



CARLTON IV

Thank you for reviewing my work and giving me a professional opportunity. I hope the work displayed is something your institution and or company is looking for.

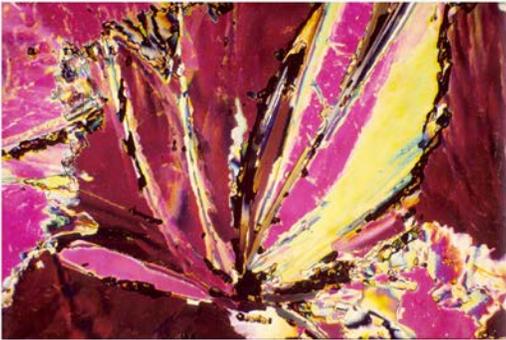
Sincerely,
Carlton IV



Ray A. Barlow Symposium 16th & 17th editions

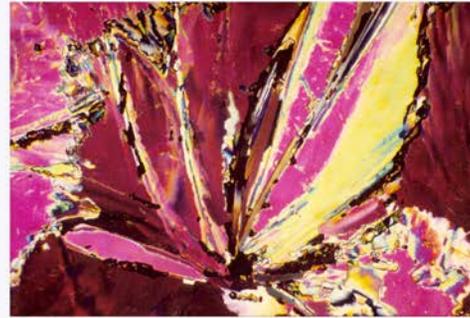
16th
Annual
Ray A. Barlow
Scientific Symposium

LSUHealthShreveport
Feist-Weiller Cancer Center



Drug
Discovery
&
Development
in Academics

Friday,
January 27, 2012
Main Auditorium
LSU Medical School
Room 1-400



16th
Annual
Ray A. Barlow
Scientific Symposium

Drug
Discovery
&
Development
in Academics

Friday,
January 27, 2012
Main Auditorium
LSU Medical School
Room 1-400

Friday,
January 27, 2012 **FWCC Sponsored 16th Annual
Ray A. Barlow Scientific Symposium** Main Auditorium
LSU Medical School
Room 1-400

12:30 p.m. **Welcome and
Opening Remarks**

Robert Barish, MD
Chancellor
LSU Health Sciences Center
Glenn M. Mills, MD FACP
Acting Director FWCC

12:45 p.m. **The Payoff of
Increasing and
Protecting Your
Intellectual
Property**

Nancy Gray, Ph.D.
Vice President of
Corporate Development
Southern Research

1:30 p.m. **What You Should
Know Before
Submitting Your
IND Application**

Michael Watson
Manager of Business
Development Division
Southern Research

2:00 p.m. **BREAK**

2:15 p.m. **Overview of Drug
Discovery and
Development at
LSU Health Shreveport**

Jim Cardelli, PhD
Professor of Microbiology
and Immunology Director
of Basic and
Translational Research - FWCC

2:45 p.m. **Identifying Small
Molecules that
Regulate
Kinetochore-
Microtubule
Interactions
Using a Yeast Model**

Kelly Tatchell, Ph.D.
Professor of Biochemistry
and Molecular Biology
LSUHSC - Shreveport

3:05 p.m. **Targeting the
Endo-Lysosome:
Antifungal to
Anticancer
Therapies**

Glen Palmer, Ph.D.
Assistant Professor
of Microbiology
LSUHSC - New Orleans

3:25 p.m. **Announcement of
the Winners for the
Jason Cardelli Awards**

Jill Williams, Ph.D.
Associate Professor of Urology

3:45 p.m. **Presentation of
Scientific Posters**

Wine and Cheese Reception
Atrium of Virginia K. Shehee
Biomedical Research Institute

**FWCC Sponsored 16th Annual
Ray A. Barlow Scientific Symposium**

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LSUHealthShreveport
Feist-Weiller Cancer Center

17th
Annual

Ray A. Barlow
Scientific Symposium



The HPV Epidemic in Head and Neck Cancer

 **LSUHealthShreveport**
Feist-Weiller Cancer Center

Friday,
May 10, 2013
Main Auditorium
LSU Medical School
Room 1-400

 **LSUHealthShreveport**
Feist-Weiller Cancer Center
1501 Kings Hwy • Shreveport, LA 71103

The 17th Annual Ray A. Barlow Scientific Symposium The HPV Epidemic in Head and Neck Cancer

Friday, May 10, 2013 • 12:00 - 5:30 pm • LSU Health Shreveport, Main Auditorium

- | | |
|--|--|
| 12:00 Welcome / Introduction | 2:40 Presentation of Awards to Winners of the Jason A. Cardelli Award for Excellence in Cancer Research |
| 12:25 The Role of HPV in Head and Neck Squamous Cell Cancer
Carol Fakhry M.D., M.P.H., Assistant Professor, Department of Otolaryngology, Head and Neck Surgery
Johns Hopkins University School of Medicine
Baltimore, MD | 2:50 The Role of EBV as a Cofactor to HPV in the Development of Anogenital Cancer
Michael Hagensee M.D., Ph.D.
Professor, Departments of Medicine and Microbiology, LSUHSC-New Orleans |
| 1:10 Regulation of Host Gene Expression by Human Papillomaviruses
Jason Bodily Ph.D., Assistant Professor of Microbiology and Immunology and Feist-Weiller Cancer Center | 3:35 The Promise of Primary Prevention of HPV Related Cancers: HPV Vaccines
Joseph Bocchini M.D., Professor and Chair
Department of Pediatrics |
| 1:35 Cellular Epigenetic Reprogramming Following Epstein-Barr Virus Infection
Rona Scott Ph.D., Assistant Professor of Microbiology and Immunology and Feist-Weiller Cancer Center | 4:00 Presentation of Posters
Wine & Cheese Reception
Atrium of the Biomedical
Research Institute |
| 2:15 Oral Squamous Cell Carcinoma: Exploring Synergistic Interactions of EBV and HPV16
Martin Sapp Ph.D., Professor of Microbiology and Immunology and Feist-Weiller Cancer Center | |

The incidence of oropharyngeal cancers has been increasing in the United States and Western Europe since the 1970's and the cancers are being diagnosed at earlier ages than before. The increase is confined to a subset of cancers that carry the human papillomavirus. They arise predominantly in tonsil and base of tongue, lymphoid rich areas which also harbor a second potentially oncogenic virus, Epstein-Barr virus. This symposium discusses the implications of infection with both viruses to tumor outcome, therapy and prevention.

For more details, please visit www.feistweiller.org/barlow

17th Edition Card Mailer

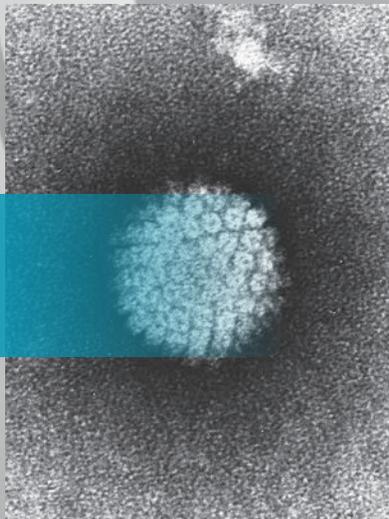
17th
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Ray A. Barlow
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The HPV
Epidemic in
Head and
Neck Cancer

LSUHealthShreveport
Feist-Weiller Cancer Center



Friday,
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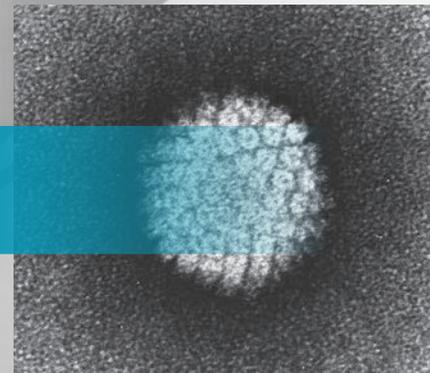
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The HPV
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LSUHealthShreveport
Feist-Weiller Cancer Center

