Immunotherapy options: A future for children with food allergy

Weighing the pros and cons

Effective Rate Date: January 2019 for all advertisers.

RATES

1. Black-and-White rates:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>King Page</th>
<th>3/4 Page</th>
<th>Island/Half Page</th>
<th>1/3 Page</th>
<th>1/4 Page</th>
<th>1/8 Page</th>
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<td>$6,010</td>
<td>$4,940</td>
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<td>3,355</td>
<td>2,995</td>
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</table>

Color: In addition to earned black-and-white rates.

Charge per color per page or fraction

| Standard color | $1,045 |
| Matched color  | 1,155  |
| Metallic color | 1,575  |
| Four color     | 3,000  |
| Four color + PMS | 4,140 |
| Four color + Metallic | 4,590 |

3. Bleed: No charge

4. Covers, Positions:
   a) Covers:
      - Second cover: Earned b/w rate plus 40%.
      - Third cover: Earned b/w rate plus 25%.
      - Fourth cover: Earned b/w rate plus 50%.
   b) Agency commission: Fifteen percent gross billings on space, color, cover, and preferred position charges.
   c) Cash discount: Two percent if paid within ten days of invoice date.

5. Online Advertising Rates: Please contact your sales representative.

6. Recruitment/Classified Rates: Please contact your sales representative at slack@kerhgroup.com.
   Toll Free: 855-233-8100
   Phone: 484-362-2365

Allison Burbank, MD, of the UNC Department of Pediatrics/Allergy.

Carolyn Boerner, MD, MS, assistant professor of medicine in the division of allergy and immunology at the University of North Carolina School of Medicine and a family account, where parents can track their activity levels.

Additionally, children can also use fitness and calorie-counting devices. This May, one company is expanding its target demographic to include children as young as 8 years of age.
**DISCOUNTS**

1. **Combined Earned Frequency:** All insertions of a parent company and its subsidiaries are combined to determine the earned frequency rate. Advertisers may combine advertisements run in all SLACK publications to achieve maximum frequency.

2. **New Advertiser Discount:** New product advertisers with a minimum 3 ad commitment receive a 10% discount off all advertising placed in 2019. This discount may not be combined with the Continuity Discount. To qualify, the advertisement must be for a:
   - a) Product that has not advertised in INFECTIOUS DISEASES IN CHILDREN in the past calendar year
   - b) New indication for currently advertising product in INFECTIOUS DISEASES IN CHILDREN

3. **Continuity Discount:** Advertisements for an individual product are eligible for a discount based upon the number of issues in which they advertise. Issue insertions do not need to be consecutive. This program may not be combined with the New Advertiser Discount.
   - a) 3 issues = 5% off
   - b) 6 issues = 10% off
   - c) 12 issues = 15% off

4. **Prescribing Information Discount:** B&W prescribing information (PI) pages are eligible for the following discount. The 3rd page of PI and after may take a 50% discount off the earned rate.

5. **Clinical Trial Ad Buy One, Get One Free:** Clinical trial advertisements may run a second insertion of the same ad unit in any issue for no charge. Ad creative must promote participation in a current clinical trial. Corporate and/or disease state advertisements are not eligible. May not be combined with other Continuity, Free ad, or New Advertiser Discounts.

6. **Multichannel Program:** Custom multichannel programs are available that meet your specific advertising needs. Contact your Sales Representative to discuss options.

7. **Corporate Discount:** Total net spend achieved in the year 2019 will set a Corporate Discount to be taken off 2020 total net spend achieved in the year. The 3rd page of PI and after may take a 50% discount off the earned rate.

8. **When taking advantage of more than one discount program, discounts must be taken in the following order:**
   - **Gross Cost:**
     - a) Less New Advertiser/Product or Continuity Incentive
     - b) Less SLACK Corporate Discount
     - c) Less 15% Agency Discount
   - **Equals Net Cost**

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**ISSUANCE AND CLOSING**

1. **Established:** January 1988
2. **Frequency:** 12 times per year
3. **Issue Dates:** 1st week of the month of issue
4. **Mailing Dates & Class:** Mails within the issue month; Periodical Class.

