CORTICES Annual Meeting — Minutes

Date/Time: Friday, September 26, 2025 (8:00–3:00 PM)

Location: Gillette Children's, St. Paul, MN
Moderator(s): Shore, Laine, Truong, Sigrist
Attendance:

***In-person*:** Baldwin, Beebe, Blumberg, Johnson, Laine, Lempert, Li, Livingston, McGraw-Heinrich, McLaughlin, Miller, Owen, Schoenecker, Sheffer, Shore, Sigrist, Spence, Stepanovich, Truong, Upasani
***Virtual*:** Hill, Larson, May, Rosenfeld, Sanders, Souder, Swarup

1) Welcome & Context

- Opening remarks emphasized the structured timing of the annual meeting ahead of POSNA abstract deadlines; recognition of extensive behind-the-scenes work to prepare multiple multicenter abstracts.
- Acknowledgments to site leads, data teams, and statisticians; special thanks to Boston team for data coordination and QC/training efforts.
- Thanks to our hosts from Gillette's Children's Hospital.

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2) Tibia Nail Update — Preliminary Data from β-Sites (Miller)

Objective: Assess growth-related deformity after rigid tibial nailing in skeletally immature adolescents; primary outcome defined as **>5°** change in **MPTA/PPTA** from immediate post-op to latest follow-up.

Cohort & Methods (Preliminary):

- Early multicenter dataset from 6 sites; focus on Tibial Physeal (TiPQ) maturity groups (e.g., TibQ 0 vs 1).
- Standardized radiographic measurements (AP/Lateral) at immediate post-op baseline and at ≥12 months follow-up or reached skeletal maturity; single designated rater per site; equivalence testing introduced for measurement comparison.

Key Early Findings:

- TibQ 0 subset with complete data (n≈27): 1/27 showed >5° change (≈5° varus).
- TibQ 1 subset: 2 patients with >5° change (both ↑ recurvatum on PPTA).
- Implant position observations: Nails positioned above the physis were common in TibQ 0; a few cases below the physis raised theoretical risk concerns, but early data did not show large deformities.
- Overall physeal growth deformity lower than expected; consider tibial nailing in younger patients; however, interpretation limited by small N and inter-site measurement variance.

Discussion/Decisions:

- Agreement to submit an abstract to POSNA showcasing feasibility and preliminary outcomes, while prioritizing continued case accrual to power definitive analyses.
- Emphasis on consistent measurement training and using a single rater per site to reduce variability.

Action Items:

1. All sites: Contribute eligible TibQ 0 cases with ≥12 months follow-up or those that reached skeletal maturity.
    a. Send email to BCH team if you want to start collecting data.
    b. Target: compile an updated dataset ~1 month before CORTICES meeting @ POSNA.
2. Mark to start writing a paper with preliminary results, while continuing to capture data from additional sites.

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3) NAT Database Updates (Canizares, Pandey, Shore)

Cohort & Structure:

- Multicenter diaphyseal femur fracture registry, <36 months at injury, ~2017–2020 capture; exclusions include osteogenesis imperfecta, fractures due to MVCs, and birth injuries.
- N≈1,700 after exclusions; ~61% underwent NAT evaluation; among those evaluated, ~33% were NAT-positive under composite criteria (ICD codes + child protection outcomes, etc.).

3a) Skeletal Survey (SS) & Follow-Up Skeletal Survey (FUSS)

- SS positivity: ~16% (≈119/715).
- FUSS indicated: ≈235; completed: 183 (≈78% adherence).
- New injuries on FUSS: ~16 patients (≈8–9% of completed FUSS) with management changes documented (e.g., protective custody changes, specialist referrals). Takeaway: FUSS yields clinically meaningful new findings in a non-trivial minority and can change management.

Action Items:

- Prepare stand-alone abstract on FUSS value (yield, adherence, downstream management effects).

3b) Screening & Epidemiology Patterns

- Who gets evaluated? Higher odds with: age 0–12 months, delayed presentation (>1 day), government insurance, higher neighborhood deprivation (ADI), non-Hispanic Black/Hispanic race/ethnicity, and displaced fractures.
- Site variation: Screening rates range ~28%–99% across 17 sites; substantial variation in lab panels and imaging utilization.

Action Items:

- Consider collapsing/combining “labs” and “site variation” abstracts while keeping FUSS as a stand-alone, to avoid reviewer fatigue.