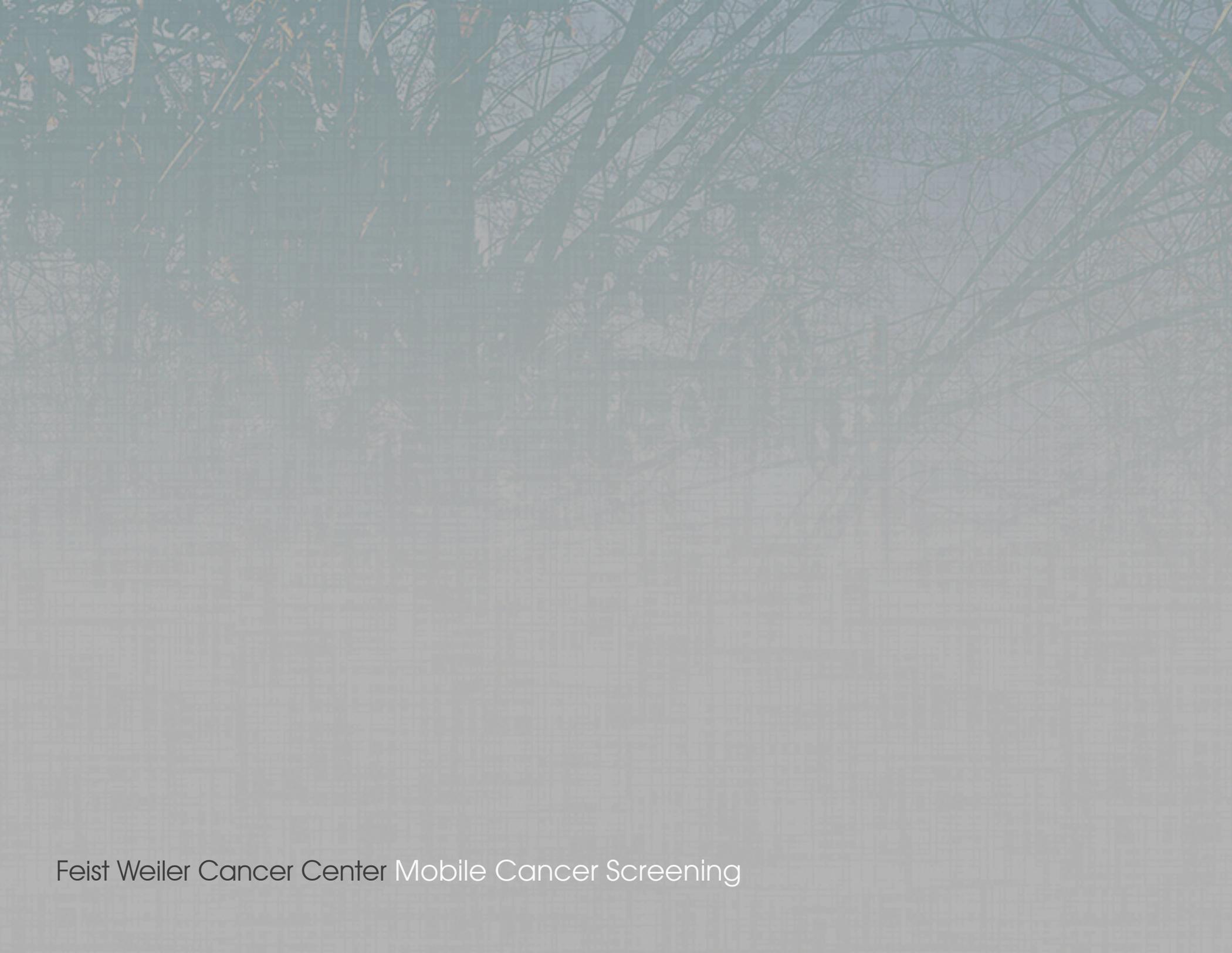


Friday,
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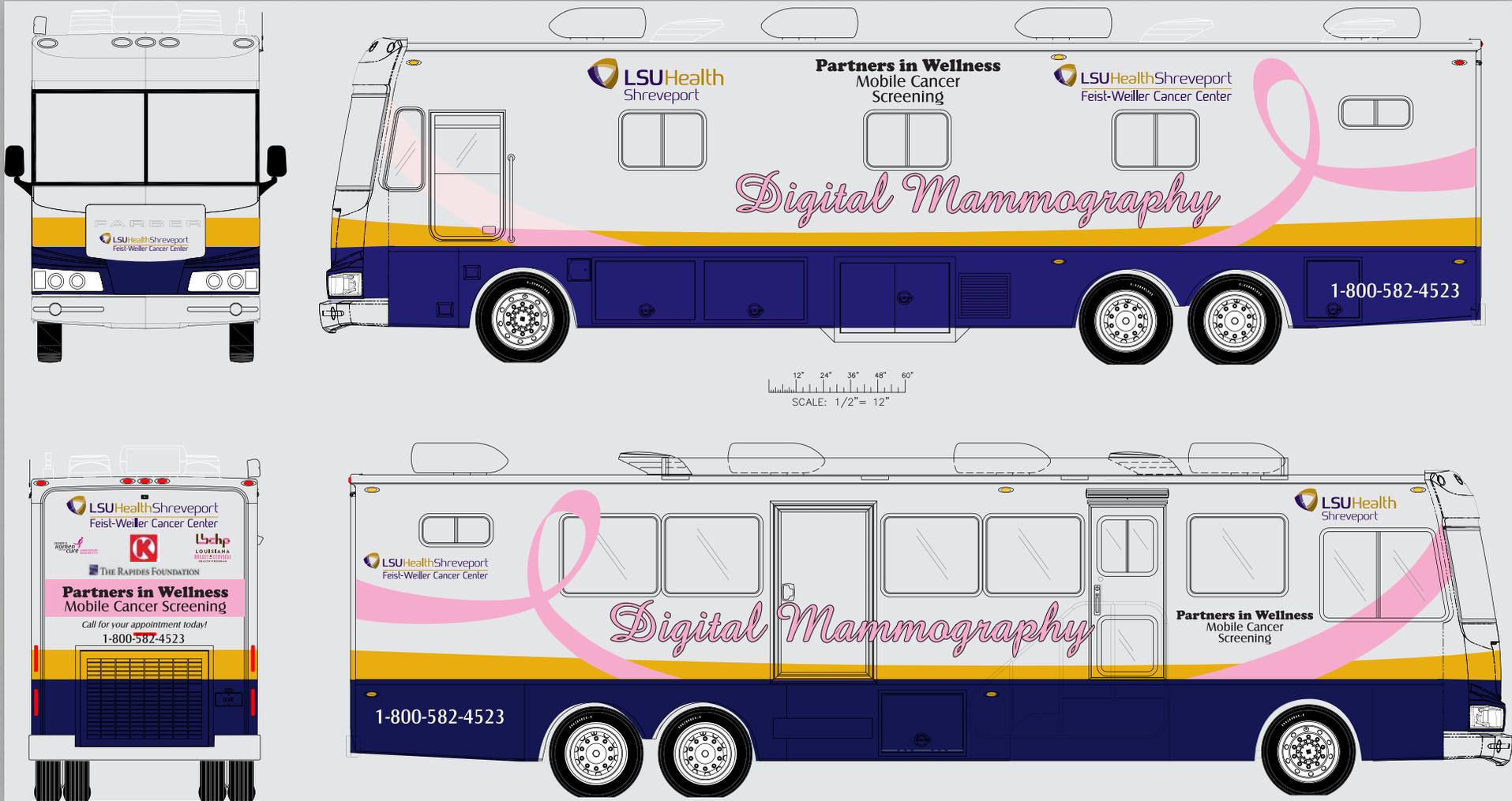
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The HPV Epidemic in Head and Neck Cancer

