NEW APPLICANTS

Dear Academy Fellow:
In order to fulfill the admission requirements of AAP Bylaws, you are requested to:
Carefully review the following list of new applicants 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 of which you might have personal knowledge.
Send any comments on the following list of new applicants to your District Chairperson by July 15.

UNDISTRICTED

Bala Ramachandran, M.D.
25 Nageswara Road
Nungambakkam
Madras, TN 600 034
India

Ma. Victoria Ribaya, M.D.
44 Aires St Bel-Air Village III
Makati City
Philippines

DISTRICT I NORTHEAST

Connecticut

Brian Forsyth, M.D.
211 Harbor St.
Branford, CT 06405

E. Benjamin Gardner, M.D.
63 Hillhouse Way
Wallingford, CT 06492

George Porter, M.D., Ph.D.
50 Pickwick Rd.
Hamden, CT 06517

Kamer Tezcan, M.D.
24 Burnt Hill Rd.
Farmington, CT 06032

Maine

Scott Knight, M.D.
30 Jackson Dr.
Veazie, ME 04401

Massachusetts

Steven Chapman, M.D.
150 Park St.
Lawrence, MA 01841

Urology Specialty Fellow
Leo Fung, M.D.
7 Old Harry Rd.
Southborough, MA 01772

Melissa McCormack, M.D.
17 Roberts St., #1
Brookline, MA 02146

Rhode Island

Dina El-Metwally, M.D.
142 Elton St.
Providence, RI 02906

Uniformed Services-East

Dean DeBenedictis, M.D.
6220 Jean Louise Way
Alexandria, VA 22310

Helen Poremba, M.D.
1115 Jasper Ct.
Crofton, MD 21114

Vermont

Monica German, M.D.
1394 Main St.
Saint Johnsbury, VT 05819

DISTRICT II NEW YORK STATE

New York 1

Neurological Surgery Specialty Fellow
Mark Dias, M.D.
Ped Neurosurgery
219 Bryant St.
Buffalo, NY 14222

Stuart Wright, M.D.
3H Baybrook Dr.
Queensbury, NY 12804

New York 2

Joseph Cohen, M.D.
221 Central Park Rd.
Plainview, NY 11803

Tara Fusco, M.D.
69-27 53rd Ave.
Maspeth, NY 11378

Hani Habib Habib, M.D.
124 Manila Ave.
Staten Island, NY 10306

Jennifer Jones, M.D.
11 Meeting House Ln.
P.O. Box 2310
Amagansett, NY 11930

Cecile LeBlanc, M.D.
468 Greengrove Ave.
Uniondale, NY 11553

New York 3

Bernadette Clement, M.D.
5800 Arlington Ave., #16-P
Riverdale, NY 10471

Theresa Dailey, M.D.
731 Forest Ave.
Rye, NY 10580

Karyn Ginsberg, M.D.
159 Madison Ave., Apt. 4I
New York, NY 10016

Anesthesiology Specialty Fellow
Cheryl Gooden, M.D.
25-09 96th St.
East Elmhurst, NY 11369

