NEC SYMPOSIUM CHICAGO

SEPTEMBER 7-10, 2025

EXECUTIVE SUMMARY

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Uniting the global community for a world without NEC

The NEC Symposium in Chicago was the world's largest meeting dedicated to necrotizing enterocolitis (NEC), bringing together more than 250 multidisciplinary participants from 10 countries and 35 U.S. states to advance innovative strategies to better understand, prevent, diagnose, and treat NEC.

The meeting provided a transformative learning experience for renowned leaders, clinicians, researchers, and trainees, while centering patient-families in every conversation.

The agenda featured 20 educational and networking sessions, with three breakout tracks—**Advocacy, Care, and Research**—covering a wide range of topics for our diverse stakeholders.

This executive summary presents the key lessons, insights, and action items that emerged from the NEC Symposium in Chicago.

The NEC Symposium is an "All-In" meeting, bringing together and empowering every stakeholder. Patient-families are central to the planning, preparation, and execution, ensuring their voices shape the entire conference. Each session at the NEC Symposium is dedicated to a baby affected by NEC, with patient-families serving as faculty in every session and contributing to the poster session by presenting lessons from their experiences.
Learn more about All-In meetings here.

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Welcome & Our Why

The NEC Symposium's opening session set the tone for the entire meeting, emphasizing our shared commitment to fueling science through collaboration. Families are at the heart of this mission. Each session at the NEC Symposium opens with a patient-family sharing their story. Their experiences remind us that behind every scientific advancement, there are real babies and families who carry the devastation of this disease for a lifetime.

Action Items

- **Parents:** Share stories, advocate, guide priorities.
- **Clinicians:** Bring bedside questions to research.
- **Scientists:** Translate discovery to solutions.
- **Industry & Policy Leaders:** Scale innovation.

Jennifer Canvasser, MSW
Mark Del Monte, JD
Misty Good, MD, MS
Jae Kim, MD, PhD

Key Takeaway

Collaborate across disciplines. Build connections here that last beyond Chicago. Nurture new relationships for a world without NEC!

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Building Bridges Between Centers for a World Without NEC

This session focused on the global impact of NEC and the value of learning from both international colleagues, including Tetsuya Isayama from Japan, as well as the variability among centers across the United States. Existing databases, including work done through the Vermont Oxford Network (VON), Pediatrix, and the Children's Hospitals Neonatal Consortium (CHNC), can accelerate urgently needed research that will transform and improve care. The session also explored trends in infant morbidity and mortality rates in the U.S. and how they have changed over time.

This session was dedicated to Gabriela, who tragically passed away from NEC. Gabriela's mother, Tabitha, opened the session by sharing Gabriela's story.

Action Items

- Consider the differential diagnoses in your unit and how each condition is diagnosed.
- Participate in national collaboratives to help build informative, multi-institutional, large-volume databases.

MOD: Jae Kim, MD, PhD
PF: Tabitha Pazmino

Tetsuya Isayama, MD, MSc, PhD
Kristina Reber, MD
Roger Soll, MD
Robert Ursprung, MD, MMSc

Key Takeaway

National and international collaboration is essential to building a world without NEC.

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Key Voices for a World Without NEC

Globally, complications from preterm birth, including NEC, make up 35% of all causes of neonatal mortality. The American Academy of Pediatrics (AAP) collaborates with other organizations and societies worldwide to prevent neonatal mortality and improve outcomes. Nakela Cook, the Executive Director of the Patient-Centered Outcomes Research Institute (PCORI), shared how patient-centered, comparative effectiveness research can help families and clinicians make better-informed healthcare decisions to improve healthcare delivery and outcomes. Integrating patient-family perspectives at every stage of research helps ensure that the results are meaningful, reliable, and truly reflect the lived experiences of families affected by NEC.

This session was dedicated to Parker, who tragically passed away from NEC. Parker's mother, Stacey, opened the session by sharing Parker's story.