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Feist Weiler Cancer Center Mobile Cancer Screening



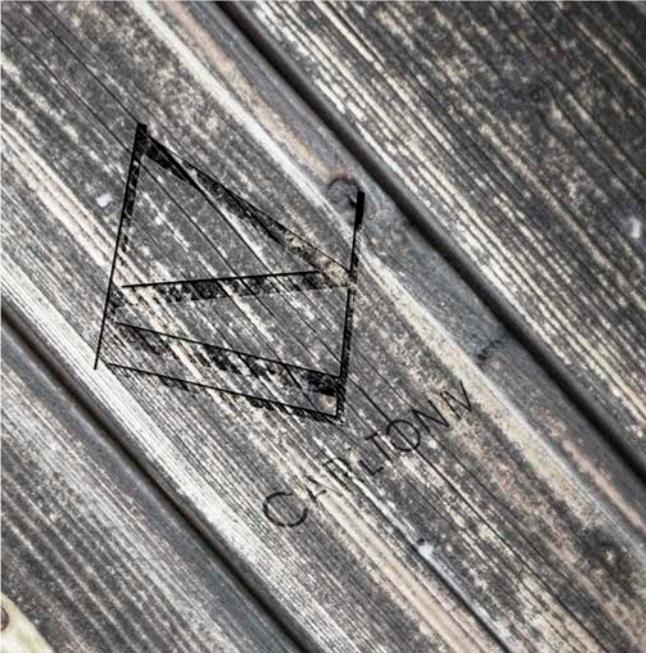
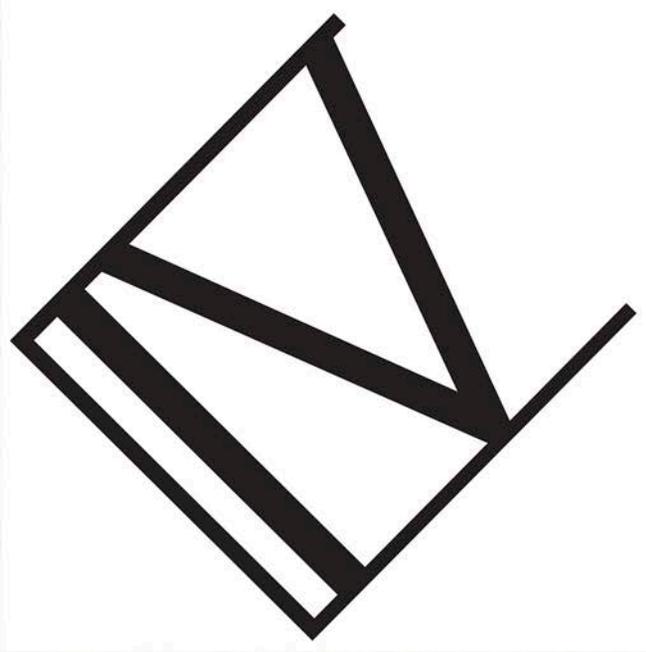
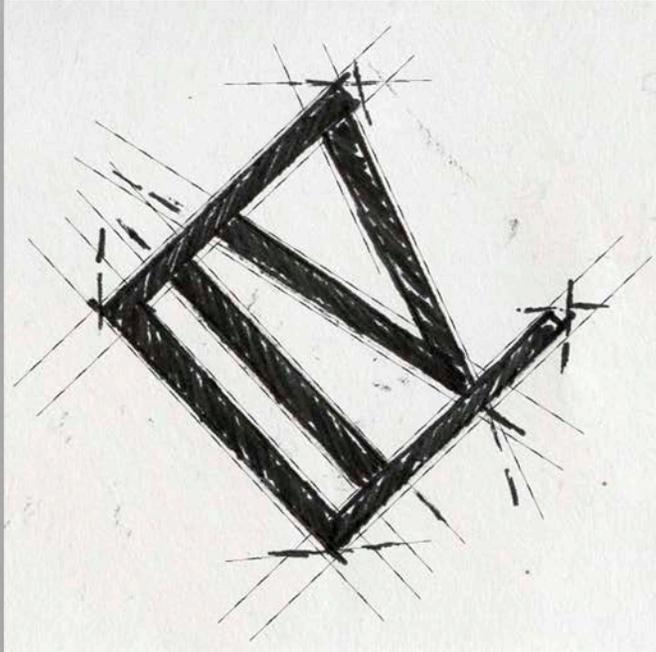
Illustrator Design Schematic



Real World Image



Personal Logo Design



Concept to Reality

The background of the slide features a photograph of a tree with a dense network of branches, overlaid with a semi-transparent grid pattern. The overall color palette is muted, consisting of various shades of grey and blue.

John C. McDonald Transplant & Dialysis Access Symposium



John C. McDonald TRANSPLANT
& DIALYSIS ACCESS SYMPOSIUM

Date **NOVEMBER 1ST, 2014**

Venue **HILTON DOWNTOWN
SHREVEPORT, LA**

Activity Directors **BHARAT SACHDEVA, MD
NEERAJ SINGH, MD**



Continuing Medical Education
LSUHSC - Shreveport
1501 Kings Highway
Shreveport, LA 71130-3932

Save the Date - November 1, 2014

This activity has been designed to improve patient care by increasing learner competence in identifying new developments in kidney transplant as well as improving performance in using appropriate guideline-based treatment options. This will help providers taking care of CKD patients in understanding patient options and coordinate care. Discussion on therapeutic strategies in patients with complex kidney transplant issues and targets to improve patient outcomes will be included.

The target audience for this activity includes physicians; nephrology, transplant nephrology, surgery, emergency medicine, family medicine, general medicine; physician assistants; nurses; nurse practitioners and other health care professionals.

Session I – 8:20-10:00: What's New & What's Hot in Transplant?
Session II – 10:20-12:00: Dialysis Access Issues in ESRD Patients
Session III – 1:00-3:20: Controversies in Transplant & Dialysis Access
Session IV – 3:30-5:00: Case Based Discussion

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ACTIVITY DIRECTORS

Bharat Sachdeva MD
Associate Professor
Internal Medicine
Division of Nephrology
Program Director
Nephrology Fellowship
LSUHSC-Shreveport, LA.

Neeraj Singh MD
Associate Professor
Internal Medicine
Division of Nephrology
LSUHSC-Shreveport, LA.
Medical Director of Kidney
and Pancreas Transplant
Program
John C. McDonald Regional
Transplant Center

FACULTY

Kenneth Abreo MD
Professor
Internal Medicine
Division of Nephrology
LSUHSC-Shreveport, LA.
Donnie F. Aultman MD
Transplant Surgeon
Willis Knighton/John C. McDonald
Regional Transplant Center
Shreveport, LA.

Joan Biondin, MD
Professor
Internal Medicine
Division of Nephrology
LSUHSC-Shreveport, LA.

Amy Coulter MD
Assistant Professor
Division of Vascular and
Endovascular Surgery
LSUHSC-Shreveport

Neville Dossachay MD
Associate Professor
Internal Medicine
Division of Nephrology
LSUHSC-Shreveport, LA.

Janeva Matheny RN
John C. McDonald
Regional Transplant Center
Shreveport, LA.

Robert A. Nickelson MD
Director of Medical
Oncology/Willis-Knighton
Cancer Center
Shreveport, LA.

Adrian Sequeira MD
Associate Professor
Internal Medicine
Division of Nephrology
LSUHSC-Shreveport, LA.

Tze-Woei Tan MD
Assistant Professor
Division of Vascular and
Endovascular Surgery at
LSUHSC-Shreveport

Gazi B. Zibari MD
Director of Willis Knighton/
John C. McDonald Regional
Transplant Center
Shreveport, LA.