Ian Wittenberg, M.D.
1291 Crosby Ave.
Bronx, NY 10461

Julia Yang, M.D.
155 E. 31st St., #22P
New York, NY 10016

DISTRICT III MID ATLANTIC

District of Columbia

Felicia Bassey-Akamune, M.D.
8634 Brae Brooke Dr.
Lanham, MD 20706

Suzanne Levin, M.D.
13816 Alderton Rd.
Silver Spring, MD 20906

Leslie Walker, M.D.
3641 39th St. NW #C309
Washington, DC 20016

Maryland

Arif Mannan, M.D.
4989 Columbia Rd., Apt. 202
Columbia, MD 21044

Netanel Schwob, M.D.
2701 Woodcourt Rd.
Baltimore, MD 21209

New Jersey

Robyn Ferrante, M.D.
27 Camblance Ct.
Highland Park, NJ 08904

Christine Rehm, M.D.
54 Junard Dr.
Morristown, NJ 07960

Jennifer Shaw-Brachfeld, M.D.
One Oak Hill Rd.
Chatham, NJ 07928

Pennsylvania

Barbara-Jo Achuff, M.D.
100 Hawthorne Ct.
Collegeville, PA 19426

Rhonda Alexis, M.D.
34th St. & Civic Ctr. Blvd.
Philadelphia, PA 19104

Laura Duda, M.D.
1038 Country Club Rd.
Camp Hill, PA 17011

Carlos Rose, M.D.
17 Balmoral Dr.
Chadds Ford, PA 19713

Cynthia Villasis, M.D.
250 E Rosetree Rd.
Media, PA 19063

DISTRICT IV SOUTH APPALACHIAN

North Carolina

Maria Alba, M.D.
3047 Weatherby Ct.
Wilmington, NC 28405

Tomasz Cwikla, M.D.
P.O. Box 2429
2509 N. Queen St.
Kinston, NC 28502-4249

Stephen Kicklighter, M.D.
5804 Chelsea Pl.
Raleigh, NC 27612

Ernest Sutton, M.D.
222 Canvasback Ct.
Concord, NC 28025

Tennessee

John Chambers, M.D.
332 Canonade Cir.
Franklin, TN 37069

Tameem Shoukih, M.D.
2965 Champion Dr., Apt. #103
Arlington, TN 38002

Mark Thomas, M.D.
1917 Buckingham Ct.
Kingsport, TN 37660

Virginia

Senait Abraham, M.D.
5597 Seminary Rd. Apt. 705 S
Falls Church, VA 22041

Kim Escudero, M.D.
12550 LeVau Ct. #204
Fairfax, VA 22033

DISTRICT V GREAT LAKES

Indiana

Kehinde Animashaun, M.D.
2319 Sterling Ct.
Goshen, IN 46526

Michigan

Timothy Bunchman, M.D.
555 Glenmore Dr.
Ann Arbor, MI 48103

Michael Cabana, M.D.
3100 Tiger Lilly Ct.
Ann Arbor, MI 48103

Luz Galang-McPherson, M.D.
706 Valley View Dr., Apt. C6
Ionia, MI 48846

Ruel Lirio, M.D.
3383 Stoneyridge Dr.
Hudsonville, MI 49426

Ohio

Samrah Al-Sayed, M.D.
7411 Whispering-Oak Dr.
Sylvania, OH 43606

Cynthia Ledford, M.D.
150 Cold Springs Ct.
Springboro, OH 45066

James Mandelik, M.D.
5182 Longton Rd.
Lyndhurst, OH 44124

DISTRICT VI NORTH CENTRAL

Illinois

Nedal Machhor, M.D.
910 S Taylor Ave.
Oak Park, IL 60304

Stephen Roth, M.D.
9240 Gross Point Rd. 210
Skokie, IL 60077

Azher Uddin, M.D.
188 Buena Vista Dr.
Dekalb, IL 60115

Iowa

Jodi Van Sickle, M.D.
5307 Carey Drive
Cedar Falls, IA 50613

Kansas

Lisa Gilmer, M.D.
7919 Shawnee Dr.
Overland Park, KS 66212

Minnesota

Heidi Hubbard, M.D.
16730 4th St. S
Lakeland Shores, MN 55043

Missouri

John Burson, M.D.
4635 S Holland
Springfield, MO 65807

South Dakota

Archana Chatterjee, M.D.
Dept. of Peds
1100 S Euclid Ave.
Sioux Falls, SD 57117

Dawn Larson, M.D.
2216 Burleigh St.
Yankton, SD 57078

DISTRICT VII SOUTH CENTRAL

Arkansas

Richard Blaszak, M.D.
11900 Pleasant Ridge Rd.,
Apt. #1321
Little Rock, AR 72223

Louisiana

Melissa Binder, M.D.
212 W Maple Ridge Dr.
Metairie, LA 70001

Reita Lawrence, M.D.
5221 Perrier St.
New Orleans, LA 70115

Douglas Silverstein, M.D.
1542 Tulane Ave.
New Orleans, LA 70112

Oklahoma

Michael Stratton, D.O.
443 N. 16th
Muskogee, OK 74401

Ethan Warlick, M.D.
36657 S. Dogwood Ln.
Cookson, OK 74427

Texas

Carlos Aeschlimann, M.D.
4031 Thousand Oaks Dr. #1115
San Antonio, TX 78217

Arthur Benzick, M.D.
9108 Hialeah Cir. S
N. Richland Hills, TX 76180

Tarsy Dondlinger, M.D.
3807 Balmoral Lane
Pearland, TX 77584

Timothy Flannery, M.D.
3417 Acorn Run
Fort Worth, TX 76109

Michael Grady, M.D.
10706 Oasis
Houston, TX 77096

Muhammad Qureshi, M.D.
8750 Point Park Dr. #1607
Houston, TX 77095

Cynthia Villareal-Taylor, M.D.
740 S. Alamo
San Antonio, TX 78240

DISTRICT VIII WEST

Alberta

Susan Petryk, M.D.
11915 University Ave.
Edmonton, AB T6G 1Z6
Canada

Colorado

Meredith Harris, M.D.
3795 S Colorado Blvd.
Englewood, CO 80110

Nevada

Urology Specialty Fellow
Clare Close, M.D.
3201 S. Maryland Pkwy. #406
Las Vegas, NV 89109

Urology Specialty Fellow
George Ganesan, M.D.
2200 Fort Apache #2116
Las Vegas, NV 89117

Consolacion Saqueton, M.D.
8832 Elk Grove Way #204
Las Vegas, NV 89117

Kevin Windisch, M.D.
3566 Shadow Ln.
Carson City, NV 89705

New Mexico

Kenneth Carlson, M.D.
9617 San Bernadino NE
Albuquerque, NM 87109

Uniformed Services-West

Christine Erdie-Lalena, M.D.
5684 Ft. Wright Oval
Fairchild AFB, WA 99011

Anesthesiology Specialty Fellow
David Young, M.D.
1503 Vista Cir.
Copperas Cove, TX 76522

Washington

Jenny Chow, M.D.
1250 NW Arcadia Ct.
Poulsbo, WA 98370

Michael Cunningham, M.D.
13033 63rd Ave. SE
Snohomish, WA 98296

Robert Hilt, M.D.
8884 NW Anderson Hill Rd.
Silverdale, WA 98383

NEW APPLICANTS

Karen Murray, M.D.
Div. of Gastroenterology
4800 Sand Point Way NE
CH-24
Seattle, WA 98105

DISTRICT IX CALIFORNIA

California 1

Pedro Avila, M.D.
3007 Sneath Ln.
San Bruno, CA 94066

Donna Hong, M.D.
483 Begonia Dr.
San Leandro, CA 94578

Gwen Seaver, M.D.
3360 Andy Way
Santa Rosa, CA 95404

California 2

Cathleen Hebson, M.D.
4524 Clybourn Ave., Apt. 113
Burbank, CA 91505

Lena Lee, M.D.
14011 Park Ave., Ste. 200
Victorville, CA 92392

Rene Lim, M.D.
11824 Porter Valley Dr.
Northridge, CA 91326

Rita Tenenbaum, M.D.
510 N Prospect Ave., Ste. 304
Redondo Beach, CA 90277

California 4

Forrest Whitaker, M.D.
26732 Crown Valley Pkwy.
Ste. 531
Mission Viego, CA 92691

Eric Wong, M.D.
368 Via El Modena, Unit #2
Orange, CA 92869

DISTRICT X SOUTHEAST

Florida

William Bruno, M.D.
4620 N. State Road 7, #316
Lauderdale, FL 33319

Amy Burt, D.O.
513 San Lorenzo Ave.
Coral Gables, FL 33146

Ramon Chiong, D.O.
2400 S. Ocean Dr., #3222
Ft Pierce, FL 34949

Melody Land, M.D.
3138 NW 1st St.
Miami, FL 33125

Zafar Qureshi, M.D.
8311 SW 50th, #102
Pembrooke Pines, FL 33025

Ana Roig-Cantisano, M.D.
8901 SW 10th Ter.
Miami, FL 33174

Peachie Scarano, M.D.
6142 9th Ave. Cir. NE
Bradenton, FL 34202

Maritza Vila-Rivas, M.D.
9401 SW 68 St.
Miami, FL 33173

Georgia

Robert Badwey, M.D.
1130 Huntcliff Village Ct.
Atlanta, GA 30350

Ophthalmology Specialty Fellow
Jerry Berland, M.D.
5671 Peachtree Dunwoody Rd., Ste. 440
Atlanta, GA 30342