MOD: Camilia Martin, MD, MS
PF: Stacey Skrysak

Nakela Cook, MD, MPH
Beena Kamath-Rayne, MD, MPH, FAAP
Roger Soll, MD

Action Items

- Learn more about PCORI and participate in engagement opportunities *here.*
- Stories are essential to fueling this movement. *Share how NEC has affected you here.*

Key Takeaway

Families, clinicians, and scientists working together in national and global partnerships is the key to building a world without NEC.

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Different Perspectives to Defining NEC

The initial method for staging necrotizing enterocolitis was developed in 1978 and classified NEC by disease severity. Since that time, a number of subsequent definitions have been proposed, and yet the original "Bell's Staging" is still used to define NEC today, both in research design and in clinical practice. One of the biggest challenges in NEC research and care is the lack of a single, universally accepted definition of the disease. This makes it difficult to diagnose consistently, compare studies, and develop effective prevention and treatment strategies.

This session highlighted the importance of global consensus on defining NEC to improve NEC research and outcomes, and redefining how we communicate NEC to patient-families in a clinical setting at all stages of the disease process.

This session was dedicated to Cole, who developed NEC and is thankfully thriving today. Cole's father, Tyler, opened the session by sharing Cole's story.

MOD: Ravi Patel, MD, MSc
PF: Tyler Vallano, CFP

Jonathan Davis, MD
Jae Kim, MD, PhD
Camilia Martin, MD, MS
Eleanor Molloy, MB, BCh, BAO, PhD, FRCPCH, FRCP

Panel Session:
Mike Johnson
Roger Soll, MD
Staffan Strömberg, PhD

Action Items

- Participate in opportunities to provide feedback and share insight on improving the definition of NEC.
- Support improvement efforts with an open mind, and recognize it will take time to build consensus.

Key Takeaway

We need all stakeholders, including clinicians, scientists, patient-families, advocates, and industry leaders, to collaborate on an improved definition of NEC.

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Next Gen Patient-Partnered Strategies for Understanding and Preventing NEC

There are over 900 babies enrolled in the NEC Biorepository from 8 centers across the U.S. This project, led by Co-PIs Misty Good and Scott Magness, continues to build a single-cell atlas of the human neonatal intestine and provides detailed comparisons between healthy intestines and intestinal tissue damaged by NEC. The single-cell atlas will help us better understand the mechanisms that regulate important aspects of cellular differentiation, gut development, inflammation, disease progression, and resolution during and after NEC. Understanding the pathways underlying NEC pathophysiology will shed light on why medically fragile infants are uniquely susceptible to NEC.

This session was dedicated to Ditya, who tragically passed away from NEC. Ditya's mother, Pabita, opened the session by sharing Ditya's story.

MOD: Troy Markel, MD, FACS, FAAP
PF: Pabita Dhungel

David Fawkner-Corbett, MBChB, MPhil, MRCS, PgDip, DPhil
Misty Good, MD, MS
Scott Magness, PhD
Garabet Yeretssian, PhD

Action Items

- Centers with capacity are encouraged to join the NEC Biorepository.
- Patient-families can help the community understand the urgency of this work by sharing these resources.

Key Takeaway

A more thorough understanding of NEC pathobiology holds promise for biomarkers and opportunities to intervene and prevent NEC before it progresses.

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Science of Human Milk

For premature and medically fragile infants, mother's milk and pasteurized donor human milk provide the most protection against the devastation of NEC. By studying the bioactive properties of breastmilk, including human milk oligosaccharides (HMOs), we are learning how to optimize and protect premature infants' gut microbiomes to help prevent NEC. This session outlined how human milk is more than nutrition but also a complex bioactive, lifesaving intervention that nurtures the microbiome, immune system, and gut-barrier pathways for infants in the NICU.

This session was dedicated to Ronan, who tragically passed away from NEC. Ronan's mother, Nicola, opened the session by sharing Ronan's story.