Zulqamain Abro MD
Assistant Professor
Internal Medicine
Division of Nephrology
LSUHSC-Shreveport, LA.

Hossein M. Shoukoury/Amrit MD
Transplant Surgeon
Willis Knighton/John C. McDonald
Regional Transplant Center
Shreveport, LA.

Mary Buffington MD
Assistant Professor
Internal Medicine
Division of Nephrology
LSUHSC-Shreveport, LA.

David F. Diet MD
Medical Director of
Liver Transplant
John C. McDonald
Regional Transplant Center

Keil Lee, RN
Clinic & Vascular Access
Coordinator
Internal Medicine
Division of Nephrology
LSUHSC-Shreveport, LA.

Robert W. McMillan MD
Assistant Professor
Willis Knighton/John C. McDonald
Regional Transplant Center
Shreveport, LA.

Michael D. Rokaw MD
Nephrologist
Northwest Louisiana
Nephrology
Shreveport, LA.

Karina Sulaiman MD
Assistant Professor
Internal Medicine
Division of Nephrology
LSUHSC-Shreveport, LA.

Raja Zabaneh, MD
Nephrologist
Northwest Louisiana
Nephrology
Shreveport, LA.



Welcome, we are proud to present the first Transplant and Dialysis Access Symposium in honor of Dr. John C. McDonald, MD (1930-2011). Recognized as a pioneer in the field of organ transplantation, Dr. McDonald was Chancellor Emeritus of the Louisiana State University Health Sciences Center and former Dean of the LSU School of Medicine. He also served as the Chairman of the Department of Surgery from 1977-2000. Under his guidance, the first kidney transplant was performed at LSU Medical Center in April 1976. Since then, our transplant team has performed more than 2000 kidney, pancreas and liver transplants in Shreveport, LA. We are indebted to Dr. McDonald for his years of contribution and service to transplant recipients from Louisiana, Texas, Arkansas and Mississippi. The goal of this symposium is to educate the health care professionals regarding new developments and complex issues in the management of dialysis and transplant patients. We hope that you can join us for our inaugural Transplant and Dialysis Access Symposium on November 1st in Shreveport, LA.

Statement of Policy on Faculty & Sponsor Disclosure
It is the policy of the Louisiana State University Health Sciences Center of Shreveport, School of Medicine, to ensure balance, independence, objectivity and scientific rigor in all its educational activities. All individuals who are in a position to control the content of this live activity are required to disclose all relevant financial relationships with any commercial interests related to the subject matter of the educational activity. Mechanisms to ensure that presentations are free from commercial bias are in place. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Full disclosure of this information will be published in the conference materials.

Accessibility:
The LSU Health Shreveport is committed to providing equal access appropriate to need and circumstance and complies fully with the legal requirements of the Americans with Disabilities Act. If you are in need of special accommodation, please contact our office at 318/675-4629 or via email at otswilso@lsuhsc.edu.

Hotel Guest Room Reservations:
Book your guest room within the John C. McDonald Transplant & Dialysis Access Symposium block at the Hilton Shreveport before October 17, 2014 to receive the group discount. Discounted rates cannot be guaranteed after that date.

NON-PROFIT ORG.
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SHREVEPORT, LA.

Continuing Medical Education
Credit: 1.00
1801 Kings Highway
PO Box 33932
Shreveport, LA 71130-3932

John C. McDonald

TRANSPLANT & DIALYSIS ACCESS SYMPOSIUM

a Continuing Medical Education and Continuing Nursing Education activity sponsored by

LSU Health Sciences Center - Shreveport
Department of Medicine
Division of Nephrology
in conjunction with
Willis-Knighton John C. McDonald
Regional Transplant Center
and
University Health Shreveport
Hospital Education and
Standards Department

Saturday, NOVEMBER 1st, 2014
110A Shreveport
104 Market Street

Activity Directors BHARAT SACHDEVA, MD
NEERAJ SINGH, MD



Learning OBJECTIVES

1. Analyze new developments and controversial issues in kidney transplant.
2. Discuss the therapeutic strategies in patients with complex kidney transplant issues.
3. Analyze the importance of vascular access in end-stage renal disease.
4. Discuss creation and maintenance for optimal performance of vascular access
5. Compare optimal use of peritoneal dialysis therapy and learn management of common PD complications.

TARGET AUDIENCE

The course is designed to help healthcare providers caring for patients with solid abdominal organ transplants and end stage renal disease, including but not limited to transplant surgeons and physicians, nephrologists, physician assistants, nurses, nurse practitioners, and fellows.

CME ACCREDITATION & CREDIT DESIGNATION

Louisiana State University Health Sciences Center-Shreveport, School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Louisiana State University Health Sciences Center-Shreveport, School of Medicine designates this live activity for a maximum of 7.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSING ACCREDITATION

7.0 contact hours of continuing education credit will be awarded to Registered Nurses upon successful completion of this offering.

University Health Shreveport is an approved provider of continuing nursing education by the South Central Accreditation Program, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

AGENDA

REGISTRATION, BREAKFAST AND EXHIBITS	MORNING
7:30 - 8:15 am	1:00 - 3:20 pm
8:15 - 8:20 am	3:30 - 5:00 pm
8:20 - 10:00 am	5:00 - 6:00 pm
8:20 - 8:40 am	6:00 - 7:00 pm
8:40 - 9:00 am	7:00 - 8:00 pm
9:00 - 9:20 am	8:00 - 9:00 pm
9:20 - 9:40 am	9:00 - 10:00 pm
9:40 - 10:00 am	10:00 - 11:00 pm
10:00 - 10:20 am	11:00 - 12:00 pm
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10:20 - 10:40 am	1:00 - 2:00 pm
10:40 - 11:00 am	2:00 - 3:00 pm
11:00 - 11:20 am	3:00 - 4:00 pm
11:20 - 11:40 am	4:00 - 5:00 pm
11:40 - 12:00 pm	5:00 - 6:00 pm
12:00 - 1:00 pm	6:00 - 7:00 pm

REGISTRATION, BREAKFAST AND EXHIBITS	MORNING	AFTERNOON
7:30 - 8:15 am	1:00 - 3:20 pm	3:30 - 5:00 pm
8:15 - 8:20 am	3:30 - 5:00 pm	5:00 - 6:00 pm
8:20 - 10:00 am	5:00 - 6:00 pm	6:00 - 7:00 pm
8:20 - 8:40 am	6:00 - 7:00 pm	7:00 - 8:00 pm
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9:00 - 9:20 am	8:00 - 9:00 pm	9:00 - 10:00 pm
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12:00 - 1:00 pm	6:00 - 7:00 pm	7:00 - 8:00 pm

Registration Information

John C. McDonald TRANSPLANT & DIALYSIS ACCESS SYMPOSIUM

November 1, 2014

Name: _____
 Please indicate your profession:
 Physician Physician Assistant Resident/Fellow
 Nurse Practitioner Nurse Student
 Other (please specify) _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____

Full payment must accompany registration (Fee includes breakfast, break, lunch and syllabus)
 \$70 Physicians and PAs
 \$0 Fellows/Residents
 \$50 Nurses & Dialysis Staff
 \$40 Non-Physicians, Healthcare Professionals
 \$20 Medical Students, Nursing and PA Students

Method of payment:
 Money order or cashier's check Mastercard Visa
 Credit Card Account Number: _____
 Expiration Date: _____
 Cardholder Signature (required): _____
 Cardholder Address: _____

Three easy ways to register:
 1. Online: lsuhscshreveport.edu/CME
 2. Fax: 318.675.4630
 3. Mail: CME Office, LSU Health Shreveport
 1501 Kings Highway
 Shreveport, LA 71130-3932

Please make money orders/cashier's checks payable to:
 LSU Health Shreveport

Registration is requested by
 October 24, 2014

Cancellation/Refund Policy
 If you cancel your participation in this conference, your registration fee, less a \$15 administrative fee, will be refunded when written notification is received at least 10 days before the activity begins. Requests received after the refund deadline will not be processed.