Mary Lou Lindegren, M.D.
700 Cumberland Cir. NE
Atlanta, GA 30306

Erik Nisimblat, M.D.
1326 Adams Lake Blvd.
Atlanta, GA 30339

DISTRICT CHAIRPERSONS

DISTRICT I

Eileen M. Ouellette, M.D., J.D.
Pediatric Neurology
North Shore Children's Hospital
57 Highland Ave.
Salem, MA 01970
e-mail: eouellette@aap.org

DISTRICT II

Robert M. Corwin, M.D.
Medical Director – MedBest
Presidential Plaza – Suite 106
Madison Towers
Syracuse, NY 13202
e-mail: rcorwin@aap.org

DISTRICT III

Susan S. Aronson, M.D.
605 Moreno Rd.
Narbeth, PA 19072
e-mail: saronson@aap.org

DISTRICT IV

E. Stephen Edwards, M.D.
2800 Blue Ridge Blvd.
Suite 501
Raleigh, NC 27607
e-mail: sewards@aap.org

DISTRICT V

Stanford A. Singer, M.D.
36700 Woodward Ave.
Suite 300
Bloomfield Hills, MI 48304
e-mail: ssinger@aap.org

DISTRICT VI

Ordean L. Torstenson, M.D.
Dean Medical Center, SC
1313 Fish Hatchery Rd.
Madison, WI 53715
e-mail: otorstenson@aap.org

DISTRICT VII

L. Leighton Hill, M.D.
Office of Admissions
Baylor College of Medicine
One Baylor Plaza, Rm. N104
Houston, TX 77030
e-mail: lhill@aap.org

DISTRICT VIII

Jon R. Almquist, M.D.
Virginia Mason Medical Center
Department of Pediatrics
33501 First Way South
Federal Way, WA 98003
e-mail: jalmquist@aap.org

DISTRICT IX

Lucy S. Crain, M.D., M.P.H.
UCSF Box 0374
400 Parnassus Ave.
San Francisco, CA 94143
e-mail: lcrain@aap.org

DISTRICT X

Charles Linder, M.D.
Medical College of Georgia
1120 15th St.
Rm. HF1117
Augusta, GA 30912
e-mail: clinder@aap.org

American Academy of Pediatrics

"After ten years of agonizing, diapers, and two ineffective drugs, our son finally has the confidence for a sleep-over, thanks to the Potty Pager."

Daniel E. Turnbull

It's wireless. It's private. It inspires letters like this. And now it's CLINICALLY PROVEN EFFECTIVE.

In a two year clinical study at the University of Alabama medical school, the Potty Pager has been proven 71% effective on hard-to-reach TEEN bedwetters. (Lo, Perez, Hanchrow and Joseph)

So why just "control" bedwetting with drugs when you can CURE it! With the WIRELESS alarm that wakes the BEDWETTER... not the whole house!

The Potty Pager teaches bedwetters to respond normally to bladder fullness. It uses a tactile alarm, much like a silent business pager. It is 100% safe, and costs just $51.00 + S&H. It comes with a 30 day no-questions guarantee.

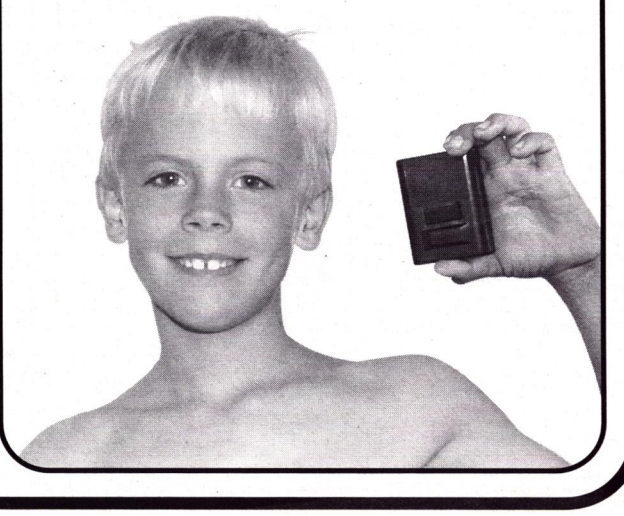
For complete information call: **800-497-6573** or **303-440-8517**

Or visit our web site: **www.pottypager.com**

IDEAS FOR LIVING, INC. BOULDER, COLORADO 80304

POTTY PAGER

because life's challenging enough without a bed-wetting problem!



EMPLOYMENT OPPORTUNITIES

MID-ATLANTIC

DEVELOPMENTAL PEDIATRICIAN, CHILDREN'S HOSPITAL RICHMOND, VIRGINIA – Children's Hospital, a specialty hospital with 34 inpatient beds and an extensive outpatient volume is currently seeking a Developmental Pediatrician to lead a program and team that serves children and adolescents with learning disabilities, ADHD, PDD, Autism, early childhood language disorders, and behavioral problems. Successful candidates should be board certified in pediatrics and board eligible for developmental pediatrics, have at a minimum 3-5 years experience in Neurodevelopmental Pediatrics. Must have excellent communication skills, with ability to work with a multicultural patient base. Desire working knowledge of IDEA and the ramifications for school age children, interest in advocating for this special needs population. Full-time position offers an excellent salary and comprehensive employee benefits including two retirement plans. Interested applicants may direct inquiries to: Donald A. Taylor, M.D., Medical Director, Children's Hospital, 2924 Brook Rd., Richmond, VA 23220-1298, (804) 228-5850 Human Resources, fax (804) 228-5900, e-mail: kbennett@chva.org. We are proud to be an equal opportunity employer.