MOD: Mark Underwood, MD
PF: Nicola Juri, DMSc, PA-C

Lars Bode, PhD
Donna Geddes, PhD
Aloka Patel, MD

Action Items

- Learn more about the science of human milk by joining the NEC Society at the Human Milk Institute Symposium.
- Engage with the NEC Society and HMBANA to optimize and increase equitable access to human milk for all babies.

Key Takeaway

All infants in the NICU need to receive mother's milk or pasteurized donor human milk to help protect against NEC.

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Health Policy and NEC

As the policy landscape continues to change, neonatal and child health advocacy is more important than ever. Access to donor milk in the NICU is a healthcare disparity, with more than half of the highest-risk infants not having access to this lifesaving intervention. Threats to Medicaid jeopardize coverage and access for infants at risk of NEC. As advocates, scientists, and clinicians, we must amplify reliable sources of information and evidence-based recommendations.

This session was dedicated to Luna, who tragically passed away from NEC. Luna's mother, Stephanie, opened the session by sharing Luna's story.

Action Items

- Become familiar with current legislation related to newborn health, and build relationships with your elected official to encourage their support.
- Support the Access to Donor Milk Act reintroduction and invite your elected officials to support equitable access to donor milk for all vulnerable infants.
- Visit NECsociety.org to help pass a NEC Awareness Resolution in your state.

MOD: Jennifer Canvasser, MSW
PF: Stephanie Ruidiaz

Mark Del Monte, JD
Lily Lou, MD, FAAP
Jochen Profit, MD, MPH
Shetal Shah, MD

Key Takeaway

Be relentlessly optimistic in advocacy efforts to build a world where no family experiences the tragedy of NEC.

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Eliminating Disparities & Optimizing Equity

Communication with patient-families must include the importance of human milk as the best protection against NEC, including reducing the risk of infection and benefits beyond the neonatal period. Reducing financial strains, providing peer-to-peer counseling, and improving postpartum care can help improve lactation success and the most protective care for infants at risk of NEC. When mother's milk is not available, donor human milk is the next best option.

This session was dedicated to Ronan, who tragically passed away from NEC. Ronan's mother, Nicola, opened the session by sharing Ronan's story.

MOD: Amy Hair, MD
PF: Nicola Juri, DMSc, PA-C

Denise Kirsten, DNP, NNP-BC
Margaret Parker, MD, MPH
Lisa Stellwagen, MD, FAAP
Sarah Taylor, MD, MSCR

Action Items

- Develop an action plan to ensure all families receive optimized lactation support in your unit.
- Review and reduce barriers to improving lactation outcomes and helping mothers provide expressed breastmilk in the NICU.
- Ensure donor milk use is accessible, with consistent education and messaging on its benefits for all families.

Key Takeaway

Human milk is the most effective tool we currently have to protect infants from the devastation of NEC. Although human milk does not eliminate the risks of NEC, it is essential and urgent for all at-risk babies to receive this potentially lifesaving intervention, regardless of where they live or the resources their families can access.

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Funding a World Without NEC

Despite being a leading cause of infant mortality, NEC has been understudied and underfunded for decades. Scientists, clinicians, and advocates within the NEC Society are transforming what is possible by working to secure adequate funding to fuel the science of NEC. The Patient-Centered Outcomes Research Institute (PCORI) and Chan Zuckerberg Initiative demonstrate the transformational power of patient-centered and patient-driven research.

This session was dedicated to Micah, who tragically passed away from NEC. Micah's mother, Jennifer, opened the session by sharing Micah's story.

MOD: Jae Kim, MD, PhD

Jennifer Canvasser, MSW
Nakela Cook, MD, MPH
Misty Good, MD, MS
Garabet Yeretssian, PhD

Action Items

- Collaborate with patient-families to apply for funds that advance the NEC Research Priorities.
- Vote for elected officials and policies that support science.

Key Takeaway

Persistent advocacy is essential to secure adequate funding for NEC research.

