The 1st CIPP organized in Nice in 1994 under the initiative of Professor Alain Grimfeld (France) and Professor Jean-Paul Praud (Canada QC) was a huge success as it brought together for the first time both Respirologists and Pediatricians around one common emerging specialty, Pediatric Pulmonology.

The organizers of the CIPP have achieved, for the first time, a most difficult and challenging feat: that of creating a close working relationship between leading specialists in pediatric pulmonology from both developed and developing countries around a number of common themes: asthma and respiratory allergies, respiratory infections and tuberculosis, Cystic Fibrosis and Snoring. Moreover, CIPP has acquired a most reputable status among prestigious congresses in both Pulmonology and Pediatrics by focusing its attention specifically on the pediatric aspect of respiratory diseases. With the accreditation of the American College of Chest Physicians, as well as of the European Academy of Allergy and Clinical Immunology and of the European Respiratory Society, CIPP is definitely in keeping with large international meetings.

Ten years later, CIPP 6 in Lisbon was a major international event; doctors treating children with chest disease from nearly 70 countries attended the meeting. We are continuing to build on this international co-operation; speakers will come from all parts of the world, ready to learn as well as to teach. The twin themes of the meeting will be: ‘What have I got to teach others practicing in a different environment from my own?’ and ‘What have I got to learn from others practicing in a different environment from my own?’ We will come together from the developed and the developing world to learn together, so we can return to our care facilities to treat children better than before.

For this 7th edition, we are expecting about 2000 attendees from more than 70 countries. CIPP 7 will be held for the first time in North America, under the Presidency of Prof. Bruce Rubin from Wake Forrest University, USA. CIPP 7 is also a great opportunity for our friends from Canada to launch the 1st Annual Meeting of Canadian Pediatric Respirologists.

The 7th CIPP has also endeavored to increase its pedagogical activities:

In addition to plenary sessions and topic symposiums, CIPP also offers:
- a keynote lecture given by one of the most famous leaders in Pediatric Pulmonology, Prof. Victor Chernick (Winnipeg, Canada),
post-graduate courses on lung function testing, mechanical ventilation, sleep disorders and thoracic imaging.

- interactive session on the use of the newest and latest technology in bronchoscopy,
- clinical case sessions on respiratory imaging both in conventional format and in Quiz-form
- meet the expert sessions will innovate this year with 1/ oral presentations of clinical cases which will be discussed directly with prestigious experts 2/ as well as with the discovery of the therapeutic virtues of Magic tricks, as vector of joy and communication with sick children.
- joint meetings with IPRAIS and ISAM
- albeit not forgetting satellite symposiums from the Industry under the heading of a renewed partnership.

A large tribunal offered to young investigators:

A very large tribune will be given to young investigators during this 7th CIPP.

Hence, the “Lung and Childhood Young Investigator Prize” will award a total of 6 prizes in the form of travel grants to young investigators in Pediatric Pulmonology whose work will have been selected by an international special jury. These recipients will be given the opportunity to present the results of their research to all of the participants, in plenary session.

The remainder of abstracts, also selected for their scientific quality, will be presented in Poster sessions for the duration of the congress. "The Top 5 posters Prize" will be awarded to the five best posters selected by the same jury.

This broad opening to the world and especially to young investigators remains a fundamental characteristic of CIPP.

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The most recent advances dominating the field to date are the better understanding of bronchial inflammation and the factors responsible for its evolution in a majority of childhood respiratory diseases, such as Asthma and Cystic Fibrosis.

It is now well established that this inflammation must be diagnosed as early on as possible. The role of bronchial epithelial cells, but also smooth muscle cells, in the inflammatory process appears to be crucial; their function is better identified and we now know how these cells participate in the inflammation process, how they are involved in lung repair, what are their defense mechanisms against respiratory infections outside the realm of established immunological mechanisms. Pivotal in the understanding of this process is new knowledge on how our genes and our environment interact to generate disease.

This fundamental pathophysiological knowledge paves the way for new developments in medication, notably in asthma, which is primarily a bronchial inflammatory disease.
Asthma and Respiratory Allergy

At present, the prevalence, morbidity and, in certain countries, the mortality in childhood asthma are increasing despite both a better understanding of the mechanisms involved and better treatment.

Therapeutic advances and new recommendations in the management of asthmatic children will be presented with the ever-constant preoccupation that the methods implemented must correspond aptly to prevailing socioeconomic conditions present in that country. Global learning is one of the major themes of this Congress. Doctors from all over the world will share the expertise developed in their own countries with colleagues in different environments, so that we can all learn from each other.

Frequency of severe acute asthma has also escalated even in developed countries with well-implemented health care systems. The severity of asthma is increasing while mortality rates appear to remain contained.