SOUTHEAST

FLORIDA DEPARTMENT OF HEALTH, DEPUTY SECRETARY/DEPUTY STATE HEALTH OFFICE FOR CHILDREN'S MEDICAL SERVICES – This critical and dynamic leadership position is responsible for directing the Florida Department of Health's Children's Medical Services and serves as a member of the Secretary's senior management team. The Florida CMS program is the nation's most comprehensive service network for children with special health needs. The program has approximately 750 employees, the majority being located at CMS clinic sites statewide, and has an annual budget of approximately $196 million. This is a high profile position requiring strong interpersonal and writing skills; experience in public speaking and working with elected officials, government organizations, and the media; and demonstrated leadership and managerial ability. Qualified candidates must be licensed physicians eligible for licensure in Florida who have training and experience in pediatrics or other specialized area related to the provision of health care to children and recognized skills in the promotion of children's health programs. Candidates should have the capacity for and interest in working with professionals from a variety of disciplines and backgrounds and sensitivity and enthusiasm for diverse populations and community involvement. The Florida Department of Health is an equal opportunity employer, and minorities and women are encouraged to apply. Resumes must be postmarked by June 30, 2000, and addressed to the Florida Department of Health; Attention: Steven A. Watson, DPA; 4052 Bald Cypress Way, Bin #A00; Tallahassee, Florida 32399-1708; Phone: (850) 245-4014; fax (850) 487-3729.

Full-time BC/BE pediatrician needed for a busy practice north of Atlanta. Competitive salary/bonus/benefits. Send CV to Anne, P.O. Box 1269, Canton, GA 30114.

Management of Complex Humanitarian Emergencies
Focus on Children and Families

June 19-23, 2000

The George S. Dively Building
Case Western Reserve University
Cleveland, Ohio

Supported by:
Center for International Health, Case Western Reserve University
American Academy of Pediatrics
International Pediatrics Association

This program is intended for pediatricians, primary health providers, NGO relief professionals and mental health professionals interested in training for the care of children and families during complex humanitarian emergencies.

After attending this program, participants will be able to: Identify the most important problems and priorities in complex humanitarian emergencies; Identify organizations most frequently involved in providing help in complex humanitarian emergencies and define their roles and strengths; Identify the groups most vulnerable in complex humanitarian emergencies; Define common psychosocial issues of children and the means to address them; and employ skills in conflict resolution, negotiation, and cross cultural communication.

University Hospitals of Cleveland designates this educational activity for a maximum of 44 hours of category 1 credit towards the AMA Physician's Recognition Award.

For additional information on the educational program and registration, or planning for lodging and transportation while in Cleveland, contact University Hospitals CME Program at 216/844-5050.

VIRGINIA

BC/BE associate for a growing practice in Fairfax. Please fax your curriculum vitae to:

703-204-0935

PEDIATRICS IN THE 21ST CENTURY, CME conference, Ritz-Carlton, Arlington, VA. (5 minutes from nation's capital), September 21-24, sponsored by Virginia Chapter, AAP. For program & registration info, phone: (804) 730-6851; email: vapedsoc@erols.com.

Ordering Reprints

To order reprints of specific articles please contact:

Donna Hoffman
at *AAP News*

141 Northwest Point Blvd.
PO Box 927
Elk Grove Village, IL
60007-0927

Phone: 847/434-7904

Fax: 847/228-5088

E-mail: dhoffman@aap.org

CLASSIFIED ADVERTISING POLICY

When you need to contact pediatricians, contact AAP News. Each month more than 55,000 pediatricians, pediatric specialists, third-year pediatric residents and other subscribers turn to AAP News for child health information they cannot get elsewhere. With a classified ad, you can speak directly to those readers.

Although the Academy believes these classified ads are from reputable sources, the Academy does not investigate the offers made and assumes no responsibility concerning them.

Occasionally, it is necessary to modify the wording of classified ads. These changes are generally made in compliance with the regulations of various federal and/or state commissions against discrimination or because they might be interpreted as being unlawful or in conflict with accepted professional standards of medical practice.

These advertising modifications are made to maintain a classified section that is professionally responsible, lawful, scientific and free of discrimination.

Publication of an advertisement in AAP News neither constitutes nor implies a guarantee or endorsement by AAP News or the American Academy of Pediatrics of the product or service advertised or of the claims made for the product or service by the advertiser.

Classification: Classified ads are accepted under Business Services, General Announcements, Medical Meetings, Physicians Wanted, Positions Wanted, Practices Available, Publications, Real Estate and Residencies/Fellowships Available.

Display Classified Ads: Camera-ready, 4-color, 3-color and 2-color display classified ads are accepted under General Announcements, Medical Meetings, Physicians Wanted, Positions Wanted, Practices Available and Residencies/Fellowships Available. Contact Roland Keve, The Walchli Tauber Group for display classified ad sizes and rates.

For more information, contact: Roland Keve, The Walchli Tauber Group, **(410) 420-0311**, or fax **(410) 420-0711**. Ad copy is to be sent to: The Walchli Tauber Group, 112 W. Pennsylvania Ave., Ste. 201, Bel Air, MD 21014. Payments are to be mailed and made payable to The American Academy of Pediatrics, Dept. 77-5194, Chicago, IL 60678-5194.

AAP NEWS
Published Monthly
American Academy of Pediatrics
P.O. Box 927
Elk Grove Village, IL 60009-0927

We are most nearly ourselves when we achieve the seriousness of the child at play.
~ Heraclitus ~

As pediatricians we know this. Come and play with us.