3c) Laboratory Panels — Utility Signal

- Across NAT+ vs NAT−, lab abnormalities largely similar; amylase more often abnormal in NAT+; imaging (SS/CT/US/ophtalmology) tracks more closely with NAT+ status. Message: Use clinical judgment and guideline-triggered imaging; labs help rule-in alternate pathology but are not diagnostic of NAT by themselves.
- Some members voiced concern over the message of this paper as not surprising that labs are normal in these cases but other members felt it was important to report how normal these labs are in the setting of NAT.

Action Items:

- Refine lab abstract to emphasize role as screening tool but they don’t overrule clinical judgement; consider sensitivity analysis using SS-positive as a more objective endpoint.

3d) Fracture Patterns & Treatment

- Pattern: Spiral fractures dominate; most fractures unilateral and ~69% displaced.
- Treatment: Spica casting ~80% overall; functional braces emerging at select sites (e.g., Colorado); ED vs OR resource implications discussed.

Action Items:

- Study comparing functional brace vs spica (LOS, anesthesia use, cost, car-seat discharge feasibility, skin complications, re-intervention).
- Submit abstract as standalone for POSNA.

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4) Traumatic Hip Dislocation (Arkader/Baldwin)

Progress:

- Data dictionary pruned to questions tied directly to hypotheses.
- Alpha testing completed at CHOP with REDCap refinements; β-sites trained and poised for data collection post annual meeting .
- Survey (QR provided in room) to capture practice variation against hypotheses –POSNA abstract submitted from survey responses.

Timeline:

- Aim to complete β-site data by late 2025 / early 2026; scale to additional sites thereafter.
- Target presentations/manuscripts beginning 2027; potential outlets: JOT/JPO.

Action Items:

- β-sites to begin uploads; send questions/field issues to study core team.
- Consider minimum follow-up parameters (≥6–12 months) and optional long-term outcomes where available.

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5) MSKI Grant — MODS Prediction & EMR Alerts (Schoenecker)

Grant Concept:

- NIH application to predict and prevent progression to MODS in pediatric infection & level-1 trauma via tiered labs and EMR alerting (pragmatic Tier-1 vs mechanistic Tier-2).
- Sample size: ~1,150 children (~500 infection, ~650 trauma), 15–20 centers; ask ≈ 2–4 cases/month per site across arms.

Biology & Interventions:

- Pathophysiologic focus on early hyperfibrinolysis, neutrophil activation, and rapid Protein C consumption.
- Actionable levers: early TXA (when indicated), vitamin K to restore Protein C/S activity, and emerging NET-modulating therapies.
- Protein C assays likely Tier-2; Tier-1 limited to widely available hospital labs.

Operational Notes:

- Anticipate cross-service coordination (PICU/Gen Surg/ED/Ortho).
- Consider CP population as separate ancillary study (time-zero control) to avoid diluting the primary aims.

Action Items:

1. **All sites:** Confirm feasibility to contribute **2–4** infection **and** trauma cases/month; reply by email with expected monthly volume.
2. **Lab capability check:** Verify availability/turnaround for **Tier-1** panel; confirm whether **Protein C activity/antigen** can be run in-house or requires send-out. BCH team will get the exact language and question from Dr Schoenecker and then distribute to all the site PIs to obtain answers.
3. **PI team:** Circulate concise lab panel one-pager and enrollment workflow for local buy-in (ED/PICU/Gen Surg).

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6) NSTI Study (Schoenecker)

- Rising reports of severe **MSSA** soft-tissue infections (aggressive, multi-compartment involvement) across sites; inclusion under MSKI umbrella discussed.
- Need to define inclusion cleanly (NSTI/necrotizing soft-tissue spectrum) and measure with the same lab tiers as MODS project.
- Likely this project will be a spinoff project of the above grant

Action Items:

- Wendy Ramalingam to draft inclusion criteria and align labs/timing with MSKI MODS protocol.

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7) Communications — Real-Time Peer Support

- Proposal to create a **CORTICES WhatsApp group** (case pearls, operational tips, study logistics).
- **Note:** No PHI. Use for networking, quick polls, and troubleshooting.

Action Items:

- Coordinator to collect **mobile numbers** and set up the group; share community guidelines (no PHI; study-relevant communication; link resources).

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8) Open Fractures — Antibiotic Prophylaxis & Project proposal (Livingston)

Status & Publications

- **Survey study** on open-fracture antibiotic protocols **accepted in JPO** (practice variation across CORTICES sites; consistency for Grade I–II, wide variation in Grade III and soil/water contamination).

