empowering: Evaluation Peer Education and Community Engagement Models for Delivering Health Information to Youth in Kampala, Uganda
Wright K, Conway J

Poster #14
Establishing Multidisciplinary Neurodevelopmental Monitoring in Infants and Toddlers with Congenital Heart Defects

Poster #13
Estrogen Receptor Alpha-Mediated Sex-Specific Neuroprotection via TrkB Signaling Following Neonatal Hypoxic Ischemia

Poster #58
Evaluation of Madison Adolescents’ Attitudes Towards Outdoors Exposures and Health
Murphy D, Carrel A, Webber S

Poster #72
Ex Vivo Expansion of Autologous Natural Killer Cells for the Treatment of Osteosarcoma in Companion Canines
Weisnicht A, Cho M, Vail D, Capitini C

Poster #15
Exploring Integrative Medicine in Pediatric Resident Education
Clemens J, Zhao Q, Mathur M

Poster #21
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