

Presentaciones Murales

(como hacer y presentar un poster)

¿Cuál es el mensaje que quiero dar?

¿Cuál es la historia que quiero contar?

¿Cómo voy a contar esa historia?



Fabrication of a New Device for the Preparation of Monodispersed Microspheres Using Solvent Extraction

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Introduction

Microspheres (spherical particles) find many applications in various fields such as medicine, biology, chemistry, physics, and materials science. They are used in drug delivery, tissue engineering, and as model systems for studying biological processes.

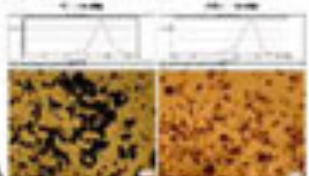


Microspheres are used in drug delivery, tissue engineering, and as model systems for studying biological processes.

Multi-Needle Chip

A chip with an array of needles (diameter of 200 µm with holes of 50 µm) was tested to produce microspheres. Microspheres were produced using 10% w/v of PLGA in CHCl₃ as the dispersed phase and 1% w/v PVA in water as the dispersing phase.

Results and Discussion: Microspheres were produced at 10% w/v PLGA in CHCl₃. Despite a 10% PLGA, the holes were not completely open. An accurate control of the flow rate was therefore impossible. The surface of the chip was not hydrophilic enough, the solution distribution from each needle was therefore heterogeneous.



Influence of Flow Ratio with First Setup



A range of microspheres produced at a flow ratio of 1/100. At a flow ratio of 1/100, the size distribution of microspheres produced at 10% w/v PLGA in CHCl₃ was narrow and centered around 1 µm. At 1/100, the size distribution of microspheres produced at 10% w/v PLGA in CHCl₃ was narrow and centered around 1 µm.

Results with Brass Setup

The brass setup yielded better results. First microspheres were produced. They are however still polydisperse.



PDD analysis of microspheres produced with the brass setup. The curve shows a distribution centered around 1 µm.

Discussion of Results with Brass Setup

A number of parameters may cause the produced microspheres to be polydisperse.

- The needle and the output channel were not perfectly aligned. This may cause turbulent flow and disturb the shape of the microspheres.
- Some imperfections on the surface of the brass channel were observed. This causes again perturbations in the liquid flow and the microspheres formation.
- The relative position of the chip output to the filling hole in the holder was not well defined and could slightly vary from experiment to experiment. As the filling is believed to be crucial in keeping the particles equally sized, this may have an impact on the PDD.

Outlook

The chip will be improved and the dispersed solution will be replaced with the help of CAD simulation and design of experiments. The final product will be developed. It will allow to reduce the number of chips to be built and of experiments to be run.

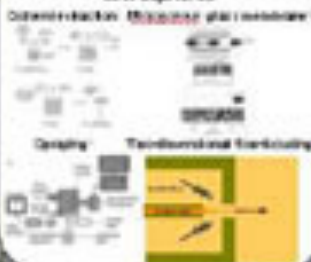
Conclusion

This study has allowed to make a chip that should be able to produce spherical microspheres more uniformly. Some geometrical parameters (dispersion, ...) and experimental flow rate, flow ratio, ... parameters need to be further studied.

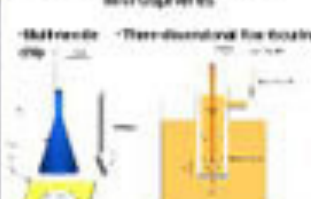
References

1. [https://www.researchgate.net/publication/312222222](#)
 2. [https://www.researchgate.net/publication/312222222](#)
 3. [https://www.researchgate.net/publication/312222222](#)

Current Methods Used to Produce Microspheres



Proposed Methods to Produce Microspheres



Multi-needle chip: The dispersed phase is placed in a reservoir. The dispersed phase is then pushed through a series of needles. The dispersed phase is then pushed through a series of needles. The dispersed phase is then pushed through a series of needles.

3D flow-focusing: The dispersed phase is placed in a reservoir. The dispersed phase is then pushed through a series of needles. The dispersed phase is then pushed through a series of needles. The dispersed phase is then pushed through a series of needles.

Legible a 3 metros

Bueno uso del espacio en blanco, figuras, títulos

Título corto

De 300 a 800 palabras

Conciso y fácil de leer

Software

- PowerPoint, LibreOffice Impress
- Illustrator, Corel Draw, Inkscape
- InDesign, Publisher
- Photoshop, Gimp
- Latex (A0Poster, beamerposter y otros)

Speech Recognition Techniques for a Sign Language Recognition System

Philippe Dreuw, David Rybach, Thomas Deselaers, Morteza Zahedi, and Hermann Ney
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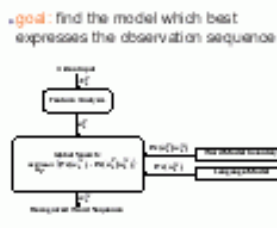


Introduction

- automatic sign language recognition system
- necessary for communication between deaf and hearing people
- continuous sign language recognition, several speakers, vision-based approach, no special hardware
- large vocabulary speech recognition (LVSR) system to obtain a textual representation of the signed sentences
- evaluation of speech recognition techniques on publicly available sign language corpus

Automatic Sign Language Recognition (ASLR)

- similar to speech recognition: temporal sequences of images
- important features
 - hand-shapes, facial expressions, lip-patterns
 - orientation and movement of the hands, arms or body
- HMMs are used to compensate time and amplitude variations of the signers



Experimental Setup

- Database**
 - system evaluation on the RWTH-BOSTON-104 database
 - 201 sentences (161 training and 40 test sequences)
 - vocabulary size of 104 words
 - 3 speakers (2 female, 1 male)
 - corpus is annotated in glosses



- Problems**
 - 26% of the training data are singletons
 - simple sentence structure
 - one out-of-vocabulary (OOV) words with whole-word models

Differences in Comparison to ASR

- simultaneousness
- signing space
- environment
- speakers and dialects
- coarticulation and movement epenthesis
- silence
- whole-word models and sub-word units

System Overview

Visual Modeling (VM)

- related to the acoustic model in ASR
- HMM based, with separate GMMs, globally pooled diag. covariance matrix
- monophone whole-word models
- pronunciation handling