Brochure Spread

John C. McDonald

TRANSPLANT & DIALYSIS ACCESS SYMPOSIUM

Saturday, NOVEMBER 1st, 2014
Hilton Shreveport
104 Market Street

PROGRAM AGENDA

MORNING		AFTERNOON	
7.30 - 8.15 am	REGISTRATION, BREAKFAST AND EXHIBITS	1.00 - 3.20 pm	SESSION III: CONTOVERSIES IN TRANSPLANT AND DIALYSIS ACCESS MODERATORS: Randall White MD Hossein Shoukrouh Armit MD
8.15 - 8.20 am	WELCOME AND OVERVIEW	1.00 - 1.20 pm	When Is Access Flow Too High and What To Do About It? Adrian Sequencia MD
8.20 - 10.00 am	SESSION I: WHAT'S NEW & WHAT'S HOT IN TRANSPLANT? MODERATORS: Kenneth Abreo MD Gazi B. Zibari MD	1.20 - 1.40 pm	Thigh Grafts, Are They A Viable Access? Gazi B. Zibari MD
8.20 - 8.40 am	Organ Shortage and Allocation Gazi B. Zibari MD	1.40 - 2.00 pm	Dialysis Access Surveillance: Medical Directors' Perspective. Michael D Rokaw MD
8.40 - 9.00 am	Newer Immunosuppression Neesha Singh MD	2.00 - 2.20 pm	Do Stents Have A Role In Vascular Access? Ize-Wael Ian MD
9.00 - 9.20 am	Living Kidney Donation and Outcomes Kenneth Abreo MD	2.20 - 2.40 pm	Is Parathyroidectomy Helpful Post Kidney Transplant? Donnie F. Aullman MD
9.20 - 9.40 am	Economics of Kidney Transplant Janea Matherly RN	2.40 - 3.00 pm	Liver Transplant For Malignancy Robert McMillan MD
9.40 - 10.00 am	Pancreas Transplant for Type II Diabetes Mellitus Hossein Shoukrouh Armit MD	3.00 - 3.30 pm	BREAK AND EXHIBITS
10.00 - 10.20 am	BREAK AND EXHIBITS	3.30 - 5.00 pm	SESSION IV: CASE BASED DISCUSSION MODERATORS: Bhargi Sachdeva MD Robert Morrison MD
10.20 - 12.00 am	SESSION II: DIALYSIS ACCESS ISSUES IN ESRD PATIENTS MODERATORS: Raja Zabaneh MD Joan Blandin MD	3.30 - 3.45 pm	A Kidney Transplant Recipient With Hypertension, What Are Some Of The Key Issues In Management? Zakamain Abio MD
10.20 - 10.40 am	When Should I Get an AVF for My CKD Patient? Kathra Sulaman MD	3.45 - 4.00 pm	A Kidney Transplant Recipient with a Cancer, What is the Role of Cancer Screening Post-transplant? Robert Nickelson MD
10.40 - 11.00 am	Pre surgical Evaluation for Dialysis Access and Outcomes Hossein Shoukrouh Armit MD	4.00 - 4.15 pm	Recurrent Hepatitis C After Liver Transplant, How Do We Treat? David Dies MD
11.00 - 11.20 am	Urgent Start Peritoneal Dialysis Bhargi Sachdeva MD	4.15 - 4.30 pm	A Vascular Access Coordinator: Do we really need one? Karl Lee RN
11.20 - 11.40 am	AV Access When There Are Minimal Options Amy Couffer MD	4.30 - 4.45 pm	Recurrent AVG Thrombosis, Is Anticoagulation Required? Neville Dossabhoy MD
11.40 - 12:00 pm	Non Infectious Complications of Peritoneal Dialysis Mary Buffington MD	4.45 - 5.00 pm	Q&A
12.00 - 1.00 pm	LUNCH AND EXHIBITS		

a Continuing Medical Education and Continuing Nursing Education activity sponsored by

LSU Health SHREVEPORT | Health Sciences Center
Division of Nephrology

in conjunction with
Willis-Knighton John C. McDonald
Regional Transplant Center
and

University Health®
Shreveport

Nursing Continuing Education

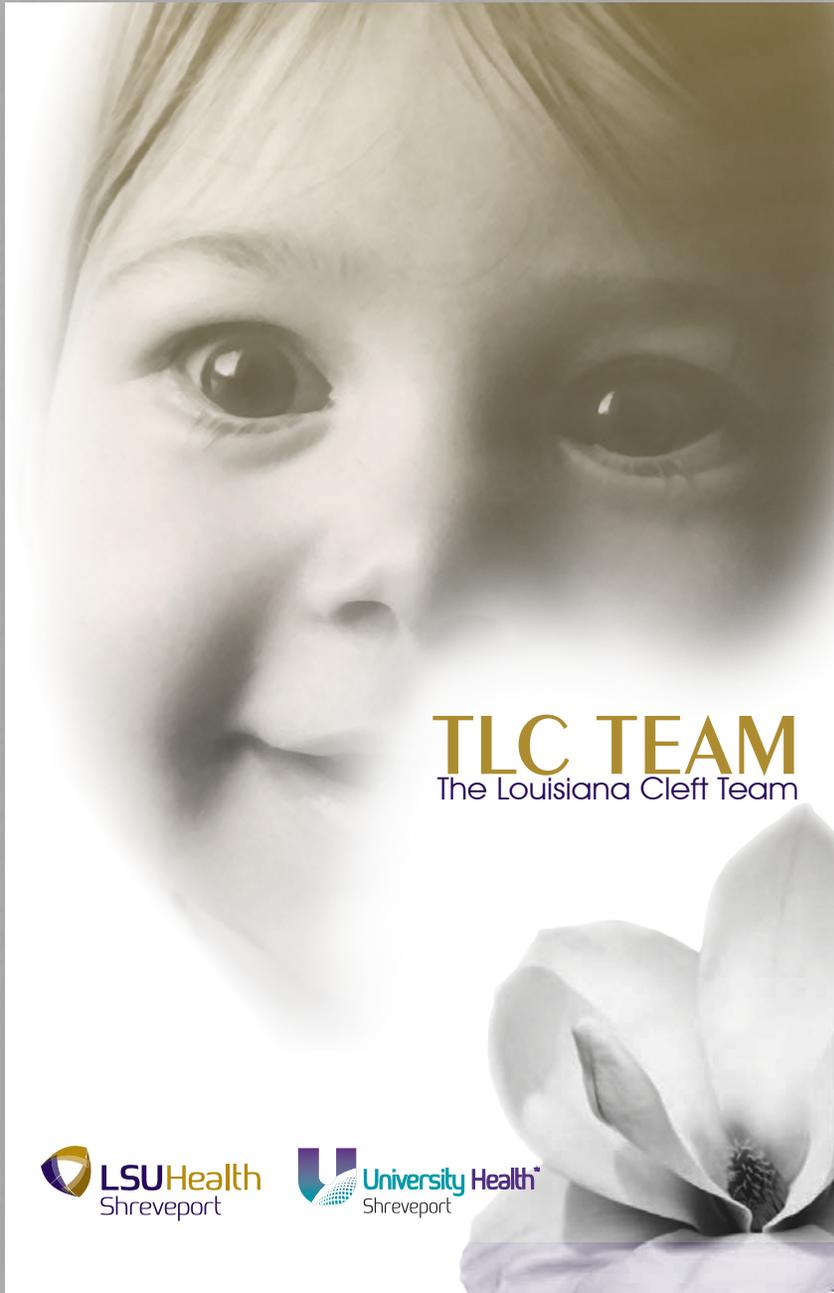
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Louisiana State University Health Sciences Center-Shreveport, School of Medicine designates this live activity for a maximum of 7.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSING ACCREDITATION
7.0 contact hours of continuing education credit will be awarded to Registered Nurses upon successful completion of this offering. University Health Shreveport is an approved provider of continuing nursing education by the South Central Accreditation Program, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Poster Spread



The Louisiana Cleft Team Booklet



TLC TEAM

The Louisiana Cleft Team



Louisiana Cleft Team Members

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Cleft Team Director*

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PURPOSE OF A TEAM APPROACH

The treatment of cleft lip, cleft palate and associated conditions is so complex that no one specialist can answer all of the questions and handle all of the problems that may arise. Our cleft program includes a large group of highly trained specialists who cooperate in the treatment of your child.