5. **Extensions and Cancellations:**
   - a) **Extensions:** If an extension date for material is agreed upon and material is not received by the Publisher on the agreed date, the advertiser will be charged for the space reserved.
   - b) **Cancellations:** If, for any reason, an advertisement is canceled after the closing date, the Publisher reserves the right to repeat a former ad at full rates. If the advertiser has not previously run an ad, the advertiser will be charged for the cost of space reserved. Neither the advertiser nor its agency may cancel advertising after the closing date.

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**EDITORIAL**

1. **Editorial Direction:** INFECTIOUS DISEASES IN CHILDREN, a newspaper for the pediatrician, delivers the most up-to-date news in the field of pediatric diseases. The newspaper covers nationwide medical meetings, courses and symposia, as well as interviews with experts about vaccines, the treatment of infectious diseases, asthma and allergy, and more.

2. **Average Issue Information:**
   - a) Average number of articles per issue: 30
   - b) Editorial departments and features:
     - Blogs
     - Calendar of Events
     - Commentary
     - Everyday Pediatrics
     - In the Journals
     - Perspective
     - Pharmacology Consult
     - Products & Services
     - Spot the Rash
     - What’s Your Diagnosis?

3. **Origin of Editorial:**
   - a) Articles or abstracts from meetings/journals: 75%
   - b) Staff Written: 90%
   - c) Solicited: 5%
   - d) Submitted: 5%
   - e) Peer review: No. Meetings to be covered selected in advance.

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**CIRCULATION**

1. **Description of Circulation Parameters:**
   - a) Office and Hospital-based: Pediatricians
   - b) Hospital-based: Residents, Interns, Full-time staff
   - c) Osteopathic specialties: Pediatricians
   - d) Dermatologists with secondary in pediatrics

2. **Demographic Selection Criteria:**
   - a) **Prescribing:** N/A
   - b) **Distribution:** Controlled: 99%
     - Paid: 1%
     - Request (non-postal): 0%
   - c) **Paid Information:**
     - Association members: N/A
     - Is publication received as part of dues?: No
     - Subscription rates: $391/yr. individual; $627/yr. institutional

3. **Circulation Verification:**
   - a) **Audit:** BPA Worldwide
   - b) **Mailing house:** LSC Communications

4. **Date and Source of Breakdown:** BPA Worldwide, July 2018

5. **Estimated Total Circulation for 2019:** 57,631

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**GENERAL INFORMATION**

1. **Requirements for Advertising Acceptance:**
   Advertisements for professional and non-professional products or services are accepted provided they are in harmony with the policy of service to the healthcare profession and subject to Publisher’s approval. Non-professional product and service advertisers must submit ad copy 2 weeks prior to closing date.

2. **New Product Releases:** Yes

3. **Editorial Research:** Yes

4. **Ad Format and Placement Policy:**
   - a) **Format:** Within articles
   - b) Are ads rotated?: Yes

5. **Ad/Edit Information:** 50/50 Ad/Edit Ratio

6. **Value-Added Services:**
   - a) **Bonus convention distribution:** See Editorial Calendar
   - b) **Other:** Advertiser Index

7. **Online Advertising Opportunities:**
   - See our online rate card for details.

8. **Additional Advertising Opportunities:**
   - a) **BRC inserts:** See 5b under Insert Information for specifications.
   - b) **Split-run advertising.** Contact publisher for information.

9. **Reprints:** Yes, email reprints@slackinc.com

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**INFECTIOUS DISEASES IN CHILDREN**

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Healio.com/Pediatrics
AD SPECIFICATIONS