Language Modeling (LM)

- according to ASR: LM should have a greater weight than the VM
- trigram LM using the SRILM toolkit, with modified Kneser-Ney discounting with interpolation

Features

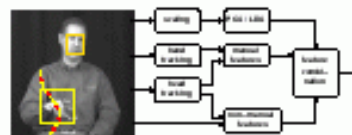
- appearance-based image features: for baseline system
 - thumbnails of video sequence frames (intensity images scaled to 32x32 pixels)
 - give a global description of all (manual and non-manual) features proposed in linguistic research
- manual features:
 - dominant hand tracking: hand position, hand velocity, and hand trajectory features



Feature Selection and Model Combination

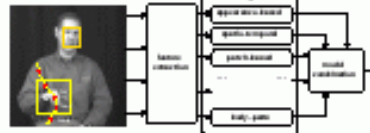
Feature Selection

- concatenation of appearance-based and manual features
- sliding window for context modeling
- dimensionality reduction by PCA and/or LDA

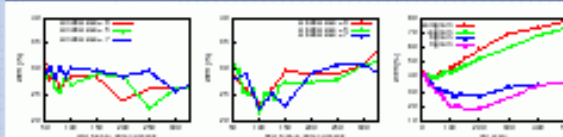


Model Combination

- log-linear combination of independently trained models
- profit from independent alignments (e.g. performing well for long and short words)
- profit from different feature extraction approaches



Experimental Results



Features	Dim.	WER
frame intensity (w/o pronunciations)	1024	54.0
frame intensity (w/ pronunciations)	1024	37.0
frame intensity (w/ pronunciations + tangent distance)	1024	33.7
PCA-frame	110	27.5
PCA-frame, hand-position	112	25.3
PCA-frame, hand-velocity	112	24.2
PCA-frame, hand-trajectory	112	23.6
model-combination	2x100	17.9

Example Results

Correct Examples

IX-1P RND SOMETHING ONE BOOK
 IX-1P RND SOMETHING ONE BOOK
 JOHN FISH WANT EAT BUY CAR EAT CHICKEN
 JOHN FISH WANT EAT BUY CAR EAT CHICKEN
 LOVE JOHN WHO
 LOVE JOHN WHO
 JOHN BUY YESTERDAY WHAT BOOK
 JOHN BUY YESTERDAY WHAT BOOK

Incorrect Examples

MARY VEGETABLE KNOW IX LIKE CORN
 MARY VEGETABLE KNOW IX LIKE MARY
 JOHN IX GIVE MAN IX NEW COAT
 JOHN IX WOMAN NEW COAT
 LIRE CHOCOLATE WHO
 JOHN LIKE CHOCOLATE WHO
 JOHN (UNKNOWN) BUY HOUSE
 JOHN FUTURE NOT BUY HOUSE

RWTH-BOSTON-104 Database

Corpus Statistics

	Training	Test
sentences	161	40
running words	710	178
frames	12422	3324
vocabulary	103	65
singletons	27	9
OOV	-	1

LM Perplexities

LM type	PP
trigram	105.0
unigram	36.8
bigram	6.7
trigram	4.7

Database is publicly available

Conclusion

- LVSR system is suitable for vision-based continuous sign language recognition
- many of the principles known from ASR can directly be transferred
- important for ASLR: temporal contexts, pronunciation handling, language modeling, and model combination
- outlook: connection of recognizer output to a statistical machine translation system achieved promising translation results

Chaotic Psychedelic Poster

Be thankful you name
Isn't on this poster

Introduction

Insert your text here. You can place your organization's logos on either side of the title of the poster. Insert your text here.

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Purpose

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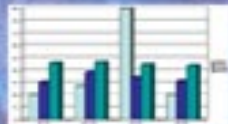
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Methods

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Tools



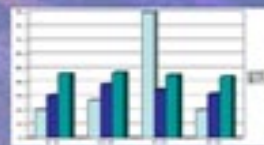
Doctors Technician Training Module

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Expected Results

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Literature Cited

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Disclosure

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Using a Windbreak Habitat Model Across Broad Landscapes: The Effect of Local Landscape Composition and Geographic Location

George Hess¹, John Poulsen², Raymond O'Connor², Jeff Bay³

1. Windbreaks as Habitat

Agricultural lands — fields, pastures, and orchards — are managed to produce food and fiber for people. In the U.S. Great Plains, all extensive agricultural landscapes, windbreaks have been planted to protect fields, crops, livestock, and farmsteads from the prevailing winds. Windbreaks provide some of the same wooded habitat for birds and other wildlife that people have come to value. Windbreaks make up about 25% of the wooded cover in Nebraska, much of the other wooded cover occurs along riparian corridors.

Although they protect soil from wind erosion and provide habitat for some species, windbreaks also contribute to the fragmentation of prairie grasslands. Prairie fragmentation negatively impacts prairie wildlife such as prairie prairie chickens, upland sandpipers, and pheasant's snipe.

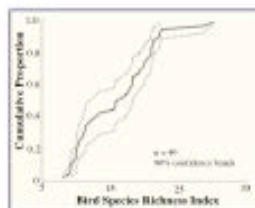
- Forty windbreaks were sampled using two-stage sampling with a frame stratified by intensity of cultivation.
- Most sample windbreaks fell in or near cropland.
- Habitat characteristics of each windbreak were measured in 1994.
- Thirty-five farmers allowed windbreaks to not mow in 1992.



2. Regional Evaluation of Windbreaks

The Environmental Monitoring and Assessment Program's Agricultural Lands Group — charged with assessing the ecological condition of U.S. agricultural lands — undertook a pilot study to evaluate the habitat value of windbreaks on a regional basis. We decided to use a bird species richness index to measure the habitat value of individual windbreaks.

We selected a random sample of 40 windbreaks in Nebraska, based on a screening question on a USDA National Agricultural Statistics Service agricultural survey. In July 1994, field crews measured attributes of 40 windbreaks from field to the farmers nearest to participants. The data were used to estimate the value of windbreaks in breeding bird habitat in Nebraska.