We work together to identify a child's needs and provide the appropriate treatment - striving to achieve optimal appearance, speech, hearing and psychosocial development at the earliest possible age.

Cleft lip and palate are among the most common congenital conditions in the United States. The birth of a child with a cleft lip and/or palate can be a time of anxiety and uncertainty for families. A team approach in the early stages can help answer important questions and provide reassurance to parents of caregivers. In those with a potential for oral ultrasound diagnosis, it is a supportive parent of a child with a cleft or craniofacial condition.

The Louisiana Cleft Team of LSU Health Shreveport is a multidisciplinary team of specialists dedicated to the evaluation and treatment of children with these conditions.

Our treatment program offers the latest advances in the field, including comprehensive away and on-call treatment as well as nasolabial molding for children with cleft lip and palate.

Our objective is to provide an environment of personal attention and collaboration with expertise while maintaining the highest level of clinical care and resource utilization. Expedient access to our team, as well as communication with our referring primary care physicians and specialists, are among our priorities.

Please contact the Louisiana Cleft Team of LSU Health Shreveport by calling 338-475-6262 if you would like to refer a child with a known or suspected condition. Our team coordinator will arrange the appropriate consultation. An individual referred to the team is evaluated by each of the team's specialists. Following evaluation, the team meets to discuss the child and arrive at a suggested treatment plan designed for their specific needs. The plan is explained in detail to the family and their consent is obtained. Clinical and care input from the referring physician will be included in the treatment plan. The agreed upon plan for surgery, dentistry, speech pathology and other services provided by the team will then be implemented.

HIGHLIGHTS

Tradition of excellent care

The Louisiana Cleft Team of LSU Health Shreveport has one of the most comprehensive treatment programs of its kind in the United States. Our diverse expertise allows us to offer advanced care for even the most challenging cases. Surgeries are personally and meticulously performed by our team's experienced surgeons.

Nasolabial molding (NAM)

This orthodontic technique dramatically improves the esthetic and functional outcomes of cleft lip and palate surgery.

Consistent treatment planning

Our team members work together to create consistent long term treatment plans for our patients. Our goal is to achieve the best possible results with the fewest number of operations for all of our patients.

Multidisciplinary care, one convenient location

On the first floor of each month we offer a multidisciplinary clinic that allows patients to be seen by all relevant specialists in one location. Specialists from facial plastic surgery, pediatric otolaryngology (ENT), audiology, speech pathology, pediatrics, genetics, nutrition, social work, pediatric dentistry, pediatric psychology, and pediatric orthodontics collaborate to offer comprehensive care for your child.

Short wait times

We are committed to seeing newborns with cleft lip and palate as soon as possible after birth. We strive to ensure patients and their families receive the care and reassurance they need at a timely manner.

Pre-natal consultation and international adoptions

The emerging trend including increases in ultrasound diagnosis and opportunities for families to adopt children with clefts from abroad are welcome opportunities for us to help families in such situations.

Single point of contact for all patients

Our team director offers personalized attention, education, and an initial treatment plan for each new patient and ensures that patients are only by the appropriate specialist at the right time.

CLEFT SURGERY

Our cleft surgeons begin the most up-to-date ideas and technology and combine them with time-proven techniques to deliver the best possible results in cleft repair.

Not long ago, children with clefts would undergo one or more procedures before their late teens. With improved care coordination, refinement of techniques, and the addition of nasolabial molding, we are able to accomplish more in fewer surgical steps.

A cleft can affect the lip, palate, or both. There are ideal times for the repair of the lip, palate, and alveolar ridge (gumline). Cleft repair is a challenge for the surgeon not only because of the skill it requires at each surgery, but also because ongoing growth and development necessitate a long-term vision for each child.

Our teams philosophically to carefully coordinate procedures and to maximize the benefits of each case. In this way, we can minimize the total number of operations and the need for revisions. Our cleft surgeons look upon the opportunity to treat children with clefts as a privilege. We expect that opportunity with a personal commitment to each child and family.



LIP AND NOSE REPAIR

Cleft lip repair is typically done at three or four months of age which is considered a safe time to proceed with anesthesia and a time when the structure of the lip are large enough to repair with precision. In the first surgery, the surgeon repairs the lip to inside and outside the mouth.

Most clefts cause distortion or asymmetry of the nose. This is also addressed at the time of cleft lip repair along with repair of the floor of the nose.

PALATE REPAIR

In order to promote speech development, a cleft palate is surgically closed before the baby begins to talk to allow those first words to be formed normally. Palate repair should be done early enough to support development, but not so early that the surgery can affect growth of the facial bones. The optimal age is between nine and 12 months.

In general terms, the tissue on either side of the cleft is mobilized and brought to the midline. The muscles that allow the soft palate to move are displaced when a cleft is present. At surgery, these muscles are placed in their proper alignment.

NASOLABIAL MOLDING

The nasolabial molding (NAM) procedure, a non-surgical technique dramatically improves the outcome following cleft lip and palate surgery.

The correction is achieved by gradual adjustments of an acrylic molding plate with a nasal stone attached. When the first surgery is combined with NAM, a more efficient result is achieved and fewer secondary surgeries are needed. The procedure usually begins when the patient is one to two weeks old and takes from three to six months depending on the severity of the case.



ORTHOdontICS

As a child with a cleft lip and palate, sometimes the upper jaw does not grow as much as the lower jaw. If this occurs, the resulting differences in the upper and lower dental arches can present problems in appearance, speech, or chewing.

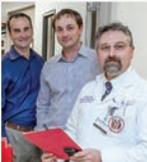
In most cases, orthodontic treatment plans can correct the problem. Some children may require combined orthodontic and surgical treatment for adequate alignment of the jaw and teeth. Working with us, the Louisiana Cleft Team of LSU Health Shreveport, the surgeon and orthodontist work together to develop treatment plans. The growth and development of the dental arches and the jaws are evaluated by the orthodontist. A different upper jaw can be moved forward, or a lower jaw that has overgrown the upper jaw can be set back appropriately so that they can work normally together for speech and eating.

After the primary lip repair is performed, the orthodontist monitors the patient's dental development and dental growth and treats the child at several points along the road to adulthood. Treatment may include using orthopedic appliances and/or braces for correction.

PEDIATRIC DENTISTRY

Our pediatric dentist ensures the Louisiana Cleft Team to meet the unique dental needs of children with cleft lip/palate. An early relationship is established with the family and child. Our care and comprehensive dental care are critical through all of the stages of a child's development - infancy, childhood, and adolescence.

Our pediatric dentist provides a comprehensive dental exam as well as simple and complex restorative dental procedures in a state-of-the-art, child-friendly office. Some dental procedures and care are performed under general anesthesia at LSCCHC.



OTOLOGY/ENT (E)NT FACIAL PLASTIC SURGERY, OTOLARYNGOLOGY, AND PEDIATRIC ENT

The Otolaryngologist plays a major role in the evaluation and management of many problems associated with cleft conditions. Our team of ENT subspecialists include Pediatric ENT, Otolaryng, and Facial Plastic Surgery.