Alpha Test (Single-Center, Grade III; ~10-year look-back)

- N≈33 Grade III pediatric open fractures. High morbidity signal observed:
  - Infection ~23%; any complication ~59%; re-operation ~34%; readmission ~13%.
  - Delayed union and occasional amputation reported in small numbers.
- Antibiotic regimens in first 24h showed marked heterogeneity despite a local protocol.

Next Steps (Multicenter)

- Focus on Grade III injuries for β-testing: candidate questions include time to IV antibiotics, coverage spectrum, time to soft-tissue coverage, and immediate vs staged fixation.
- Mechanism subgroups to pre-specify (e.g., lawnmower, UTV/ATV, pedestrian vs auto), anticipating regional case-mix differences.

Discussion Points

- Practical operations data (ED “one-hour” rule adherence, washout timing, consult pathways) may be high-yield endpoints.

Action Items

1. Draft β-test Grade III protocol (inclusion, endpoints, case report forms).
2. Sites: estimate annual Grade III volume; identify mechanism mix (lawnmower/UTV/etc.).
3. Analytics: power scenarios for infection/complication outcomes and timing effects.

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9) Traumatic Arthrotomies of the Knee — Management Patterns (Livingston)

Single-Center Retrospective (10y; N≈36)

- Septic arthritis events: none. Two superficial infections treated orally.

- Most underwent operative irrigation/debridement; CT frequently used to confirm arthrotomy.
- Irrigation volumes commonly ≈6 L; drains used selectively in higher-contamination wounds.
- Antibiotic timing & duration varied widely (some no PO on discharge; others 1–2 weeks).

CORTICES Survey (Practice variation)
- Antibiotics in ED: common; duration post-op variable.
- Urgency: split between same-day vs next-day first case for clean/mildly contaminated wounds.
- Gunshot wounds: ~42% managed definitively in ED; others to OR.

Abstract plan: POSNA submission highlighting variability, low infection risk, and candidate de-escalation pathways (e.g., next-day OR for clean arthrotomies; tailored PO antibiotics).

Action Items
1. Finalize **POSNA abstract**; include predefined contamination tiers (minimal/mild vs moderate/severe vs GSW) with irrigation volume and drain usage.
2. Scope multicenter study to test urgency & antibiotic duration vs outcomes.

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10) Bylaws — Mission & Governance Updates (Shore)

- **Mission language** refined toward "*traumatic and infectious pediatric orthopedic conditions"* (drop "emergent"/acute vs chronic ambiguity).
- Membership: point-system reminders; new site intake to include conditional 2-year period before full voting, when applicable.
- **Executive Director** role: ensure continuity/collaboration with **Boston Children's** given infrastructure support.

Outcome: Motion to accept bylaws **passed** with the mission wording change.

Action Items:
- Circulate final bylaws; distribute **member point tallies** before next POSNA/CORTICES meeting.

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11) Napkin idea #1 Regional Anesthesia & Compartment Syndrome (Shore)

- Recurrent debate with regional teams on blocks in fracture care; concerns about masking CS.
- A prior multi-site review (~31k blocks) was methodologically limited; most ACS cases came from a single center; findings (similar time to diagnosis) are not trusted.
- The purpose of this napkin idea would be to determine whether time to recognition/diagnosis of ACS differs with vs without regional anesthesia (single-shot blocks, catheters, epidurals), separately for elective and trauma populations.

- Provide data to inform site policies (when blocks are reasonable vs contraindicated) and to counter the assumption that "true ACS will break through a 'sensory-only' block."

Action Items:

- Design two-part study with those interested:
- Practice patterns survey (block types/agents, trauma scenarios allowed vs avoided)
- Case series of ACS with/without regional anesthesia, capturing time-to-diagnosis and outcome.
- Not a lot of interest in this from the group

12) Napkin idea #2 Continuous Pressure Monitoring (MY01) (Livingston)

- Early experience in ECMO and adolescent tibia fractures: frequent post-op pressures in 40–50 mmHg with normal clinical exams, trending down overnight.
- Interest in protocolized use (target compartments, timing, thresholds) and parallel near-infrared spectroscopy where available.
- Concerns from the group were that this monitoring system has the potential for creating liability for providers.