3. Bird Species Richness Index

We used the U.S. Fish and Wildlife Service's Bird Species Richness Index (BSRI), which estimates the number of breeding bird species a single windbreak can support based on four windbreak attributes.

- Area has the greatest impact on bird diversity: larger windbreaks support more species. Area was measured by calibrated pinging.
- Height: Taller windbreaks provide more niches. Height was measured by photographic analysis.
- Vertical structure: A less structurally complex windbreak provides more habitat niches, measured by point sampling.
- Sags: provide another habitat niche. Sags were observed.

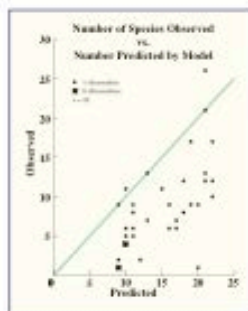
- Using regression factors associated with each sample, we estimated the habitat value of windbreaks for the region (graph left).
- We estimated that half of Nebraska's windbreaks support fewer than 10 breeding bird species (graph left).
- We also estimated that between 67% and 86% of windbreaks are smaller than 1.5 hectares (data not shown), suggesting that few Nebraska windbreaks provide habitat for forest interior or area sensitive birds.

4. Validating BSRI Model

In 1993, a team of five ornithologists revisited 37 of the 40 windbreaks 6 (dates ranged further north between late May and early July).

Each windbreak was visited five times. Data were collected between sunrise and 10:00 AM and four hours after sunrise. All observed birds were identified to species and recorded using spot mapping techniques. Tape recorded vocalizations of the various species and were played on the field pass through the windbreak for each visit.

Because the windbreaks were mowed, we assumed all species were detected.



5. Results of Validation

The model overestimated the number of bird species in the Nebraska windbreaks (graph left). However, the relative qualitative ranking of windbreaks is generally preserved. A total of 31 species were observed.

No strong, significant relationship was found between deviation of observed from predicted number of species and any windbreak attribute or the geographic location of individual windbreaks.

Forest interior, arborescent, and forest edge species occurred in the larger, taller, more complex windbreaks.

Openland and grassland species occurred in the smaller, shorter, less complex windbreaks.

6. Failure of the Model

There are several possible explanations for the failure of the model to predict accurately the number of bird species in the windbreaks.

1. Geographic differences in species richness. The model was developed in Kansas, which has 5-20 more species of bird than Nebraska (using the Bird Survey's species richness map of North America).
2. Dependence on different windbreak characteristics. The number of species in Nebraska's windbreaks depends differently on windbreak characteristics than did the number of species in Kansas.
3. Dependence on landscape-level characteristics. The number of species in Nebraska's windbreaks depends on characteristics of the surrounding landscape.

7. Local Landscape-Scale Effects

Land cover data were collected for the quarter-section (360 acres, 60 by 60) containing the sample windbreak. Cover categories were tree, wetland, crop, grass / herbaceous, barren / non-vegetated, and water. Fences and earth grading were also recorded (present / absent).

Landscape metrics computed included relative cover distributions, total edge length, edge / area ratios, number of patches, mean patch size, mean perimeter per patch, and size of largest field.

The relation between observed and predicted number of species was not significantly related to any of the landscape metrics. This suggests that within a region the number of species using a windbreak depends primarily on windbreak attributes.

8. Conclusions

1. The Bird Species Richness Index for windbreaks cannot be extended simply to describe species richness in large regional scales without either considering explicitly or adding terms that account for differences in regional species pools.
2. Local landscape-scale composition and structure do not explain the failure of the model.
3. The presence of species pools in windbreaks (e.g., forest interior, grassland) may be explained by windbreak size and complexity. The model may be more useful for predicting the presence or absence of species pools than for predicting the total number of species present.

Acknowledgments: This work could not have been done without the many dedicated people at the National Agricultural Statistics Service who helped plan and execute the 1994 data collection effort, the kind farmers who allowed us to survey their windbreaks, the five ornithologists who spent six weeks traveling around Nebraska, and many other people from the University of Nebraska, U.S. Fish and Wildlife Service, National Resources Conservation Service, and the Environmental Protection Agency. Funding was provided by the Environmental Protection Agency and the USDA Agricultural Research Service.

1. North Carolina State University, Forestry Department, Raleigh, NC
2. University of Maine, Department of Wildlife Ecology, Orono, ME
3. North Carolina State University, Statistics Department, Raleigh, NC



Determining the Wear Resistance of Occlusal Splints in a Prospective Clinical Study

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Dept. of Prosthodontics, School of Dentistry (Director: Prof. Dr. H.-Ch. Lauer), ZZMK (Carolinum), J. W. Goethe University, Frankfurt, Germany

Objective

- To determine quantitatively the wear resistance of a newly developed light-curing splint resin over a period in situ of six months.

Materials and Methods

Patients

n = 20 consecutive patients
(mean age: 34.7 years; 12 F, 8 M)

Inclusion criteria

- Natural dentition/fixated denture
- Complete dentition to at least the 1st molar and
- for the **stabilization splint sample**:
 - Insufficient occlusal support
 - Increased occlusal loss of dental hard tissue

for the **distraction splint sample**:

- TMJ pain and
- Complete anterior dislocation of the disk without reduction/with terminal reduction
- TMJ osteoarthritis



Fig. 1: Stabilization splint in situ

Resin splint material (Fig. 1)

- Light-curing (400–500 nm) resin made of high-molecular dimethacrylates with organic and inorganic fillers
- Does not contain methyl methacrylate

Study design

- Duration: 6 months
- Types of splints (maxilla, n = 10 each):
 - stabilization splints, distraction splints
- Splint wear mode: 24 hours
- Examinations:
 - before insertion (BI), at 4 weeks (4W), at 3 months (3M), at 6 months (6M)
- Occlusal adjustments were restricted to the time before 4W.