If you are a pediatrician on maternity leave, retired, or looking for a way to work from home, consider a rewarding opportunity with drpaula.com the premiere website for pediatric and parenting advice. Our success has been overwhelming. However, it's becoming more difficult to handle the increasing volume of questions coming in. If you enjoy giving advice, join our team and help make a difference in the lives of parents and their kids. ~Dr. Paula

If you are interested go to:
www.drpaula.com/pedsearch

drpaula.com

CLASSIFIED ADS

MIDWEST

MID-OHIO VALLEY: We are seeking one Board Certified or Board Eligible Pediatrician to join a single specialty practice affiliated with a 370-bed, not for profit, acute care facility. This growing practice has a new office site and a call coverage arrangement of one in six weekends. Average workweek is 4-1/2 days. Guaranteed base salary for one year with full benefits and moving expenses. Contact: Baumann & Associates, 2265 Roswell Rd., Suite. 100, Marietta, GA 30062. Tel: (770) 509-2237; Fax: (770) 509-2238; e-mail: jbaumassoc@aol.com.

SOUTHWEST

CALIFORNIA-Neonatologists (BC/BE) positions available throughout the Los Angeles area with large physician owned private/academic multi-hospital-based private practice group specializing in Neonatology and Pediatric Intensive Care. Competitive starting salary with profit sharing bonus and long-term employment options, clinical positions needed with academic association available. Positions available immediately. Contact: Pediatric Critical Care Medical Group, 5400 Balboa Blvd., Suite 331, Encino, CA 91316 – (818) 461-8888.

NORTHWEST

YAKIMA, WASHINGTON – University of Washington affiliated community-based Family Practice residency seeks full-time BC/BE Pediatric faculty. Position involves ambulatory and inpatient resident teaching and administration of pediatric curriculum. Reply to: Mike Maples, MD, 1806 W. Lincoln Ave., Yakima, WA 98902, mmaples@u.washington.edu

PEDIATRICIANS-GROUP HEALTH PERMANENTE is currently seeking pediatricians. We are a physician-managed organization recently affiliated with Kaiser Permanente internationally known for research and clinical program development. Our facility is located near Puget Sound with many recreational opportunities nearby. Visit our Web site at www.ghc.org. Cover letter and CV can be faxed to (206) 448-6191 or e-mailed to: williams.kj@ghc.org. For further information, call (800) 543-9323. Equal opportunity employer.

MONTANA, BOZEMAN-Four person pediatric group seeking fifth pediatrician to share equally in work and call. General Pediatrics practice, Level II nursery. For more information contact Paula: 406-587-5123.

GENERAL NOTICES

THE CLINIC FOUNDATION DEPARTMENT OF PEDIATRICS presents **SIXTH ANNUAL PEDIATRIC BOARD REVIEW** Aug. 28-Sept. 1, 2000. Forum Conference Center Cleveland, Ohio. For further information, please contact the Continuing Education Department at (216) 444-5695 (Local), (800) 762-8173 (Toll Free) or (216) 445-9406 (Fax) or visit our Web site at www.clevelandclinicmeded.com.

ALOHA UPDATE: PEDIATRICS 2000 - Maui, Hawaii Oct. 14-20, 2000. The meeting is being sponsored by: University Children's Medical Group, American Academy of Pediatrics and AAP California Chapter 2. For more information contact: Bernadette Serran or Teresa Avila, 6430 Sunset Blvd, Suite 600, Los Angeles, CA 90028, 800-3-KID-CME (800) 354-3263 or (323) 669-2305, e-mail: bserran@chla.usc.edu, web: www.ucmg.org.

PEDIATRICS FOR THE PRACTITIONER – Big Island Hawaii, Oct. 16-19, 2000. Sponsored by Saint Luke's Hospital and The Children's Mercy Hospital of Kansas City. Call (816) 932-2220 or send e-mail to cme@saint-lukes.org for more information.

Get Your CME Credits and Practice Tips at Four Different Pediatric CME Courses a Year
At
Disney World and Hilton Head
Eighteenth Annual Lloyd Noland Continuing Medical Education Seminars at Resort Locations
Check It Out On Our CME Website:
www.lloydnolandcme.org
Download all you need including seminar and hotel registration forms
17 Years of Accredited Continuous National Continuing Medical Education
Sponsored by
Lloyd Noland Foundation
Telephone: 205-783-8181

References: 1. Greenberg RN. Overview of patient compliance with medication dosing: a literature review. *Clin Ther.* 1984;6:592-599. **2.** *Red Book® Update,* Montvale, NJ: Medical Economics Co Inc; July 1998:22,24,26,27,71.

ZITHROMAX®
(azithromycin for oral suspension)
BRIEF SUMMARY

INDICATIONS AND USAGE

ZITHROMAX® (azithromycin) is indicated for the treatment of patients with mild to moderate infections (pneumonia: see **WARNINGS**) caused by susceptible strains of the designated microorganisms in the specific conditions listed below. As recommended dosages, durations of therapy, and applicable patient populations vary among these infections, please see **DOSAGE AND ADMINISTRATION** for specific dosing recommendations.

Acute otitis media caused by *Haemophilus influenzae, Moraxella catarrhalis,* or *Streptococcus pneumoniae.* (For specific dosage recommendation, see **DOSAGE AND ADMINISTRATION**.)

Community-acquired pneumonia due to *Chlamydia pneumoniae, Haemophilus influenzae, Mycoplasma pneumoniae,* or *Streptococcus pneumoniae* in patients appropriate for oral therapy. (For specific dosage recommendation, see **DOSAGE AND ADMINISTRATION**.)

NOTE: Azithromycin should not be used in pediatric patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors such as any of the following: patients with cystic fibrosis, patients with nosocomially acquired infections, patients with known or suspected bacteremia, patients requiring hospitalization, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia).

Pharyngitis/tonsillitis caused by *Streptococcus pyogenes* as an alternative to first-line therapy in individuals who cannot use first-line therapy. (For specific dosage recommendations, see **DOSAGE AND ADMINISTRATION**.)