Action Items

- Interested sites piloting continuous monitoring to share SOPs and anonymized tracings for a methods paper.
- Group was luke warm about participation in this study

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13) Napkin idea #3 Injury Epidemiology Concepts

- **E-bikes/UTVs/ATVs/dirt bikes**: propose a combined motorized rider injury registry with granular ortho outcomes.
- **Neonatal/infant distal humerus (transphyseal) fractures**: explore non-reduction pathways vs routine reduction/pinning; ensure NAT workflow capture.

Action Items

- Form small workgroups: **(a)** Motorized rider registry (definitions, ICD/EMR pulls), **(b)** Transphyseal distal humerus natural history study.

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14) Education/Consensus — Modified Delphi Program (Schoenecker)

- The purpose is to build consensus rank-orders for (1) ED triage—what to see first and (2) OR urgency—what goes first across services.
- Output = practical, publishable CORTICES consensus to guide residents/boards and enable cross-service scheduling decisions.

- Built and piloted the framework ("Clinical Intuition Ordinal Hierarchy"): pairwise comparisons, iterative rounds, prune items with clear agreement. Early run showed the method works and gives meaningful separation.
- Ishan spun up a first focused project: Salter-Harris II distal tibia—identify predictors of premature physeal closure.
    - ~12 candidate factors identified; expert participants lined up.
    - Pairwise survey ready (REDCap or the app "Tinder-style" UI).
    - Discussion on enhancing rounds by providing article packets vs AI-generated summaries to see if consensus is reached faster (future experiment).

Action Items

- Form subcommittees (ED triage, OR urgency); each drafts a bounded comparator list (≈20–30 items max) with clear definitions.
- Finalize the SH-II predictor set (confirm the ~12 factors) and launch Round 1 (pairwise survey) on REDCap/app.
- Set consensus rules: e.g., agreement plateau or predefined Kendall's/W score; define pruning thresholds between rounds.
- Decide survey logistics: platform (REDCap vs app), deadlines (e.g., 2 weeks/round), and number of rounds (target 2–3).
- Documentation for reproducibility: brief methods SOP (anonymity, modeling, pruning, reporting).
- Plan outputs:
    - Short CORTICES consensus statements (ED triage, OR urgency).
    - Method paper (framework + Bradley–Terry approach).
    - SH-II manuscript (predictors of physeal closure).

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15) Abstract/Writing Hygiene (Shore)

- When submitting to POSNA this year, please refer to studies as **"multicenter"**; avoid listing **CORTICES** or exact site counts in the abstract body to minimize reviewer bias.

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16) Logistics & Closing (Afternoon)

- Reminders on dinner and social activities.
- **Adjourn (Day 1): ~3:00 PM**.

Date/Time: Saturday, September 27, 2025 (8:00–12:00 PM)

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1) Pediatric Calcaneus Fractures (May)

Update:

- Single-center experience (BCH).
- 20-year review: 38 fractures/35 pts (mean age ~12); ~50% operative.
- Operative cohort skewed older; surgery associated with higher Sanders class, greater displacement, lower Böhler's angle, ski/snowboard mechanisms.
- Mix of extensile lateral and percutaneous fixation; low wound complications in this pediatric series.

Discussion/Takeaways:

- Adult Sanders classification may be hard to apply/reproduce in kids; potential need for a pediatric-oriented system that captures varus, width, and lateral wall issues to better guide treatment.
- High rate of associated injuries (spine) reinforces systematic screening at presentation.

Action Items:

- Collin to finalize research proposal for multicenter CORTICES study and build REDCap.
- Form a core protocol group (include surgeons who regularly fix these).
- Aim for abstracts by next POSNA cycle.

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2) Distal Tibial Physeal Fractures — Consensus Factors for PPC Risk (Presenter: Swarup)

Concept:

- Modified Delphi + app-based pairwise rankings (Bradley–Terry modeling) to derive a hierarchy of **predictors** that should influence management and surveillance for premature physeal closure (PPC).

Status:

- Literature summary drafted; 12 candidate factors defined; ~20 volunteers identified.
- Plan: baseline survey → distribute literature packet → group discussion → repeat surveys to converge on consensus.

Process Notes:

- **Same panel** must complete all rounds to preserve Delphi validity.

Action Items:

- Ishaan & Jon to finalize visual stimuli and pairwise comparisons; circulate Round 1.
- Ishaan to share participant list via email/WhatsApp and schedule two consensus rounds.