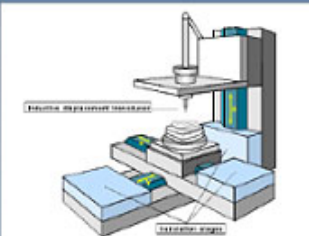


Fig. 2: Test setup

Measuring technology (Fig. 2)

- Vibration-isolated table framework
- 3 translation stages (for directions x, y, and z) (DC-Meter) (PI, Waldbronn)
- DV 4 stereomicroscope (Zeiss, Oberkochen)
- WA 20 inductive displacement transducer/Spider8 digital 8-channel measurement unit/Catman 32 software V2.1 (HBM, Darmstadt)
- Local coordinate storage for occlusal contacts during baseline measurements
- Ten measurements each in regions 13, 23, 16, 26 (BI, 4W, 3M, 6M)
- Splint repositioned on remount cast

Results

- The medians of the occlusal vertical gaps/losses (wear, resin lamination, water sorption, etc.) are shown in Fig. 3 (stabilization splints) and Fig. 4 (distraction splints).



Fig. 3: Occlusal vertical gaps/losses (median) of the resin in situ over a period in situ of six months (n = 10 stabilization splints)

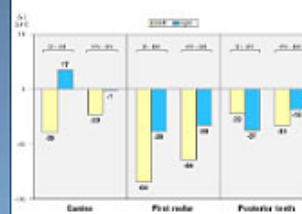
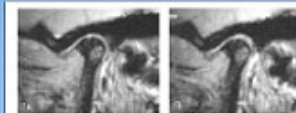


Fig. 4: Occlusal vertical gaps/losses (median) of the resin in situ over a period in situ of six months (n = 10 distraction splints)

- Statistical analysis (Mann-Whitney U-test, $p \leq 0.05$) showed no significant differences when comparing the corresponding results of stabilization and distraction splints.



Figs. 5a and b: Sagittal oblique images (BOR) of the condyle/fovea relationship without splint (Fig. 5a) and with distraction splint inserted (Fig. 5b) following six months of wearing.

Conclusions

- The present study *clinically* confirms the good wear resistance results of the new resin splint material obtained in a previous *in-vitro* study [OTTL et al., Dtsch Zahnärztl Z 52, 342 (1997)].
- Good wear resistance is of great importance for maintaining the therapeutic mandibular position during the treatment period (Figs. 5a and b).



A Framework for Assessing the Condition of Agricultural Lands

George Hess¹, Anne Hellkamp², Mike Munster³, Steve Peck³, Lee Campbell³, Betty McQuaid⁴, Steve Shafer^{3,5}

Mission: To develop indicators of the condition of agricultural lands within an ecological framework, and to monitor and evaluate this condition on a regional basis.



Sustainable agriculture has been discussed, defined, and discussed in countless papers.

Definitions tend to be broad and encompass ecological, economic, social, and even policy dimensions. Although these dimensions are interrelated, each may be measured independently.

In our efforts, we sought methods to examine only the ecological aspects of sustainability.



People place values on agricultural lands that must be addressed if monitoring is to be relevant.

The foremost goal for agricultural lands is to produce food and fiber for human uses.

Other desired outcomes can be considered goals for the larger landscape and sometimes function as constraints on production. These include clean air and water, wildlife habitat, and aesthetically pleasing landscapes.

The ecological condition of agricultural land is defined by its productivity and the degree to which natural biotic and abiotic resources are conserved and protected.

Agricultural land in good condition is productive and does not compromise natural resources. Sustainability is the ability to maintain good condition over time.



Indicators were selected to reflect crop productivity and land stewardship.

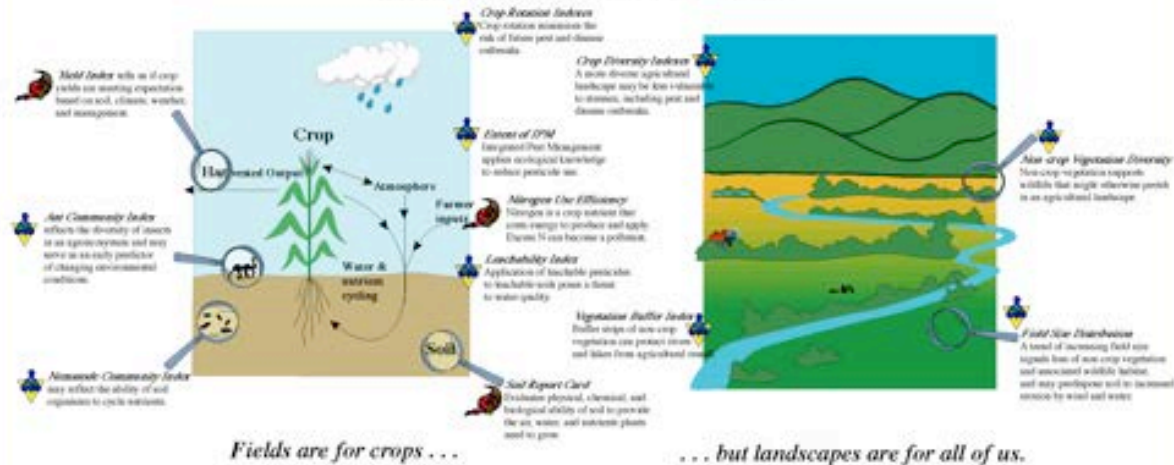
In making an assessment, condition is reported for each indicator. An overall condition may also be reported, but depends critically on the relative weighting of the goals for agricultural lands.

For sustainability, one can examine trends in crop productivity and stewardship practices.

Potential Indicators for Annually Harvested Herbaceous Cropland

As a starting point, we chose to concentrate our efforts on developing indicators for **annually harvested herbaceous cropland** — land planted with crops that are harvested every year whether the plants are annual or perennial. Common examples are corn, wheat, soybeans, alfalfa hay, and sorghum.

We also endeavored to supplement, rather than duplicate, existing efforts. Our conceptual framework is flexible enough to incorporate indicators based on data from other monitoring efforts. For example, an erosion indicator could be developed using the USDA National Resources Conservation Service's National Resources Inventory data.



Fields are for crops . . .

. . . but landscapes are for all of us.

Acknowledgements: The EMAP Agricultural Lands Reference Group thanks the many individuals and organizations that made this effort a success. The individuals are too numerous to mention, but organizations include the USDA's Agricultural Research Service, Forest Service, National Agricultural Statistics Service, and National Resources Conservation Service; the U.S. Environmental Protection Agency; North Carolina State University; University of Maine; Oregon State University; University of Nebraska; and, with 1 person for the list of organizations is pretty long, too. Thanks to all!