The majority of children with cleft lip and palate are able to feed well and have no difficulties breathing. However, if a breathing or feeding problem is detected, our Pediatric ENT will investigate and counsel you regarding possible treatments. In some cases, children with clefts can have difficulty breathing, such as apnea. Due to the cleft palate and small chin, the overgrown tongue may be the cause of the problem. A detailed airway evaluation is necessary since additional areas of the airway can be affected and need to be addressed immediately.

Tonsil and adenoid enlargement is a common cause of obstruction in older children. When surgery is needed, a careful evaluation is necessary in children with clefts because removing the adenoids can affect speech. Our pediatric ENT and his team command a large variety of surgical and medical conservative techniques to address airway problems in children.

Love is the richest and functional portion of the care we may need to be addressed. Our ENT Facial Plastic Surgeon will work with your child to address any and all issues at his request.

OTIDLOGY / AUDIOLOGY

Children with cleft palate are susceptible to problems of middle ear fluid and/or infections. Infections can occur if the eustachian tube (ET), which runs from the back of the throat to the middle ear, doesn't function properly. A cleft palate affects the muscles controlling the opening of the ET, which allows fluid to build up behind the ear drum. If a child has recurrent or chronic ear infections, our pediatric ENT and Otolaryngist will work with our audiologists to treat your child with ear tubes. Periodic hearing evaluation will be performed to determine if hearing is sufficient for communication.

Our team uses advanced technology including auditory brainstem response (ABR) testing to assess functional status of the auditory nerve pathway (how sounds travel to the brain) and to assess hearing when behavioral history cannot be performed. Other pediatric hearing testing techniques such as visual reinforcement audiometry (VRA) and conditioned play audiometry (CPA) are used to test the child's hearing once they are developmentally able to sit independently and learn the appropriate hearing task.

In some cases of hearing loss, hearing aids, bone-anchored hearing aids (BAHA) or cochlear implants may be recommended by our Otolaryng team.

TIMELINE

Children with cleft abnormalities are like all other children - they grow, mature, and develop needs at their individual pace. This timeline provides a general overview of the typical treatment cycle for a child with the most common cleft conditions involving the lip, palate, and nose.

In children with isolated cleft lip (not involving the gumline and palate), there may only be one surgery needed and little else to do - in a child with isolated cleft palate (not involving the lip and gumline), there may only need one surgery, but hearing, speech, and hearing assessments will be a noted below.

First 10 days: Casual cleft and craniofacial team; begin learning feeding techniques; newborn hearing screening

1-2 weeks: When applicable, begin nasolabial molding procedure

3-4 months: Repair cleft lip and cleft nasal deformity, if necessary, place ear tubes.

8-12 months: Repair palate - check ears during surgery and place ear tubes if needed.

1 year: Begin speech assessments and therapy as needed

2 years: Begin regular pediatric dental checkups

3-11 years: Correct speech abnormalities as they present

4-9 years: Consider early orthodontics to adjust the arch dimensions prior to bone grafting the gumline

7-10 years: Close alveolar cleft (gumline) with bone graft (or synthetic graft)

12-16 years: Comprehensive orthodontics (braces) to align teeth

15-17 years: Consider final nasal shaping or addressing nasal breathing problems

16-18 years: If needed, surgery to correct alignment of upper or lower jaw

MOVING FORWARD

You will learn a great deal over time, but by explaining the process, our team will provide you with the understanding to anticipate and get through the steps. This helps you to focus a sense of confidence in you and your child to help them grow up like any other child. We will find that you will get to know our team well, and we can offer support and consistency once your child's treatment course.

Nothing will be more important to your child's happiness than the support and care he or she gets at home. While your child's cleft will always be a part of who he or she is, experience, it does not have to define them. How you choose to raise your child and foster relationships with friends, schoolmates, and other family members will have the greatest impact on how he or she develops.

You will want to educate yourself during the early period. The amount of information may seem overwhelming, but we will review it as much as necessary. Feel free to do your own research. Please do this quietly. Always let us know how we can help your child and family during this journey.

FREQUENTLY ASKED QUESTIONS

Why was my child born with cleft lip and/or cleft palate?
You did not do anything to cause the condition. Clefts are believed to have some genetic causes, although certain environmental factors do increase the chances that a baby will be born with cleft. The truth is that the cause of cleft lip and palate is not entirely clear for the majority of affected babies.

If heredity plays the key role in determining whether a child is born with a cleft, does that mean that will have other children (or grandchildren) with clefts?
Not necessarily. Even genetics, whose science it is to make predictions about heredity, cannot predict with 100 percent accuracy whether or not a given pair of parents will have a baby with a cleft. In genetics, you can be a carrier for a trait or condition, or, given your particular family history.

How dangerous is the surgery my child will have?
All surgeries involve some risk, but these operations have a high success rate. Your surgeon and anesthesiologist are skilled professionals who will not take unnecessary risks with your child's health while we bring. Our families tell us that, although it was a stressful process, the result made it all worthwhile.

What kind of lasting impact will all of this have on my child?
Children born with a cleft abnormality can grow to be normal, happy, successful adults, though they do face some special issues. They may need to go through a number of surgeries and orthodontic treatments. Children with facial differences can face teasing and social problems at school. As parents, you can help your child understand and deal with these issues with confidence. Our cleft team knows how to help you get through the difficult times.

MEDICAL GENETICS

The field of medical genetics is a specialized area of medicine that can help determine the heredity of you or your child's cleft condition. Our genetics will help you and your child to:

- Determine if your family is at risk for a genetic condition or syndrome.
- Interpret the medical and family history.
- Provide education about how the condition is inherited in the family.
- Offer guidance for available genetic testing for your child and other family members.
- Discuss management or preventive options for the genetic syndrome.
- Make referrals to other specialists for multidisciplinary care.
- Direct families to appropriate informational resources, support groups, and community services.

During a team visit, genetic consultation will be performed to collect information from your child's or your medical and family history to determine if the condition is associated with a genetic syndrome or if it is an isolated birth defect. Based on this knowledge our team can then provide you and your family with information about the condition as well as the possibility for it to occur or recur in your family.

PEDIATRIC PSYCHOLOGY

Our pediatric psychologists are specially trained to understand the different challenges children with cleft conditions and their families may encounter. We will provide guidance and counseling for families as they deal with the social and emotional aspects of a facial difference. Support will be provided to deal with the stressors of surgical and medical procedures and to assist in locating community resources and support groups. A pediatric psychologist can help with you about issues such as:

- Adjusting to having a baby with a complex medical condition and facial difference, supporting your child during surgeries and hospitalizations, preparing your child for school, and helping them have positive relationships with their peers.



SPEECH/LANGUAGE PATHOLOGY

A child with a cleft lip/palate will receive an initial oral assessment soon after birth. This early oral evaluation is important to assess risk factors and begin educating parents on oral hygiene, nutrition, feeding issues, fluoride intake, ear habits, and injury prevention.

Our team of Speech Pathologists will perform assessment in the evaluation, treatment, and education of parents and families regarding their child's speech, language, and feeding development. As experts in feeding and swallowing, they will work with the family, starting at birth and continuing throughout the child's development to present an excellent experience for child and family during feedings.

Speech Therapy is critical to the assessment and management of your child's speech and language development. Some children with a cleft may have difficulty producing certain speech sounds or may have increased resonance and air flow through the nose during speech production. The speech pathologists will monitor your child's speech and language development at every team visit. They will use a combination of formal and informal assessment techniques to identify potential speech problems early so that your child can receive the support they need to correct these issues as soon as possible.

PEDIATRIC CARE

Our pediatrician completes a history and physical exam on each child. Every effort is made to ensure that the family's treatment recommendations do not interfere with any other medical concerns. The pediatrician will coordinate pediatric medical care with the child's own pediatrician. Each child's growth and development is monitored for surgical readiness and post-surgical recovery.