It is therefore essential to gain a better understanding of the pathophysiology and the aggravating factors in the severe forms of this illness, in order to reduce the risk of a recrudescence in mortality rates in the coming years. The latest discoveries on the mechanisms underlying the development of respiratory allergy are particularly promising as they open new perspectives in the area of prevention.

In fact, one does not only become allergic after birth; it is now proven that prior to birth, there exist predisposition factors - for certain allergens - that can ultimately lead to the onset of respiratory allergy. The challenge is to improve the environment for pregnant women and their babies in particular, to prevent the development of Asthma.

Cystic Fibrosis

The most recent studies will be presented by leading world specialists in the field of cystic fibrosis where the incidence may be as high as 1 in 2000 live births. Respiratory signs are at the origin of the diagnosis in more than 40% of cases.

The nutritional state is a determining element in the prevention of the outbreak of respiratory infections.

On a respiratory basis, new approaches will be presented especially with regards to inflammation, bronchopulmonary infection and basic molecular biology.

These recent advances will enable us to see in the near future the very first trials in gene therapy and also genotype specific pharmacotherapy, conducted in children.

Respiratory Infections and Tuberculosis

During the past 4 years, more than 5000 publications have been dedicated to childhood respiratory infections.

During the North-South and East-West dialogues especially, presenters will discuss the epidemiological and clinical characteristics of these
infections, proper to their respective countries. In these days of easy access to commercial travel, we will also present sessions on the new diseases coming out of Asia and the Far East, to which the traveler may fall prey.

Developing countries have been hit full force by this terrible scourge responsible for millions of deaths each year. Tuberculosis remains a major health problem in a number of countries, and it is evident that screening measures, prevention, treatment and public policy cannot be the same in each and every country.

However, it is essential that our most recent knowledge be shared with all concerned, whether it be pathophysiological or in diagnosis and therapy, in order to implement the most appropriate measures in each country as this is the case for HIV or more recently SARS.

Another original strongpoint of the CIPP: physicians from developing countries will present their very clinical approach in managing chronic respiratory infections in childhood; this approach is of tremendous value, one that physicians from developed countries have a tendency to lose since they have readily available, very sophisticated diagnostic tools.

The resurgence of tuberculosis in developed and developing countries along with the problems associated with the increasing emergence of resistant strains of other common infectious agents that constitute the leading causes of respiratory morbidity and mortality will be carefully reviewed and discussed in CIPP 7. Furthermore, potential interventions aiming to reduce such an unacceptable healthcare burden will be presented.

**Snoring**

Sleep is a period of time in which the respiratory system undergoes major control by the autonomic automatic mechanisms of the body. Sleep disturbances in children comprise one of the emergent topics in pediatric pulmonology and are therefore one of the central topics tackled by the congress. We are devoting a half day postgraduate course just to this topic.

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**OTHER THEMES OF THE CONGRESS**

Childhood **ORL infections** have not only important repercussions as such but also on the lower respiratory tract. Moreover, their recognition and management is essential in all pediatric respiratory diseases.

**Bronchoscopy** is more widely used thanks to the technical advances of the past few years. The treatment of various bronchial and pulmonary infections is less invasive and an update of new indications will be presented.

**Pediatric thoracic imaging** in the pre- and postnatal periods allows the screening of bronchopulmonary malformations for which an early diagnosis is essential. Indeed, malformations responsible for
respiratory distress at birth will be better managed in the neonatal intensive care unit; if and once its characteristics are known.

**Lung function testing** is a major diagnostic and surveillance tool in Pulmonology. Recent progress has been achieved notably in the exploration of respiratory function in ventilated newborns but also in asthma or certain sequellar conditions such as broncho-pulmonary dysplasia. A major new area is assessing lung function in infants and pre-school children - there will be a major all day post-graduate course devoted to this topic.

**Aerosoltherapy** is a theme in full bloom: technical advances have enabled a better deposition, within the lower airways, of medication such as corticoids and antibiotics with a minimum of adverse events and maximum efficacy. We have a joint half day meeting with ISAM on the new advances in this field.

**Hyaline membrane disease** is again a subject of actuality since the survival of increasingly premature newborns leads to treatment problems in the acute phase and ensuing sequellae. The extraordinary progress in the clinical management of the high risk newborn infant, particularly the premature infant, allow for successful outcomes of extremely low birth weight babies. Novel techniques and approaches used in the care of such extremely premature infants will be presented at CIPP 7 along with a thorough discussion of the pathophysiological mechanisms underlying the clinical manifestations frequently encountered in these uniquely vulnerable babies.

**Fundamental research** on the chemical control of ventilation, alveolar growth and interstitial lung diseases allow a better understanding of the pathophysiology of certain childhood respiratory affections and paves the way for new therapeutic venues.
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