1. North Carolina State University, Forestry Department, Raleigh, NC
2. Duke University Medical Center, Durham, NC
3. North Carolina State University, Department of Plant Pathology, Raleigh, NC
4. USDA National Resources Conservation Service, Raleigh, NC
5. USDA Agricultural Research Service, Raleigh, NC



PREVALENCE OF OBESITY AMONG INNER CITY LATINO CHILDREN AND ADOLESCENTS

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Children's National Medical Center and George Washington University School of Medicine and Health Sciences, Washington, DC

Background

Obesity is a multifactorial and public health problem. Young children and adolescents in the US, US particularly, experience an increasing prevalence of obesity and its complications among the Latino population, joining the ethnic group that is a strong source of health and children care globally. Because of the pressures placed on children, teens may be a important population that children should not be denied food or other factors such as TV. Obesity in children and adolescents is concerning not only because of the associated health and psychosocial complications, but also because obese children tend to become obese adults. Thus obesity is associated with many chronic diseases, it will have an economic impact on the health care system.

Purpose of Study: To estimate the percent of obesity among inner city Latino children and adolescents with the overall goal of assessing the need for an obesity intervention program.

Study Design

1000 preschool and young teen children and adolescents aged 3 to 19 years were randomly selected from well-child visits to Children's Hospital's Latino Magnet Clinic for the calendar year 2016. This study was an average of 5.6% for parents a month, approximately 50,000 Latino Latinos, predominantly from El Salvador. Information collected from the study included height, weight, blood pressure, Target classification, history, and physical findings associated with obesity complications. Body Mass Index (BMI) was calculated from measured height and weight. This analysis was done using SAS version 6.7.

Results

The demographics of the study sample is shown in Table 1. About 74% were females. The mean age was 11.1 years with a SD of 3.3 and a range of 4.9 to 14.7 years. The mean BMI was 20.4 with a SD of 3.4 and a range of 13.1-37.9. Overall 40% of the children and youth were overweight (BMI ≥ 25) percentiles or at risk for overweight (BMI 1 to 19) percentiles, with an almost equal distribution between the two categories (Table 2). Males were more overweight and at risk for overweight than females, but the gender difference was not statistically significant. The prevalence of overweight was highest for youth ages 10 to 19 years.

Table 1 - Demographic variables

Variable	Prevalence %
Gender	
Male	66.4
Female	33.6
Age Categories (years)	66-12%
3-4	6%
5-6	20%
7-10	37%
11-12	44%
13-16	38%
17-19	22%
20-24	9%

Results continued

Table 2 shows the distribution of overweight and at risk for overweight by age category. There does exist that prevalence of overweight and at risk for overweight is high in children as young as 3 to 6 years. Although the prevalence of overweight and at risk for overweight was lowest in the age group 3-6 years, the differences were not statistically significant (Student's T-test with p < 0.05 and p < 0.001 respectively).

Another frequency was higher among the overweight than at risk overweight children and youth (p < 0.001). Patients Diagnosed Type 2 Diabetes. There was no difference in the frequency of occurrence of other symptoms such as obstructive sleep apnea, hearing difficulties, behavioral problems, depression, and ADHD between the overweight and non-overweight group. Only 7% of all the overweight children had their cholesterol levels checked. The cholesterol levels ranged from 112-100 mg/dL. Two percent of the children had their serum triglycerides checked, and the range was 17-147 mg/dL. There was no significant association between overweight and asthma or diabetes blood pressure in this small sample. Only 20% of the overweight children and youth were diagnosed and verification made in their charts regarding their overweight status by their health care providers. There were no referrals for overweight assessments noted within charts.

Table 2 - BMI Distribution

BMI Category	Prevalence %
At Risk for overweight (BMI 1 to 19)	
Both sexes (n=127)	20%
Male (n=76)	22%
Female (n=51)	17%
Overweight (BMI ≥ 25) Percentiles	
Both sexes (n=127)	22%
Male (n=76)	24%
Female (n=51)	20%

Table 3 - At Risk for Overweight and Overweight by Age Category

Age Category	At Risk for Overweight (%)	
	2016 (n=107)	2002 (n=77)
4-6 y	10%	10%
4-6 y	26%	25%
8-10 y	6%	18%
10-12 y	36%	27%
12-14 y	25%	20%
14-16 y	25%	20%
16-18 y	25%	10%

Conclusions & Recommendations

The prevalence rate for overweight and at risk for overweight among children and youth in this inner city Latino community is more than twice the national average. Primary health care providers need to acknowledge and assess the presence of obesity and overweight in children and adolescents early and provide appropriate management of the problem. Targeted interventions and preventive strategies for overweight and obesity in children and adolescents are urgently needed for this population.

Early Outcomes of the First 1471 Consecutive Kyphoplasty Procedures in the United States for the Fixation of Painful Osteoporotic Vertebral Body Compression Fractures (VCF)

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BACKGROUND

- 700,000 VCF's per year
- 275,000 diagnosed, >80% due to pain
- Spinal deformity associated with
 - Significant morbidity
 - 22% increased mortality (Radiol, Ann Int Med 1999)
- Current treatments ineffective
 - Open surgeries fail
 - Medical management palliative
- Vertebroplasty
 - Bilateral transpedicular cement fill
 - Relieves pain
 - Requires high pressure and runny cement
 - High risk of cement leaks
 - Up to 73% where documented (Weil et al., Radiology 1997)
 - Major complications (Chris, J Int Neuronal 1997)
 - 1.3% in osteoporosis
 - 10% in metastatic cancers

KYPHOPLASTY

Kyphoplasty is a minimally invasive orthopedic procedure for reducing and fixing painful vertebral body compression fractures secondary to osteoporosis. Using a posterior approach, one or two inflatable Bone Tamps (Fig. 1) are inserted into the fractured vertebral body, generally using a bilateral transpedicular approach (Fig. 2). The surgeon carefully inflates the balloon tamps (Fig. 2) using radiopaque contrast medium with image, volume and pressure control. The increased balloon tamp volume compacts the inner cancellous bone as it pushes the fractured outer cortical bone back toward its normal position. The inflation path is also controlled by placement, volume and balloon design. After reduction, the balloon tamp is removed, and the resulting void is filled with thick PMMA under live manual control and low pressure. The steps of Kyphoplasty are illustrated in Fig. 3.