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Protective Care Practices for NEC Reduction

There is wide variability in neonatal care across and between centers in the U.S. and globally. Standardizing care and tuning in to each individual infant can help clinicians protect patient-families from the devastation of NEC. Given the lack of adequate preventive and curative options for NEC, quality improvement efforts offer promise for learning how to implement the most protective care practices as efficiently as possible.

This session was dedicated to Charlie and Bobby, twin brothers who both developed NEC and now live with the long-term complications of the disease. Charlie and Bobby's mother, Lelis, opened the session by sharing Charlie and Bobby's story.

MOD: Jae Kim, MD, PhD
PF: Lelis Vernon

Tetsuya Isayama, MD, MSc, PhD
Margaret Parker, MD, MPH
Kristina Reber, MD
Shetal Shah, MD

Action Items

- Engage in quality improvement efforts, especially with state-wide collaboratives.
- Share how your center is improving continuity of care and standardizing protocols to help offset the wide variability in neonatal care.

Key Takeaway

Our babies and families are counting on us to learn from each other, share data, and implement the most protective practices.

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Navigating Risk in the NICU

In the NICU, every decision carries risks and benefits, making clear and compassionate communication essential. Patient-families may feel rushed, overwhelmed, or dismissed, yet building an alliance with them is critical for trust. The emotional trauma of a NEC diagnosis is too often overlooked. By fostering shared decision-making, accepting and discussing uncertainty, and offering genuine opportunities for engagement, we can move beyond fear to create space for hope—ensuring that families are not only informed but also valued partners of the care team. Addressing risk in the NICU includes building trust and rapport with patient-families and communicating clearly with each family based on their own needs. A holistic approach to risk management involves clear communication, including families as an integral part of the care team, and research designed with a focus on empathy, trust, and transparency.

This session was dedicated to James, who developed NEC and now lives with the long-term complications of the disease. James' father, David, opened the session by sharing James' story.

MOD: Camilia Martin, MD, MS

Jonathan Fanaroff, MD, JD
Denise Kirsten, DNP, NNP-BC
David Russell, JD
Mark Underwood, MD

Action Items

- Review your NICU's informed consent policies for families, and your approach to discussions of the benefits of mother's own milk and donor human milk versus formula.
- Use the NEC Society's resources when communicating with patient-families about NEC.

Key Takeaway

The uncertainties and risks in the NICU can be overwhelming for both clinicians and families. Authentic relationships built on trust and open communication can help families and clinicians navigate the risks of the NICU and NEC together.

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Promising Treatments for NEC

Despite decades of research and advances in neonatal clinical care, specific treatment strategies for NEC are lacking. Improved understanding of the pathogenesis of NEC has increased the potential for more effective therapeutics. Promising treatments include the protective and healing effects of ST266, an amniotic-derived cell secretome, the discovery of 20-aHydroxycholesterol, an oxyterol found in human breastmilk that reverses white matter brain injury associated with NEC in neonatal mice, and Limosilactobacillus reuteri (Lr) in it's biofilm state reduces the severity and incidence of NEC, positively affects the gut microbiome and improves cognitive function after NEC in rodents.

This session was dedicated to Nora, who tragically passed away from NEC. Nora's mother, Cassey, opened the session by sharing Nora's story.

MOD: David Russell, JD
PF: Cassandra Oliger

Eric Benner, MD, PhD
Gail Besner, MD, FACS, FAAP
David Hackam, MD, PhD
Karin Potoka, MD, FAAP

Action Items

- Patient-families and clinician-scientists can help advance treatment options for NEC by fostering relationships with the FDA and policymakers.
- Community leaders can help industry recognize the urgent need to invest in treatments for NEC.

Key Takeaway

With many infants surviving their NEC diagnosis, treatment options are essential to improve the quality of life and long-term outcomes. The field should invest in promising treatments not only to prevent NEC but also to treat it.