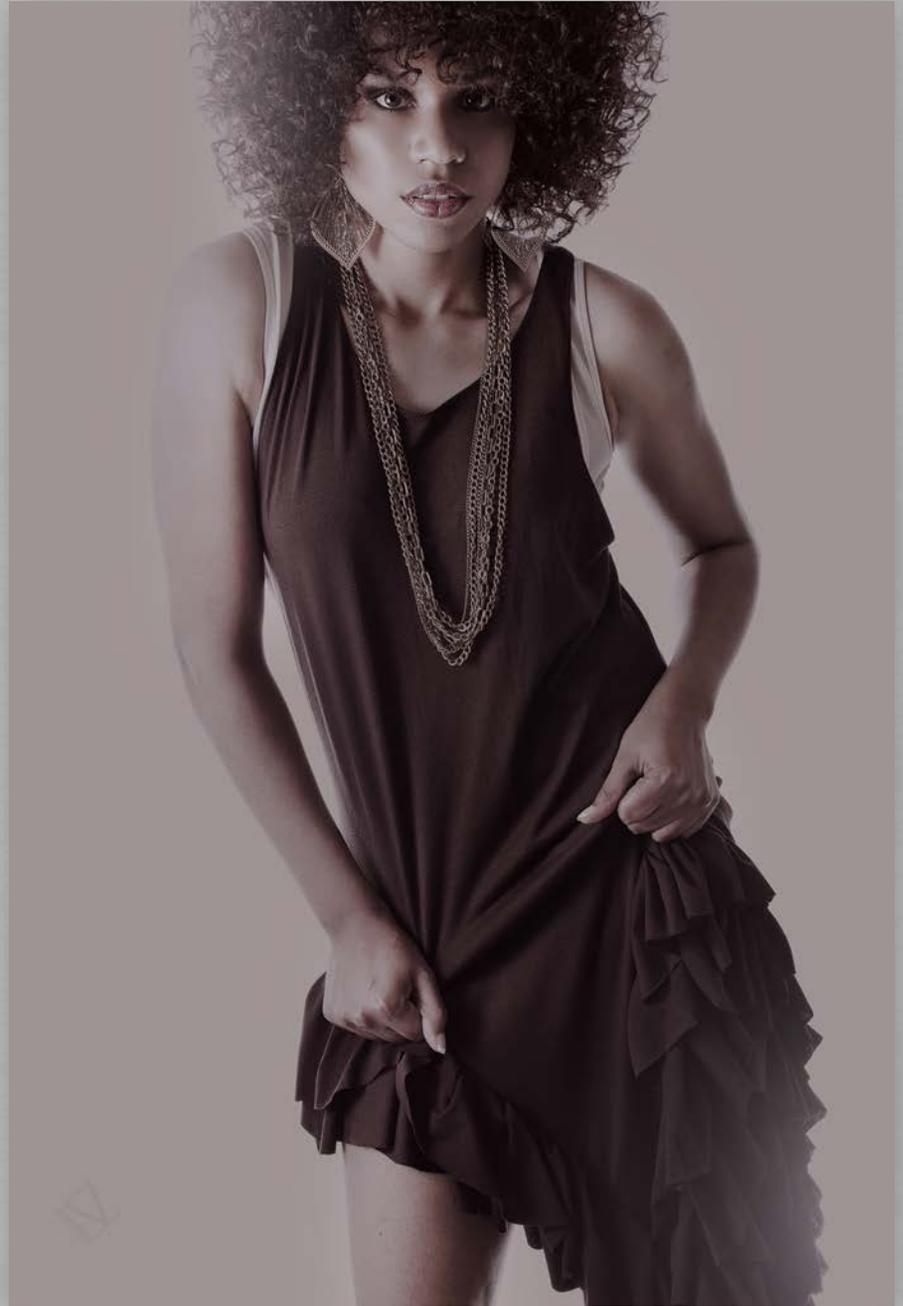
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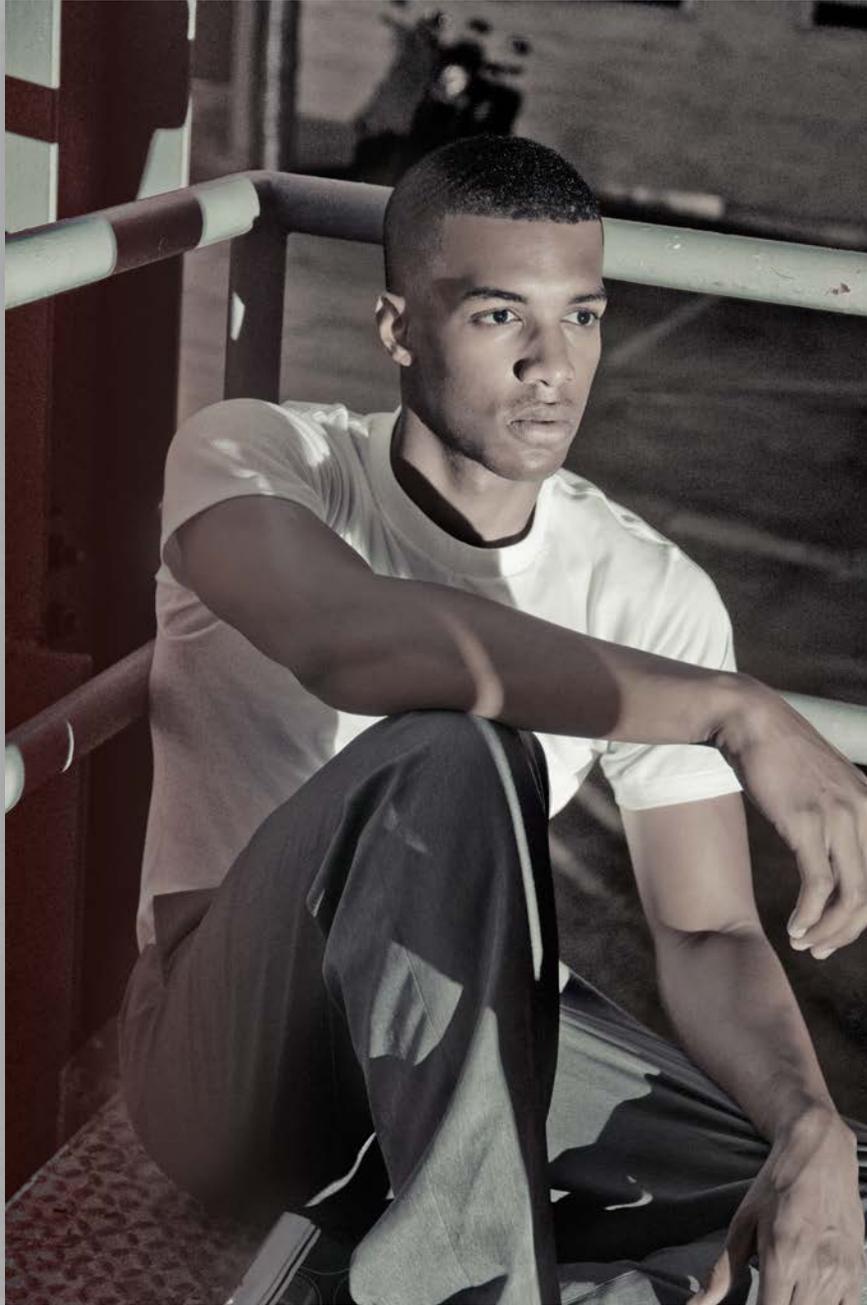


Before | After



Before | After







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Thank you again for reviewing my current work. I hope it was a enjoyable session and are impressed with my skill level.

Sincerely,
Carlton IV

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