Fig 1 Kypho[®] inflatable bone tamp (BT)



Fig 1

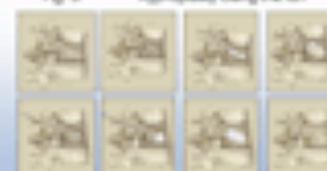
Created in the U.S. for the reduction of fractures and/or creation of a void in cancellous bone



Fig 2

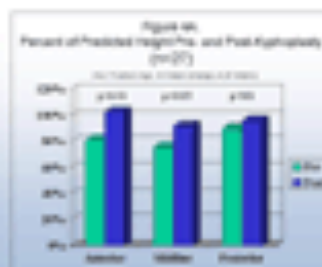
Bilateral Transpedicular Fracture Reduction with the BT

Fig 3 Kyphoplasty Using the BT



STUDY DESIGN AND METHODS

A retrospective multi-center review to assess early outcomes with Kyphoplasty. Pain was localized by physical examination. The presence of marrow edema and collapse was confirmed on MRI. General or deep local anesthesia was chosen based on anatomy, number of levels and patient status. The first 135 patients at our centers were asked to characterize their back pain as improved, the same or worse 24 hours post-op and at last follow-up. Fractured and nearest normal vertebral body heights were measured anterior, midline and posterior in the first 27 vertebral body fractures treated by one surgeon (SMR). The height of the nearest normal vertebral body was used to calculate the % of predicted height for all the vertebral bodies (Fig. 4A) and for the sub-set where which had lost 10% or more of height before treatment (Fig. 4B).



The pre-treatment height was subtracted from the predicted height, then divided by the post-treatment height subtracted from the predicted height, to find the percentage of lost height restored. One set of X-rays by one surgeon (FMP) are used to show an example height restoration (Fig. 5A) and deformity correction (Fig. 5B). Device-related major complications from all procedures are reported. PMMA leaks in the first 70 procedures performed by one surgeon (PL) were assessed with X-ray and MRI.

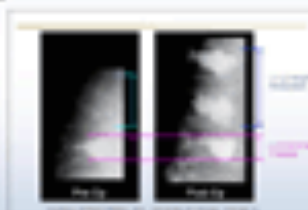


Fig 5A Kyphoplasty (FMP) - Correction of 10% loss, height restored 12 and 12 treated, 75-yr. 1 Wb



Fig 5B Kyphoplasty (FMP) - Correction of 10° loss, deformity restored 12 and 12 treated, 75-yr. 1 Wb

PRELIMINARY RESULTS

- 1471 fractures (see Table 1)
 - Average fracture age: 66 months
 - Range: 10 years to 7 years
- 90% operated
- 94% operated (see Table 2)
- Average invertebral CT
- Average fracture pressure: 1300 (range 80-170)
- Average tamp inflation volume: 1.1 cc (range .3-1.6 cc)
- Mean for 10% compression pre-treat
- Mean invertebral
- 93% report pain improvement at 1 month
- 85% (95% reduction) of height (Fig. 4A, B, 5A, B)
- No increased incidence of adjacent fracture
- 10% device-related major complications
 - 4 neurological
 - 1 urological
 - 1 vascular
 - 4 death
- 10% PMMA leaks (during balloon inflation)

CONCLUSIONS

Kyphoplasty is an important treatment option that provides immediate stability and return to activities of daily living to patients with acutely painful vertebral body compression fractures secondary to osteoporosis. Kyphoplasty facilitates fracture reduction and deformity correction. While reduction is more likely to occur fractures (four months or less), it has been seen in fractures over one year old. Kyphoplasty also provides rapid pain relief in the nearly all patients, and this result is independent of fracture reduction. The safety profile of Kyphoplasty compares favorably to the published safety profile of vertebroplasty.

WHICH IS MORE IMPORTANT: NUMBER OF PATCHES OR CONNECTIVITY?

Darm Kalisak, PBS Student

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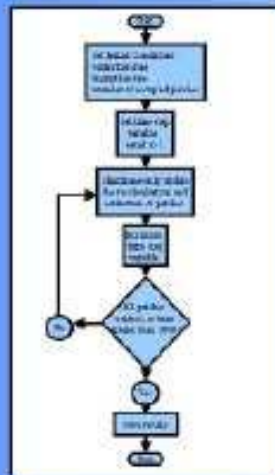
INTRODUCTION AND OBJECTIVES

When population connectivity is inhibited, resources would limit their utilization through the effects of different transmission strategies and the consequences can differ from the expected ones. In patches, a large patch with multiple internal paths structure and connectivity, it is desirable to see what connectivity strategies are effective in a better response effect to add new patches to the population, or a better response to the loss of patches.

As an early population connectivity, its model might be used in studying natural resources. For example, if the connectivity between two subpopulations was reduced by land use change, increasing isolation (increasing connectivity) or vice versa, it would be useful to know the impact of patches, its connectivity, and its isolation, which is necessary to understand the ecological condition.

Developing simple subpopulations could help to study the issue. In this research, connectivity of patches, which subpopulations consisted of an individual population, and when every pair of patches is fully connected to the overall population. The model subpopulations is considered to be connected to each other (Figure 1).

THE PROGRAM



ASSUMPTIONS AND LIMITATIONS

Additional migration pathways were added in a system which kept the number of patches to remain more than one. In other words, we need to investigate benefits of low population connectivity.

Starting patch habitat size and shape determined, and the number was not dependent to specific species. Subpopulations will be increasing systems.

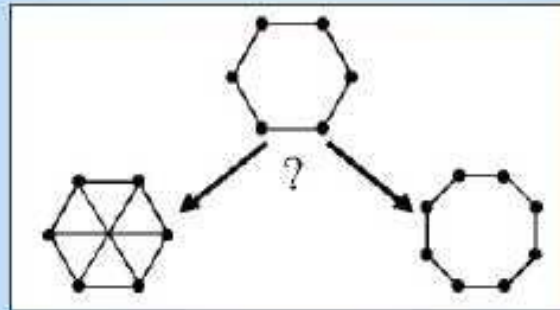
All patches were assumed to be fully occupied or empty, and equal value to the subpopulations.