NOTE: Penicillin by the intramuscular route is the usual drug of choice in the treatment of *Streptococcus pyogenes* infection and the prophylaxis of rheumatic fever. ZITHROMAX® is often effective in the eradication of susceptible strains of *Streptococcus pyogenes* from the nasopharynx. Because some strains are resistant to ZITHROMAX®, susceptibility tests should be performed when patients are treated with ZITHROMAX®. Data establishing efficacy of azithromycin in subsequent prevention of rheumatic fever are not available.

Appropriate culture and susceptibility tests should be performed before treatment to determine the causative organism and its susceptibility to azithromycin. Therapy with ZITHROMAX® may be initiated before results of these tests are known; once the results become available, antimicrobial therapy should be adjusted accordingly.

CONTRAINDICATIONS

ZITHROMAX® is contraindicated in patients with known hypersensitivity to azithromycin, erythromycin, or any macrolide antibiotic.

WARNINGS

Serious allergic reactions, including angioedema, anaphylaxis, and dermatologic reactions including Stevens Johnson Syndrome and toxic epidermal necrolysis have been reported rarely in patients on azithromycin therapy. Although rare, fatalities have been reported. (See **CONTRAINDICATIONS.**) Despite initially successful symptomatic treatment of the allergic symptoms, when symptomatic therapy was discontinued, the allergic symptoms **recurred soon thereafter in some patients without further azithromycin exposure**. These patients required prolonged periods of observation and symptomatic treatment. The relationship of these episodes to the long tissue half-life of azithromycin and subsequent prolonged exposure to antigen is unknown at present.

If an allergic reaction occurs, the drug should be discontinued and appropriate therapy should be instituted. Physicians should be aware that reappearance of the allergic symptoms may occur when symptomatic therapy is discontinued.

In the treatment of pneumonia, azithromycin has only been shown to be safe and effective in the treatment of community-acquired pneumonia due to *Chlamydia pneumoniae, Haemophilus influenzae, Mycoplasma pneumoniae,* or *Streptococcus pneumoniae* in patients appropriate for oral therapy. Azithromycin should not be used in patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors such as any of the following: patients with cystic fibrosis, patients with nosocomially acquired infections, patients with known or suspected bacteremia, patients requiring hospitalization, elderly or debilitated patients, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia).

Pseudomembranous colitis has been reported with nearly all antibacterial agents and may range in severity from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents.

Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is a primary cause of "antibiotic-associated colitis."

After the diagnosis of pseudomembranous colitis has been established, therapeutic measures should be initiated. Mild cases of pseudomembranous colitis usually respond to discontinuation of the drug alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation, and treatment with an antibacterial drug clinically effective against *Clostridium difficile* colitis.

PRECAUTIONS

General: Because azithromycin is principally eliminated via the liver, caution should be exercised when azithromycin is administered to patients with impaired hepatic function.

There are no data regarding azithromycin usage in patients with renal impairment; thus, caution should be exercised when prescribing azithromycin in these patients.

The following adverse events have not been reported in clinical trials with azithromycin, an azalide; however, they have been reported with macrolide products: ventricular arrhythmias, including ventricular tachycardia and *torsades de pointes,* in individuals with prolonged QT intervals.

There has been a spontaneous report from the post-marketing experience of a patient with previous history of arrhythmias who experienced *torsades de pointes* and subsequent myocardial infarction following a course of azithromycin therapy.

Information for Patients: Patients should be cautioned to take ZITHROMAX® suspension at least one hour prior to a meal or at least two hours after a meal. This medication should not be taken with food.

Patients should also be cautioned not to take aluminum- and magnesium-containing antacids and azithromycin simultaneously.

The patient should be directed to discontinue azithromycin immediately and contact a physician if any signs of an allergic reaction occur.

Drug Interactions: Aluminum- and magnesium-containing antacids reduce the peak serum levels (rate) but not the AUC (extent) of azithromycin absorption.

Administration of cimetidine (800 mg) two hours prior to azithromycin had no effect on azithromycin absorption.

Azithromycin did not affect the plasma levels or pharmacokinetics of theophylline administered as a single intravenous dose. The effect of azithromycin on the plasma levels or pharmacokinetics of theophylline administered in multiple doses resulting in therapeutic steady-state levels of theophylline is not known. However, concurrent use of macrolides and theophylline has been associated with increases in the serum concentrations of theophylline. Therefore, until further data are available, prudent medical practice dictates careful monitoring of plasma theophylline levels in patients receiving azithromycin and theophylline concomitantly.

Azithromycin did not affect the prothrombin time response to a single dose of warfarin. However, prudent medical practice dictates careful monitoring of prothrombin time in all patients treated with azithromycin and warfarin concomitantly. Concurrent use of macrolides and warfarin in clinical practice has been associated with increased anticoagulant effects.

The following drug interactions have not been reported in clinical trials with azithromycin; however, no specific drug interaction studies have been performed to evaluate potential drug-drug interaction. Nonetheless, they have been observed with macrolide products. Until further data are developed regarding drug interactions when azithromycin and these drugs are used concomitantly, careful monitoring of patients is advised:

Digoxin–elevated digoxin levels.
Ergotamine or dihydroergotamine–acute ergot toxicity characterized by severe peripheral vasospasm and dysesthesia.
Triazolam–decrease the clearance of triazolam and thus may increase the pharmacologic effect of triazolam.
Drugs metabolized by the cytochrome P^{450} system–elevations of serum carbamazepine, terfenadine, cyclosporine, hexobarbital, and phenytoin levels.

Laboratory Test Interactions: There are no reported laboratory test interactions.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term studies in animals have not been performed to evaluate carcinogenic potential. Azithromycin has shown no mutagenic potential in standard laboratory tests: mouse lymphoma assay, human lymphocyte clastogenic assay, and mouse bone marrow clastogenic assay.

No evidence of impaired fertility due to azithromycin was found.

Pregnancy: Teratogenic Effects. Pregnancy Category B: Reproduction studies have been performed in rats and mice at doses up to moderately maternally toxic dose levels (i.e., 200 mg/kg/day). These doses, based on a mg/m^2 basis, are estimated to be 4 and 2 times, respectively, the human daily dose of 500 mg. In the animal studies, no evidence of harm to the fetus due to azithromycin was found. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, azithromycin should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether azithromycin is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when azithromycin is administered to a nursing woman.