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Comparison of Diagnostic Tools for NEC

Dr. Sherwin Chan, a radiologist at Children's Mercy in Kansas City, MO, co-chairs the American College of Radiology pediatric panel for developing clinical imaging guidelines for NEC. He and Dr. Alain Cuna, a neonatologist also from Children's Mercy, spoke about their research and clinical focus on using bowel ultrasound in addition to abdominal x-ray for improved, timely diagnosis of NEC. The NEC Society is collaborating with the team at Children's Mercy on a proposed, multi-center research project looking at the use of bowel ultrasound in diagnosing NEC. Through this partnership, the patient-family perspective remains central to every stage of the research process, from planning to implementation to dissemination

This session was dedicated to Cash, who tragically passed away from NEC. Cash's mother, Shannan, opened the session by sharing Cash's story.

MOD: Mickey Caplan, MD
PF: Shannan Finegan

Sherwin Chan, MD, PhD
Alain Cuna, MD
Erin Pryor, MPH, RDN, LD

Action Items

- Discuss with your NICU care team a process for integrating bowel ultrasound into practice.
- Use the NEC Society's resources developed in partnership with the CHNC. This set of resources includes "*What all families in the NICU should know about NEC*" and can help inform families about ways to help protect against NEC, as well as signs and symptoms to watch for.
- Reach out to the NEC Society for collaboration opportunities on your NEC-focused research: ErinPryor@NECsociety.org.

Key Takeaway

There has been progress toward improving when and how NEC is diagnosed, with the potential to have a profound impact on NICU babies and families.

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Care After a NEC Diagnosis

NEC survivors often experience long-term complications from NEC, months, years, or even decades after the NICU. Long-term follow-up involves several specialty areas, including gastroenterology and intestinal rehabilitation, nephrology, neurology, nutrition, and developmental, social, and emotional therapies. The social and financial impacts of the long-term management after NEC are extensive and an overwhelming burden for families.

This session was dedicated to Freddie, who developed NEC and now lives with the long-term complications of the disease. Freddie's mother, Marie, opened the session by sharing Freddie's story.

MOD: Susan Hintz, MD, MS Epi
PF: Marie Spruce, RN

Valeria Cohran, MD
Jonathan Litt, MD, MPH, ScD
Troy Markel, MD, FACS, FAAP
Keia Sanderson, MD, MSCR

Action Items

- Review and improve your discharge checklist, emphasizing the need for an inclusive, thorough, and specific follow-up care program.
- Share and participate in the NEC Registry.
- Support the NEC Society's work to build resources for families of NEC survivors.

Key Takeaway

NEC does not end when a family leaves the NICU. There is an urgent need for multidisciplinary clinicians to collaborate on the long-term care and outcomes for families after a NEC diagnosis.

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Basic Science Mechanisms

Basic science research helps to answer fundamental questions on how and why NEC occurs. Basic scientists are driven by curiosity, with the understanding that these foundational insights can later lead to practical applications and breakthroughs in disease pathophysiology.

Several leading scientists in the field shared their work on NEC, including tools to measure tissue inflammation in real time, the connection between changes in the gut microbiome and brain development in premature infants, gene mutations in neonatal mice related to NEC, and the diet-microbe-host interaction in NEC.

This session was dedicated to Ditya, who tragically passed away from NEC. Ditya's mother, Pabita, opened the session by sharing Ditya's story.

MOD: David Hackam, MD, PhD
PF: Pabita Dhungel

Erika Claud, MD
Quinn Roth-Carter, PhD
Venkatesh Sampath, MBBS, MRCPCH
Christopher Stewart, PhD
Garabet Yeretssian, PhD

Action Items

- Learn and share information about funding opportunities for basic science research.
- Collaborate with rare disease communities for synergies in science related to NEC.
- Get involved in basic science research: ErinPryor@NECsociety.org.

Key Takeaway

Basic science mechanisms are fundamental in the pathway toward a world without NEC. Ongoing discoveries about cellular mechanisms underlying NEC can lead to future technological innovations and meaningful clinical impact.