1. Available Advertising Unit Sizes:

<table>
<thead>
<tr>
<th>Ad sizes</th>
<th>Non-bleed (Live area) sizes:</th>
<th>Trim sizes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Width x Height</td>
<td>Width x Height</td>
</tr>
<tr>
<td>King Spread</td>
<td>20.5&quot; x 13.5&quot;</td>
<td>21&quot; x 14&quot;</td>
</tr>
<tr>
<td>King Page</td>
<td>10&quot; x 13.5&quot;</td>
<td>10.5&quot; x 14&quot;</td>
</tr>
<tr>
<td>¾ Page (Vertical)</td>
<td>7.05&quot; x 13.5&quot;</td>
<td>7.55&quot; x 14&quot;</td>
</tr>
<tr>
<td>¾ Page (Horizontal)</td>
<td>10&quot; x 10&quot;</td>
<td>10.5&quot; x 10.5&quot;</td>
</tr>
<tr>
<td>Island ½ Page</td>
<td>7.13&quot; x 10&quot;</td>
<td>7.63&quot; x 10.5&quot;</td>
</tr>
<tr>
<td>Island Spread</td>
<td>14.6&quot; x 10&quot;</td>
<td>15.1&quot; x 10.5&quot;</td>
</tr>
<tr>
<td>½ Page (Vertical)</td>
<td>4.68&quot; x 13.5&quot;</td>
<td>5.18&quot; x 14&quot;</td>
</tr>
<tr>
<td>½ Page (Horizontal)</td>
<td>10&quot; x 6.5&quot;</td>
<td>10.5&quot; x 7.0&quot;</td>
</tr>
<tr>
<td>¼ Page (Vertical Block)</td>
<td>4.68&quot; x 6.25&quot;</td>
<td>5.18&quot; x 6.75&quot;</td>
</tr>
<tr>
<td>¼ Page (Horizontal Block)</td>
<td>7.13&quot; x 4.75&quot;</td>
<td>7.63&quot; x 5.25&quot;</td>
</tr>
<tr>
<td>¼ Page (Vertical Strip)</td>
<td>2.23&quot; x 13.5&quot;</td>
<td>2.73&quot; x 14&quot;</td>
</tr>
<tr>
<td>¼ Page (Horizontal Strip)</td>
<td>10&quot; x 3&quot;</td>
<td>10.5&quot; x 3.5&quot;</td>
</tr>
<tr>
<td>¼ Page (Vertical Block)</td>
<td>2.23&quot; x 6.25&quot;</td>
<td>2.73&quot; x 6.75&quot;</td>
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<tr>
<td>¼ Page (Horizontal Block)</td>
<td>4.68&quot; x 2.84&quot;</td>
<td>5.18&quot; x 3.34&quot;</td>
</tr>
</tbody>
</table>

a) Trim size of journal: 10.5" x 14"
b) To view thumbnails of ads specs, visit healio.com/slackadspecs
For spread ads, keep content (images/text) ¼" in on each side of the gutter
For bleed ads, add ½" on all sides of trim size.

2. Type of Binding: Saddle-stitch
3. Print Ad Requirements: For specifications, go to: healio.com/slackadspecs
Color Proofs: One proof made from supplied files and meeting SWOP specifications, must be provided with data file. Proof must be at 100% of the print size. Publisher accepts Kodak approvals, Matchprints, Chromalins, High-end Epson Quality or Iris Digital proofs.
If only color lasers are furnished, color match on press cannot be guaranteed.
Note: Spread ads should be sent as a one-page file.
Ad File Submission: Electronic files must be submitted as a high-resolution, print ready PDF. Minimum 300 dpi. Ads are accepted on CD/DVD, via email or uploaded to the SLACK ftp site. Contact the sales administrator for ftp instructions.
4. Disposition of Ad Material: Ad materials will be held one year from date of last insertion and then destroyed unless notified otherwise in writing.

INSERT INFORMATION

1. Availability and Acceptance:
   a) Availability: Two- to eight-page inserts are available full run. Demographic and/or geographic inserts are limited to three per issue.
   b) Acceptance: A paper and insert sample must be submitted to the Publisher for approval.

2. Insert Charges:
   a) Furnished Inserts: Billed at the earned black-and-white space rate. Commissionable.
   b) A-size inserts charged at Island half-page rate.
   c) Tabloid-size inserts charged at the King page rate.