All migration pathways were equivalent, regardless of spatial distance or interference involved.

The model had other variables for different probabilities of extinction and migration.

The model was applied to results from different strategies and systems probabilities with a number of patches. If a patch is fully occupied, population value for subpopulations will have a positive effect to the overall population.

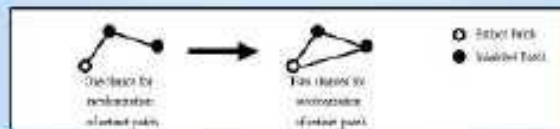
THE ISSUE



A metapopulation is a collection of discrete population patches, in which individual patches may typically go extinct and be recolonized. In the long-term stability of the metapopulation depends more by adding new patches or by increasing the number of migration pathways between existing patches?

Adding patches is critical to the overall population of the organism, and makes a total reduction, but likely by increasing the least number of patches which would have to go extinct.

Adding migration pathways is more to the likelihood of recolonization of entire pathways, by giving extinct patches a new chance for regeneration.

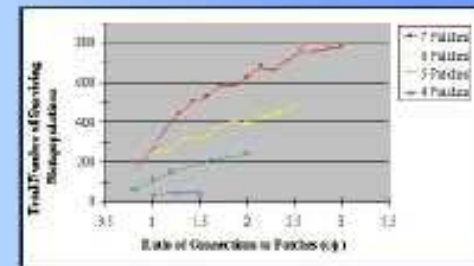


RESULTS

Trials of the model by making subpopulations which represent the population:

- number of patches (values 4, 5, 6, and 7)
- randomly connected to available migration pathways
- the ratio of migration pathways to number of patches, or only
- size of migration pathways of 2, 4, 6, and 8
- two-step migration probabilities of 2, 4, 6, and 8

For every combination of these variables, trials of 100 iterations of 100 trials each were used to test the number of patches over time 100 years for the subpopulations that were added. For each number of patches, 100 trials were added by adding migration pathways to the population to see how many patches were lost to extinction. The results are graphed below. The model showed that increasing the number of patches by one patch had a greater effect on subpopulations overall than increasing the connectivity between patches. It showed that increasing the least number of patches at each iteration, since the ratio of connectivity necessary to collect the data is varied with the number of patches, or migration pathways. In every case, the subpopulations with a greater number of patches and more migration pathways had a greater chance of survival. In other words, adding the patches, as opposed to connectivity, would have the most effect on subpopulations overall in making a small patch.



CONCLUSIONS

The results of the model indicate that when possible, adding patches to a subpopulation is the preferable to increasing the number of migration pathways. This is because more patches represent more patches of patches, and more patches represent more patches of patches. When the cost of two additional migration pathways is relatively low, the ratio of connectivity between patches is more likely to be the same as the ratio of connectivity between patches.

If it were not for this research, the cost for each additional patch is higher than the cost for each additional migration pathway. This is because the number of patches is more important than the number of migration pathways. The results show that increasing the number of patches has a greater effect on subpopulations overall than increasing the connectivity between patches.

Fusing ¹⁸F-FDG-hybrid PET To CT Images Significantly Alters Treatment Planning In The Radical Treatment Of Non-Small Cell Lung Carcinoma

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Abstract

Approximately 40% of NSCLC are considered to be amenable to radical resection. This study will compare CT only vs PET/CT fused images to determine if PET/CT fused images affect treatment planning. In this study, 100 NSCLC patients were included. All patients underwent CT and PET/CT scans. The primary outcome was the percentage of patients who had a change in treatment plan as a result of PET/CT fused images. Secondary outcomes were the percentage of patients who had a change in PTV, PTV coverage, and PTV volume. The study was conducted between 2015 and 2017. The study was conducted at a tertiary care cancer center. The study was approved by the local research ethics board. The study was registered at ClinicalTrials.gov (NCT02341444).

Problem

Local control with radical radiation therapy for non-small cell lung carcinoma (NSCLC) is often poor. Some institutions with PET/CT use the information to improve outcomes. The evidence base with respect to accuracy, utility, the gross tumour volume (GTV), N1/N2 assessment, imaging techniques such as CT or MRI, if in other words, to distinguish metastases from normal tissues, particularly when anatomical, gross anatomy, or normal tissue displacement systems. CT and MRI are also not well suited for detecting small, if any, metastatic lymph nodes are involved. A robust, more sensitive to lymph node involvement would help guide treatment strategies.

Potential of ¹⁸F-FDG-hybrid PET for Radiation Therapy Planning

"Fluoro-deoxyglucose (FDG) is a glucose analogue that is metabolically trapped in cells. Many malignancies are associated with increased glycolysis and thus demonstrate increased uptake of FDG. In lung cancer staging, FDG-PET has proven to have greater sensitivity and specificity than CT.^{1,2} In radiation planning, it may help to distinguish between true other processes such as atelectasis. In a functional imaging modality, FDG-PET may complement the anatomical data from CT.



Figure 1. Comparison of PET and CT images. The PET image shows metabolic activity, which is not visible on the CT scan.

Study Objective: To determine the impact of integrating ¹⁸F-FDG-hybrid PET images with CT planning images on treatment planning of patients with NSCLC.

Prospective Study Design

Imaging: In treatment position and same day

- FDG-hybrid PET
 - Maximum 1 hour before surgery
 - 4-12 mCi ¹⁸F-FDG injected
 - Image 1 hour 1 hour
 - PET/CT fusion
 - Maximal SUV values
 - SUV = 2.5 was used for target volume definition

- CT simulation
 - Right and left thorax
 - Maximal 10/1000 CT
 - Spinal CT with more than 1000 HU was also included
 - Total size 10 x 10 x 10 cm

Image Registration

The CT and PET/CT images were coregistered using a 3D rigid body translation, rotation, program and rigid internal markers. All registrations achieved a composite deviation of less than 1 mm.