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Poster Podium Presentations

These nine early-career podium presenters received top scores for their submitted abstracts on NEC research.

This session was dedicated to Liam Nolen Bradley, who tragically passed away from NEC. Liam's family honors their son by helping to advance research and improve outcomes for other babies and families.

Action Items

- Join the NEC Society's Research Incubator and consider becoming a mentor or mentee.
- Apply and/or share the NEC Society's annual early-career physician scientist and fellow awards announced in early spring.
- Stay up to date with current NEC research publications here.

MOD: Steven McElroy, MD
Felicia Balsamo, MSc; Argon inhalation alters M1/M2 macrophage polarization during necrotizing enterocolitis
Geoanna Bautista, MD; Developmental Expression of Piezo1: Early Implications for Gut Motility
Ashley Dodd, MD; First-in-Human Pilot Study of Broadband Optical Spectroscopy as Noninvasive Surveillance for NEC
Heather Grubbs, MD; Epigenetic Modifications and the Retained Hyperinflammatory State in Necrotizing Enterocolitis
Krishna Manohar, MD; From Milk to Mind: CS Prevents Neurobehavioral Deficits in a Murine Model of NEC
Ethan Mills, Medical Student; Association of Socioeconomic Status with Development and Severity of Necrotizing Enterocolitis
Daniel Mohan, MD; Shortening Post-Surgical Antibiotic Duration in NEC Cases
Anand Salem, DO; Impacts of Red Blood Cell Transfusion and Enteral Feeding on Mesenteric Regional Tissue Oxygenation
Katie Strobel, MD, MS; Neurobehavioral Outcomes in Extremely Preterm Infants with Necrotizing Enterocolitis

Key Takeaway

It is essential to support early-career physician-scientists to help advance the field and NEC research.

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Clinical Trials and NEC

NEC prevention trials are critical to a world without NEC, and while it's challenging to reach the numbers needed statistically, it can be done! Because NEC is rare in generalizable preterm populations, very few clinical trials target NEC as the primary outcome. Essential components of a successful clinical trial include multi-center collaboration, involving and informing parents accurately and often, incorporating simple data collection methods, and building a positive research culture. Clinical trials on feedings, gastric residuals, outcomes for infants after surgery for NEC, and the use of probiotics have been and are being done!

This session was dedicated to Ahmaari McRae, who developed NEC and now lives with the long-term complications of the disease. Ahmaari's mother, Necole, serves on the NEC Society's Patient Family Advisory Council and advocates for increased awareness and better communication for families who experience NEC.

Action Items

- Join the NEC Society's Research Incubator and participate in the virtual research roundtables to learn about new research and find synergistic interests and potential collaborations.
- Invite team members to participate in PCORI's Research Fundamentals

MOD: Ravi Mangal Patel, MD, MSc
PF: Necole McRae

Jon Dorling, MBChB, DCH, MRCP (UK), FRCPCH, MD
Christopher Gale, PhD, MSc, MBBS, FRCPCH
Nigel Hall, MA, MB, BChir, MRCPCH, FRCS(Eng), PhD
Agostino Pierro, OBE, MD, FRCS(Eng), FRCS(Ed), FAAP
Staffan Strömberg, PhD

Key Takeaway

Multi-center, international collaboration and inclusion of parents in clinical trial design and implementation is key to understanding prevention strategies and better treatment options for NEC.

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Building a Culture of Research

This session included a brief history of human subject research, the importance of and challenges with neonatal research, and how current media attention and threats to funding have changed the research landscape. Drs. Misty Good and Cami Martin shared their perspectives from an investigator lens, while Hazel Pleasants-Terashita described her intentional focus on the many changes in neonatal care over a long-standing career as a nurse practitioner, and how that translates into current patient-family confidence in research. Implementation scientist, Martin Blakely, emphasized the importance of implementing research outcomes with more urgency to improve clinical care.