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3) Timing of Fixation — Isolated Pediatric Femoral Shaft Fractures (Swarup)

Rationale:

- TQIP analysis (2017 cohort) suggested delayed fixation associates with more medical complications, but database granularity is limited (mixed polytrauma/isolated cases).

CORTICES Proposal:

- Multicenter retrospective focusing on **isolated femoral shaft fractures** (approx. ages 6–16).
- Outcomes: complications (medical/surgical), LOS, time to mobilization, readmissions, opioid equivalents; explore **start time** (overnight vs. day) and **resource delays**.
- Potential to inform advocacy and US News/ACS metrics with pediatric-specific evidence.

Action Items:

- Ishaan to draft research proposal and circulate for co-leads; sites to estimate case volumes and available variables.
- Consider secondary analysis on **OR start times** and effect of having a trauma block.

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4) Pediatric Lisfranc Injuries (Rice Denning)

4a) Survey of Practice Patterns & Case Adjudication (Rice Denning)

Findings (n=29 respondents, 18 sites):

- Clear operative consensus for widely displaced/obvious Lisfranc disruptions on radiographs.
- Non-operative consensus for injuries limited to lateral TMT joints without Lisfranc interval disruption.
- Discordance for younger patients (≈8–13 yrs) with MRI-confirmed ligamentous Lisfranc tears but no obvious displacement on plain films.
- Hardware tendencies: K-wires favored for 3rd–5th TMT; varied implants (screws/plates/tightropes) for 1st TMT/Lisfranc articulation.

Action Items:

- Create a working group to re-review the discordant cases: contact “operate” vs “non-operate” voters to capture rationale and decision drivers.
- Capture respondent case volume/experience to analyze its effect on decisions.
- Finalize and submit survey abstract to POSNA; use insights to refine retrospective data fields.

4b) Multicenter Retrospective Cohort (Rice Denning)

Aims:

- Descriptive epidemiology (demographics, mechanisms, imaging patterns), treatment strategies, and outcomes across ~15 years.
- Test whether skeletal maturity modifies outcomes (binary scheme derived from a 5–6 stage system).

- Long-term goal: pediatric Lisfranc classification to guide management.

Data Plan Updates:
- Broader inclusion (open/closed; associated foot injuries).
- Outcomes: time to prior-level activity or sport; standardized radiographic measures (e.g., 1st–2nd MT base interval norms); complications.

Action Items:
- Circulate protocol + data dictionary to the Research committee; finalize REDCap after integrating survey-derived questions; pilot at 3 sites with first 5 patients/site.

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5) AVN After Septic Arthritis — Multi-Institutional MSKI Database Analysis (Canizares; addendum comments by Sanders)

- Cohort: 18 hospitals (2010–2016).Incidence: ~4% AVN among pediatric septic arthritis cases.
- Disseminated infection (~7× odds), CRP ≥ ~157 (~5× odds), >1 surgery (~3× odds) linked to higher AVN risk.
- Retrospective registry; heterogeneity in follow-up; AVN severity not graded; potential underestimating AVN rate.

Action Items:
- Finalize and submit the primary manuscript.
- Consider secondary paper, focused series: characterize the 25 AVN cases (timing, severity/classification, management, outcomes) and develop follow-up imaging guidance (who, when, how long).

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6) Napkin Idea #4 Open Grade-III Fractures (Leads: Livingston, Sheffer)

Update:
- Ongoing planning toward a multicenter focus on high-severity but uncommon injuries (e.g., timing to coverage, fixation strategy, antibiotic timing/regimen).

Action Item:
- Convene methods/variables group; align with earlier survey/retrospective signals.
- Refer to Item number 8 on day 1

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7) Authorship & Study-Group Attribution (Brief Discussion)

- For "CORTICES Study Group" manuscripts, maintain a current group author list (BCH to steward in Website) and ensure all listed authors review/approve proofs to meet journal requirements.
- Route submissions through the BCH admin team for consistency with prior agreements and acknowledgement language.
- Authorship from non-members (CRC, research scientist) who have significantly contributed to the process of data collection, organizing, writing and met the ICMJE authorship criteria (below) are to be considered co-authors in a CORTICES paper. However this needs to be approved on a case basis by the research committee.
    - Substantial contribution to the work's conception/design; or data acquisition, analysis, or interpretation.
    - Drafting the article or revising it critically for important intellectual content.
    - Final approval of the version to be published.
    - Accountability: agreement to be accountable for all aspects of the work, ensuring questions about accuracy or integrity are investigated and resolved.