Pediatric Use: (INDICATIONS AND USAGE.)

Acute Otitis Media (dosage regimen: 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2-5): Safety and effectiveness in the treatment of children with otitis media under 6 months of age have not been established.

Community-Acquired Pneumonia (dosage regimen: 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2-5): Safety and effectiveness in the treatment of children with community-acquired pneumonia under 6 months of age have not been established. Safety and effectiveness for pneumonia due to *Chlamydia pneumoniae* and *Mycoplasma pneumoniae* were documented in pediatric clinical trials. Safety and effectiveness for pneumonia due to *Haemophilus influenzae* and *Streptococcus pneumoniae* were not documented bacteriologically in the pediatric clinical trial due to difficulty in obtaining specimens. Use of azithromycin for these two microorganisms is supported, however, by evidence from adequate and well-controlled studies in adults.

Pharyngitis/Tonsillitis (dosage regimen: 12 mg/kg on Days 1-5): Safety and effectiveness in the treatment of children with pharyngitis/tonsillitis under 2 years of age have not been established.

Studies evaluating the use of repeated courses of therapy have not been conducted.

Geriatric Use: Pharmacokinetic parameters in older volunteers (65-85 years old) were similar to those in younger volunteers (18-40 years old) for the 5-day therapeutic regimen. Dosage adjustment does not appear to be necessary for older patients with normal renal and hepatic function receiving treatment with this dosage regimen.

ADVERSE REACTIONS

In clinical trials, most of the reported side effects were mild to moderate in severity and were reversible upon discontinuation of the drug. Approximately 0.7% of the patients (adults and children) from the multiple-dose clinical trials discontinued ZITHROMAX® (azithromycin) therapy because of treatment-related side effects. Most of the side effects leading to discontinuation were related to the gastrointestinal tract, e.g., nausea, vomiting, diarrhea, or abdominal pain. Potentially serious side effects of angioedema and cholestatic jaundice were reported rarely.

Clinical: Adults: *Multiple-dose regimen:* Overall, the most common side effects in adult patients receiving a multiple-dose regimen of ZITHROMAX® were related to the gastrointestinal system with diarrhea/loose stools (5%), nausea (3%), and abdominal pain (3%) being the most frequently reported.

No other side effects occurred in patients on the multiple-dose regimen of ZITHROMAX® with a frequency greater than 1%. Side effects that occurred with a frequency of 1% or less included the following:

Cardiovascular: Palpitations, chest pain.
Gastrointestinal: Dyspepsia, flatulence, vomiting, melena, and cholestatic jaundice.
Genitourinary: Monilia, vaginitis, and nephritis.
Nervous System: Dizziness, headache, vertigo, and somnolence.
General: Fatigue.
Allergic: Rash, photosensitivity, and angioedema.

Single 1-gram dose regimen: Overall, the most common side effects in patients receiving a single-dose regimen of 1 gram of ZITHROMAX® were related to the gastrointestinal system and were more frequently reported than in patients receiving the multiple-dose regimen.

Side effects that occurred in patients on the single one-gram dosing regimen of ZITHROMAX® with a frequency of 1% or greater included diarrhea/loose stools (7%), nausea (5%), abdominal pain (5%), vomiting (2%), dyspepsia (1%), and vaginitis (1%).

Single 2-gram dose regimen: Overall, the most common side effects in patients receiving a single 2-gram dose of ZITHROMAX® were related to the gastrointestinal system. Side effects that occurred in patients in this study with a frequency of 1% or greater included nausea (18%), diarrhea/loose stools (14%), vomiting (7%), abdominal pain (7%), vaginitis (2%), dyspepsia (1%), and dizziness (1%). The majority of these complaints were mild in nature.

Children: *Multiple-dose regimens:* The types of side effects in children were comparable to those seen in adults, with different incidence rates for the two dosage regimens recommended in children.

Acute Otitis Media: For the recommended dosage regimen of 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2-5, the most frequent side effects attributed to treatment were diarrhea/loose stools (2%), abdominal pain (2%), vomiting (1%), and nausea (1%).

Community-Acquired Pneumonia: For the recommended dosage regimen of 10 mg/kg on Day 1 followed by 5 mg/kg on Days 2-5, the most frequent side effects attributed to treatment were diarrhea/loose stools (5.8%), abdominal pain, vomiting, and nausea (1.9% each), and rash (1.6%).

Pharyngitis/tonsillitis: For the recommended dosage regimen of 12 mg/kg on Days 1-5, the most frequent side effects attributed to treatment were diarrhea/loose stools (6%), vomiting (5%), abdominal pain (3%), nausea (2%), and headache (1%).

With either treatment regimen, no other side effects occurred in children treated with ZITHROMAX® with a frequency of greater than 1%. Side effects that occurred with a frequency of 1% or less included the following:

Cardiovascular: Chest pain.
Gastrointestinal: Dyspepsia, constipation, anorexia, flatulence, and gastritis.
Nervous System: Headache (otitis media dosage), hyperkinesia, dizziness, agitation, nervousness, insomnia.
General: Fever, fatigue, malaise.
Allergic: Rash.
Skin and Appendages: Pruritus, urticaria.
Special Senses: Conjunctivitis.

Post-Marketing Experience: Adverse events reported with azithromycin during the post-marketing period in adult and/or pediatric patients for which a causal relationship may not be established include:

Allergic: Arthralgia, edema, urticaria.
Cardiovascular: Arrhythmias including ventricular tachycardia.
Gastrointestinal: Anorexia, constipation, dyspepsia, flatulence, vomiting/diarrhea rarely resulting in dehydration.
General: Asthenia, paresthesia.
Genitourinary: Interstitial nephritis and acute renal failure.
Liver/Biliary: Abnormal liver function including hepatitis and cholestatic jaundice.
Nervous System: Convulsions.
Skin/Appendages: Rarely serious skin reactions including erythema multiforme, Stevens Johnson Syndrome, and toxic epidermal necrolysis.
Special Senses: Hearing disturbances including hearing loss, deafness, and/or tinnitus, rare reports of taste disturbances.