Patient Selection

- referred for radical radiation therapy
- able to be in treatment position for 30 minutes
- operable to advanced cancer
- pathological evidence for primary defined selection on diagnostic CT

Treatment Planning

- GTV localized using CT only and then with PET/CT by each of 2 physicians
- separate plans generated for CT based PTVs and PET/CT based PTVs
- AP-PA fields for 40 Gy and oblique breast fields for 20 Gy to the axillaes
- Total dose constrained to 40 Gy
- DVHs generated for PTVs and cord

Impact of FDG-hybrid PET on Patient Management

- In 5/26 (19%) patients, radiation therapy was changed from radical to palliative intent

Figure 1. Comparison of PET and CT images. The PET image shows metabolic activity, which is not visible on the CT scan.



Impact of Co-registered FDG-hybrid PET on PTV Coverage

- In 9/20 (45%) patients, the volume of PTV_{CT/PET} meeting at least 95% of the prescribed dose with the CT only based plan was less than 95%



Figure 3. Comparison of PET and CT images. The PET image shows metabolic activity, which is not visible on the CT scan.

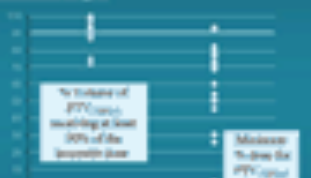


Figure 4. Coverage of PTV_{CT/PET} based on the CT only plan. The results on the average of 2 physicians. In 9 cases, less than 95% of the PTV_{CT/PET} met or exceeded 95% of the prescribed dose with the CT-based plan. In 11 cases, the percentage of the PTV_{CT/PET} met or exceeded 95% of the prescribed dose with the CT-based plan.

Impact of FDG-hybrid PET on Spinal Cord Dose

- In 19/20 (95%) cases, the maximum cord dose was reduced by more than 20% with CT/PET data

Figure 5. The maximum dose to the spinal cord in the CT only and CT/PET plans are shown for each patient. The results on the average of the physician plans. A dose reduction of > 20% only was achieved in 19/20 cases, when PET data were added to the CT.



Discussion

The impact of integrating ¹⁸F-FDG-hybrid PET with CT simulation has increased the number of patients receiving radical PTV treatment, and maximum dose to spinal cord. In 19% of the patients, FDG hybrid resulted in a change in management. In 45% of the CT based plan would have resulted in significant progression, which could not be seen on the CT scan. The impact was most significant to those with evidence of previously unsuspected metastatic disease. Our former group, which have reported changes in their plans when using PET/CT PET data. In this study, plans were generated separately for the CT's localized independently to true processes and results based on the average. Radiotherapy planning involves complex and PET/CT can play a role in reducing disease volume to treatability.

Conclusions

The timing of FDG-hybrid PET images to CT planning images significantly altered treatment plans in 19% of our cases. Integration of FDG-hybrid PET can improve planning outcomes and the possibility of anatomical lesions and identify a fundamental step in PET/CT for lung cancer.

References

1. Ung YC, et al. J Clin Oncol. 2015;33:1715-1721.
2. Ung YC, et al. J Clin Oncol. 2015;33:1715-1721.
3. Ung YC, et al. J Clin Oncol. 2015;33:1715-1721.
4. Ung YC, et al. J Clin Oncol. 2015;33:1715-1721.

Author disclosures of potential conflicts of interest and author contributions are found at the end of this article.

LESSONS LEARNED FROM AIRWAY PRESSURE RELEASE VENTILATION (APRV)

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INTRODUCTION

Airway Pressure Release Ventilation (APRV), (a.k.a. BiPAP) has been previously demonstrated to be a useful modality to manage patients with acute lung injury (ALI) or the acute respiratory distress syndrome (ARDS). As this is a fundamentally different mode than conventional cyclic ventilation, we reviewed a single institution's experience with APRV to determine safety, complication detection, and efficacy at resolving hypoxemia and hypercarbia.

METHODS

Consecutive patients transitioned from either volume or pressure targeted ventilation to APRV (Dräger Esco 4 Pulmonary Workstation) at a University hospital surgical ICU were retrospectively reviewed. Patients initially ventilated with APRV were excluded. Initial APRV settings to correct hypoxemia ($pO_2 \leq 60$ torr on $FiO_2 \geq 0.9$) were a P_{high} at the prior plateau pressure, a T_{high} of 0.8 sec and a T_{low} of 0.8 sec. Hypercarbic ($pCO_2 \geq 55$ torr and $pH \leq 7.3$) patients were set at a T_{high} of 5.0 sec and a T_{low} of 1.0 sec. Settings were adjusted to resolve hypoxemia and hypercarbia. IRB approved abstracted data included principal diagnoses, ventilation parameters, laboratory values and ventilator associated complications. Data before and after APRV were compared using a two-tailed paired t-test or Chi-square as appropriate; significance was assumed for $p < 0.05$ (²).

RESULTS

Demographics

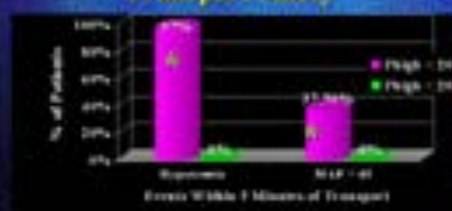


APRV



Element	Value
% Hypoxemia	88%
% Hypercarbia	12%
Time to $S_{tO_2} \geq 92\%$	7 ± 4 min
Time to $FiO_2 \leq 0.6$	5.2 ± 0.9 hr
Time to $pCO_2 \leq 40$ torr	42 ± 7 min
Time to max ΔpCO_2	7.6 ± 12 min
Mean change in V_T	-3.3 ± 0.9 L/min ²

Transport Safety



Complications



CONCLUSIONS

1. APRV is a safe rescue mode for hypoxemic or hypercarbic respiratory failure and requires a significantly lower V_T than conventional ventilation.
2. Decreasing release phase volumes and a rising pCO_2 are strong indicators of pneumothorax in a patient on APRV. Routine end-tidal CO_2 monitoring is recommended.
3. Preparation for safe intra-hospital transport may be keyed to the P_{high} required for oxygenation and ventilation. Patients requiring a $P_{high} > 20$ cm H_2O should be transported on the ventilator.