Action Item:

- BCH team will create a page on the website with material to help standardize paper submission which will include
    - Cover letter
    - Formatting example from other papers which includes
        - Pubmed expandable reference for all authors
        - Acknowledgement of the names of the authors at the end of the manuscript

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8) CORTICES Publications Discussions

Summary

- Septic arthritis (ankle/foot) – MSKI database: ~12% of cases involved ankle/foot; mean age ~7; MSSA most common; ~80% resolved with a single washout; ~50% had associated osteomyelitis (MRI use varied); low readmission/complication rates. Practical debate: routine MRI more compelling for foot cases; duration of symptoms (>3 days) may guide MRI; most do not routinely wash out the subtalar joint.
- VTE project: Events clustered in patients >12 years and those with infection and/or prior coagulopathy—good history + risk recognition are key.
- Regional variation (NAT workup): Broad practice variation overall; most consistent elements are CPS/social work involvement and skeletal surveys.
- Distal fractures fixation: For nondisplaced/minimally displaced distal fractures, fixation generally not needed (in contrast to older literature).
- Pipeline abstracts (target: ~8–10): Lisfranc, tibia, skeletal survey, femur (pattern/treatment), calcaneus, K-wire, traumatic arthrotomy, internal-neck survey (MRI), ± labs paper.

Action Items

- Finalize and submit abstracts listed above (owners: respective study leads).
- Draft a brief **practice note** on ankle/foot septic arthritis (MRI triggers, subtalar washout, single-washout success) for internal reference and possible JPOSNA primer.
- Circulate VTE **risk checklist** (age ≥12, infection, coagulopathy) to sites.

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9) Financial Updates

Summary

- Current resources originated from initial site dues ($5k/site) + $25k donation; running balance historically ~$80–90k.
- Industry support (OP): $15k/year for past 3 years; final check due this month; renewal needs negotiation.
- Ongoing costs are modest (meeting target <$10k; swag/food bundled; domain only a few hundred; website spend reduced).
- Discussion: per-site dues for multi-site members (e.g., Nemours) should be per site; consider 501(c)(3) for liability/advocacy; explore investment policy for idle funds; align future grants with published research priorities; pursue a large registry grant next cycle.

Action Items

- OP renewal: Outreach to OP; invite them to present at Orlando to reinforce partnership (lead: Spence/Shore/Upasani).
- Dues policy: Board to formalize per-site membership fee (e.g., $5k/site) and communicate to multi-site applicants.
- 501(c)(3) + investment: Form a small task group (legal/finance) to assess incorporation and draft an investment/treasury plan.
- Grant strategy: Identify 1–2 registry-style proposals (e.g., tibial nail, infection) and begin aims/consortium planning.

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10) Next meeting site (Memphis) & Future International Sites

Summary

- Aim to lock next-year site within the next few weeks; Memphis floated as a candidate; interest in expanding to additional (including international) sites when feasible.

Action Items

- Venue decision: Gather proposals (incl. Memphis) and confirm venue/date (Events lead + Board).
- International growth: Draft a light-weight intake process (criteria, IRB/data compatibility, mentorship plan).

Update: Memphis has agreed to be the Host for the 2026 annual meeting. Tentative hold for Fri–Sat, Sep 18–19, 2026; overlap with POST course. Avoid Sun due to Yom Kippur. Circulate in the annual meeting for conflicts.

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11) Membership Results

Summary

- Do not discuss results publicly post-meeting.
- Board to meet in ~1 week to confirm outcomes and discuss next steps with new sites
- Multi-site questions (e.g., Nemours; Rady San Diego + Orange County) discussed—adjunct or separate site models depending on leadership/IRB alignment.

Action Items

- Board to finalize membership decisions and notify PIs privately.
- Clarify pathway for adjunct sites under shared IRB (e.g., Rady OC) vs. new full members.

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12) Closing Remarks

Summary

- Momentum strong: expect near double-digit abstracts this cycle; multiple new studies launching.
- Push on translation/advocacy: webinars, social media (e.g., E-bike safety), AAP/OTA collaborations, and JPOSNA primers.

Action Items

- Translation working group: Stand up a small team to deliver a Q1 E-bike safety package (social post + pediatrician one-pager + media pitch).
- Education partnerships: Explore AAP symposium proposal; re-engage OTA for a specialty session; consider JPOSNA collaborations.
- Abstract tracking: Create a live tracker of all planned submissions with owners/deadlines.