Laboratory Abnormalities: Adults: Significant abnormalities (irrespective of drug relationship) occurring during the clinical trials were reported as follows: with an incidence of 1-2%, elevated serum creatine phosphokinase, potassium, ALT (SGPT), GGT, and AST (SGOT); with an incidence of less than 1%, leukopenia, neutropenia, decreased platelet count, elevated serum alkaline phosphatase, bilirubin, BUN, creatinine, blood glucose, LDH, and phosphate.

When follow-up was provided, changes in laboratory tests appeared to be reversible.

In multiple-dose clinical trials involving more than 3000 patients, 3 patients discontinued therapy because of treatment-related liver enzyme abnormalities and 1 because of a renal function abnormality.

Children: Significant abnormalities (irrespective of drug relationship) occurring during clinical trials were all reported at a frequency of less than 1%, but were similar in type to the adult pattern.

DOSAGE AND ADMINISTRATION (See INDICATIONS AND USAGE.)

Acute Otitis Media and Community-Acquired Pneumonia: The recommended dose of ZITHROMAX® for oral suspension for the treatment of children with acute otitis media and community-acquired pneumonia is 10 mg/kg as a single dose on the first day (not to exceed 500 mg/day) followed by 5 mg/kg on days 2 through 5 (not to exceed 250 mg/day).

Pharyngitis/Tonsillitis: The recommended dose for children with pharyngitis/tonsillitis is 12 mg/kg once a day for 5 days (not to exceed 500 mg/day).

ZITHROMAX® for oral suspension should be given at least 1 hour before or 2 hours after a meal.
ZITHROMAX® for oral suspension should not be taken with food.

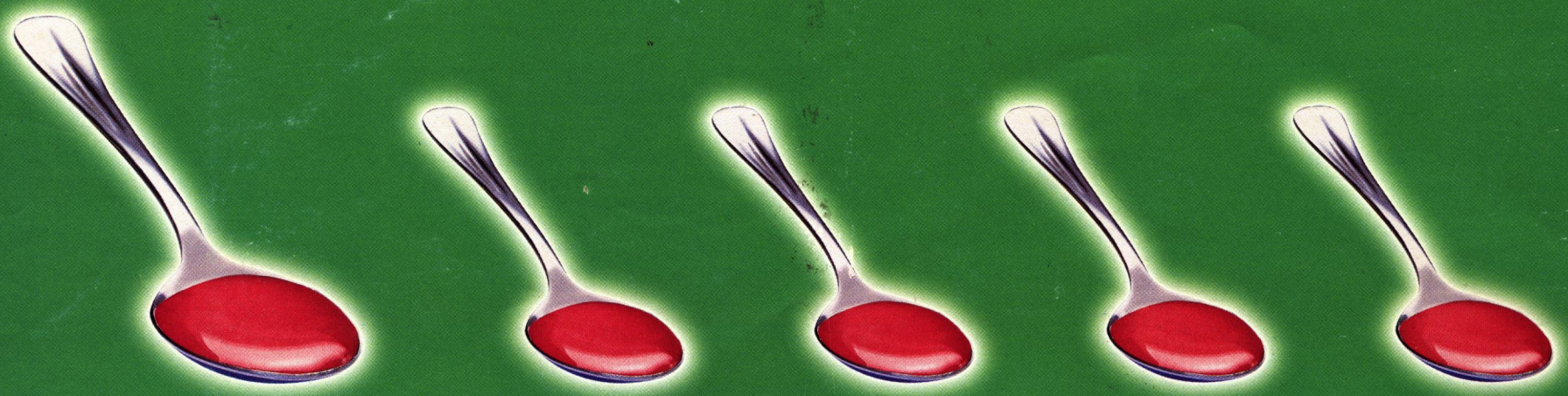
More detailed professional information available on request.
Revised January 1997

© 1998, Pfizer Inc

ZC219A98

Pfizer Pediatric Health Committed to Kids

Zithromax®
(azithromycin for oral suspension) ONCE DAILY FOR 5 DAYS



effective therapy
(no spoonful of sugar necessary)

5 once-daily doses
(efficacy that's easy for your little patients to take)

COVERAGE OF KEY RESPIRATORY PATHOGENS

TYPICAL	ATYPICAL
Streptococcus pneumoniae	*Chlamydia pneumoniae*
Haemophilus influenzae	*Mycoplasma pneumoniae*
Moraxella catarrhalis	

- **BETTER COMPLIANCE MAY IMPROVE PATIENT OUTCOMES[1]**
- **COSTS LESS THAN MOST BRAND-NAME ANTIBIOTICS[2]**
- **PROVEN TOLERABILITY**

In acute otitis media, the most common side effects are diarrhea/loose stools (2%), abdominal pain (2%), vomiting (1%), and nausea (1%). In community-acquired pneumonia, the most common side effects are diarrhea/loose stools (5.8%), abdominal pain, vomiting, and nausea (1.9% each), and rash (1.6%).

Zithromax® (azithromycin for oral suspension) is contraindicated in patients with known hypersensitivity to azithromycin, erythromycin, or any macrolide antibiotic.

Zithromax is indicated for pediatric infections such as acute otitis media due to *H influenzae, M catarrhalis,* or *S pneumoniae,* and community-acquired pneumonia due to *C pneumoniae, H influenzae, M pneumoniae,* or *S pneumoniae.*

Oral azithromycin should not be used in pediatric patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors such as any of the following: patients with cystic fibrosis, patients with nosocomially acquired infections, patients with known or suspected bacteremia, patients requiring hospitalization, or patients with significant underlying health problems that may compromise their ability to respond to their illness (including immunodeficiency or functional asplenia).

Zithromax®
(azithromycin for oral suspension) ONCE DAILY FOR 5 DAYS

Please see brief summary of prescribing information on adjacent page.