3. Sizes and Specifications:

<table>
<thead>
<tr>
<th>No. of Pages</th>
<th>Max Paper Stock</th>
<th>Min Paper Stock</th>
<th>Max Micrometer Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 page (one leaf)</td>
<td>80# coated text</td>
<td>70# coated text</td>
<td>.004&quot;</td>
</tr>
<tr>
<td>4, 6, 8 page</td>
<td>70# coated text</td>
<td>60# coated text</td>
<td>.004&quot;</td>
</tr>
</tbody>
</table>

a) Full size inserts: supplied untrimmed, printed, folded (except single leaf), and ready for binding.
   Varnished inserts are acceptable at the Publisher's discretion.
b) A-size: Supply size: 8½" x 11" pre-trimmed on head and face. ¼" foot trim.
4. Trimming: Trimming of oversized inserts will be charged at cost. Keep live matter ½" from trim edges and ½" from gutter trim. Inserts are jogged to the foot. Book trims ¼" at head face and foot.
5. BRCs:
   a) Pricing: Contact your Sales Representative for prices. Non-commissionable.
   b) BRC Specifications: 3½" x 5" minimum to 4½" x 6" maximum; perforated with ½" lip (from perforation) for binding. Add ¼" for foot trim. Cardstock minimum: 75# bulk or higher.
6. Quantity: Full run — 60,000 (estimated). Exact quantity will be given upon Publisher's approval of insert or call Publisher prior to closing date.
7. Shipping: Carton packing must have publication name, issue date, and insert quantity clearly marked. Inserts shipped in e-containers cannot be verified and SLACK will not be responsible for shortages on press.
Immunotherapy options: A future for children with food allergy

Pediatricians and allergists are facing a growing number of children with food allergy and for children with food allergy immunotherapy treatment for these patients.

Weighing the pros and cons

Immunotherapies can be administered in clinical settings around the United States. Although no cure is currently available for food allergies, multiple therapies are in development and have been used more frequently in clinical practice.

Between 2015 and 2016 in U.S. EDs, skateboard injuries was 13 years. Skateboard related to HOVERBOARD injury, and average and median age for those injuries was 11 years. skateboards were associated with 26,854 injuries, with the CDC reporting that some injuries were related to skateboard use.

Allergists are weighing the benefits and the risks of new immunotherapy treatments for children with food allergy and broadening what is offered to patients. Immunotherapy may protect them from small amounts of the allergen that are accidentally ingested and achieve desensitization, reducing their sensitization to the antigen.

A study conducted by Matthew Greenhawt, MD, MBA, MSc, director of the Food Challenge and Research Unit at Children’s Hospital Colorado and editor of Infectious Diseases in Children, found that 8% of school-aged children are affected by an allergy to at least one food item, and allergies to peanuts are particularly concerning. According to Greenhawt, therapies may be approved in the near future for children with peanut allergies, according to the study.

For most patients, the goal of therapy is to become less sensitized to the antigen and achieve desensitization. The range of therapy time can be 3 to 5 years or more. The approaches include oral and epicutaneous immunotherapy treatments, which may protect them from small amounts of the allergen that are accidentally ingested and achieve desensitization, reducing their sensitization to the antigen.

We need to try different approaches to determine the best formulation and method for each patient, said Greenhawt. "There is a goal of therapy to become less sensitized to the antigen and achieve desensitization.

Children are taking the process in stride, and parents are helping them to do so. Some children as young as 8 years of age are taking oral immunotherapy and are using devices that allow them to track their activity levels. The Fitbit Ace can be used as young as 8 years of age and is being used by children to track their activity levels in the form of steps taken and time spent actively.

Additionally, children can also take their family histories and record their sleep duration and sleep schedule. These data can be viewed by both children in their family account, where parents and children can also assess their child’s activity levels and 19 years.

Therapy dosing can be customized, and some children as young as 8 years of age are taking oral immunotherapy and are using devices that allow them to track their sleep duration and sleep schedule. These data can be viewed by both children in their family account, where parents and children can also assess their child’s activity levels and 19 years.

"We need to try different approaches to determine the best formulation and method for each patient," said Greenhawt. "There is a goal of therapy to become less sensitized to the antigen and achieve desensitization.

Infectious Diseases in Children®

Healio.com/Pediatrics

Source: Bandzar S, et al.

February 1/16/2019 STDs in adolescents

November 10/15/2019 Managing and preventing outbreaks

December 11/15/2019 Spotlight on ADHD

American Academy of Pediatrics (AAP) National Conference & Exhibition

IDC New York

American Academy of Allergy, Asthma & Immunology (AAAAI) Annual Meeting

American Academy of Dermatology (AAD)

Pediatric Academic Societies (PAS) Meeting

Digestive Disease Week (DDW)

Note: Editorial content subject to change