This session was dedicated to Ahmaari McRae, who developed NEC and now lives with the long-term complications of the disease. Ahmaari's mother, Necole, serves on the NEC Society's Patient Family Advisory Council and advocates for increased awareness and better communication for families who experience NEC.

MOD: Hala Chaaban, MD
PF: Necole McRae

Misty Good, MD, MS
Camilia Martin, MD, MS
Hazel Pleasants-Terashita, RN(EC), MN, NNP-BC, NP-Pediatrics
Martin Blakely, MD, MS, MMHC

Action Items

- Involving patient-families affected by NEC and integrating their lived experiences is essential to the research process - from idea generation to design, implementation, and throughout dissemination.
- Include all multi-disciplinary members of the clinical care team in research training, information sharing, and culture building so that patient-families can be confident in their decision to participate as part of the care and research teams.
- Include effective dissemination strategies, not only to practicing clinicians but to the patient-family research participants, as well.
- Encourage patient-families affected by NEC to join the NEC Registry to share their experiences and participate in future research projects.

Key Takeaway

Research is essential to building a world without NEC. Patient-family confidence in clinician-scientists' abilities to design, implement, and translate research to improve outcomes is imperative to the success of the project.

Awards

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Allison Rose Advocacy Award

Alice Hoffsten, MD, PhD

The NEC Society was honored to present Alice Hoffsten as the recipient of the Allison Rose Advocacy Award. Alice is a physician-scientist in the Department of Women's and Children's Health at Uppsala University in Sweden. Alice received her PhD in 2024, recognized for her dissertation titled "*Necrotizing Enterocolitis in Preterm Infants: Impact on Infant Mortality and a Search for Predictive Biomarkers*." Alice is dedicated to expanding knowledge of the pathophysiology of NEC and exploring methods to diagnose NEC earlier. Her work encompasses nearly a dozen of the NEC Research Priorities.

NEC Symposium Advocacy Award

Shannan Finegan, Cash's Mom

Shannan is the mother of Cash, who tragiclly passed away from NEC. Shannan has been involved with the NEC Society since 2020, serving on the Patient-Family Advisory Council for four years, and has since joined the NEC Society's Board of Directors. Shannan helped to pass the NEC Awareness Resolution in her state of Pennsylvania. Additionally, Shannan hosts an annual event in honor of Cash and has raised upwards of $50,000 to advance NEC research, education, and advocacy. The NEC Society is deeply grateful for Shannan's unwavering dedication to building a world without this devastating disease in honor of her son, Cash.

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NEC Symposium Care Award

Sherwin Chan, MD

Sherwin is a radiologist at Mercy Children's Kansas City who is dedicated to advancing radiology as essential to excellent neonatal care, and more specifically, to NEC patient care. He is the co-chair of the American College of Radiology's pediatric research committee for developing an imaging repository for rare pediatric diseases and chairs the pediatric panel for developing clinical imaging guidelines for NEC. He is spearheading a coordinated effort with the NEC Society to evaluate bowel ultrasound as a diagnostic tool for NEC in a proposed multi-center trial.

NEC Symposium Research Award

Katie Strobel, MD

Katie, a neonatologist at Seattle Children's Hospital and Assistant Professor at the University of Washington, was a podium presenter who received a top score for her abstract, "*Neurobehavioral Outcomes in Extremely Preterm Infants with Necrotizing Enterocolitis*." In addition to this recognition, Katie is leading research exploring maternal milk microbial and cytokine composition.

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POSTER SESSION

POSTER TITLES & AUTHORS

1. Family Poster. Trust a Mother's Instinct. First Author: Necole and Ahmaari McRae.

2. Poster. Exploring the Role of Neutrophils and Neutrophil Extracellular Traps in Necrotizing Enterocolitis. First Author: Laura Blum, MS, Medical Faculty Mannheim, Heidelberg University, Department of Pediatric Surgery.

3. Oral Presentation & Poster. Epigenetic Modifications and the Retained Hyperinflammatory State in Necrotizing Enterocolitis. First Author: Heather Grubbs, MD, University of Oklahoma, University of Oklahoma.

4. Poster. Increased JamL expression in experimental NEC impairs intestinal microvascular development. First Author: Elizabeth Managlia, PhD, Lurie Children's Hospital of Chicago.

5. Oral Presentation & Poster. From Milk to Mind: CS Prevents Neurobehavioral Deficits in a Murine Model of NEC. First Author: Krishna Manohar, MD, MS, Indiana University| Department of Surgery.

6. Poster. Gut Perfusion After Feeding in Term vs. Preterm Infants: Insights into NEC prevention. First Author: Niloofar Ganji, MS, The Hospital for Sick Children, Toronto, ON, Canada, Children's Hospital of Fudan University Xiamen Branch, Xiamen, Fujian, China.

7. Oral Presentation & Poster. Argon inhalation alters M1/M2 macrophage polarization during necrotizing enterocolitis. First Author: Felicia Balsamo, MS, Division of General and Thoracic Surgery, The Hospital for Sick Children, Toronto, Canada.

8. Oral Presentation & Poster. Impacts of Red Blood Cell Transfusion and Enteral Feeding on Mesenteric Regional Tissue Oxygenation. First Author: Anand Salem, DO, Division of Neonatology, Department of Pediatrics, Emory University School of Medicine, Department of Biostatistics and Bioinformatics, Rollins School of Public Health at Emory University.

9. Poster. A Comparison of Five Definitions of Necrotizing Enterocolitis. First Author: Vivian Wei, BS, Elson S. Floyd College of Medicine, Pediatrix Medical Group.

10. Oral Presentation & Poster. First-in-Human Pilot Study of Broadband Optical Spectroscopy as Noninvasive Surveillance for NEC. First Author: Ashley C. Dodd, MD, MS, Ann & Robert H. Lurie Children's Hospital of Chicago.

11. Oral Presentation & Poster. Association of Socioeconomic Status with Development and Severity of Necrotizing Enterocolitis. First Author: Omar Nasher, MD, MS, Nationwide Children's Hospital.

12. Oral Presentation & Poster. Neurobehavioral Outcomes in Extremely Preterm Infants with Necrotizing Enterocolitis. First Author: Katie M. Strobel, MD, MS, University of Washington.

13. Poster. Formula Supplementation Synergizes with Intestinal E. coli to Increase NEC Risk in Neonatal Mice. First Author: Nicole L. Pershing, MD, PhD, University of Utah.

14. Oral Presentation & Poster. Shortening Post-Surgical Antibiotic Duration in NEC Cases. First Author: Daniel Mohan, MD, UPMC Children's Hospital of Pittsburgh.

15. Oral Presentation & Poster. Developmental Expression of Piezo1: Early Implications for Gut Motility. First Author: Geoanna M. Bautista, MD, Department of Pediatrics, University of California Davis School of Medicine, Sacramento, CA.

16. Poster. Assessing intestinal motility in premature infants with NEC using ultrasound computational imaging. First Author: William T. Kaon, BS, Wake Forest University School of Medicine.

17. Poster of Distinction. VEGFR2-FOXM1-PGD Pathway Inhibition Impairs Gut Microvascular Development and Predisposes to NEC. First Author: Xiaocai Yan, PhD, Lurie Children’s Hospital of Chicago.

18. Poster of Distinction. From Cartilage to Cure - Chondroitin Sulfate's Impact on Gut Health in A Porcine Model of NEC. First Author: Sharon Joseph, MD, MS, Indiana University School of Medicine.

POSTER SESSION

POSTER TITLES & AUTHORS

19. Poster of Distinction. Feasibility of Remote Ischemic Conditioning for NEC: Interim Results of a multicenter Phase II Trial. First Author: Niloofar Ganji, MS, The Hospital for Sick Children, Toronto, ON, Canada.

20. Poster of Distinction. Molecular Pathways Underlying Epithelial Damage and Repair in NEC: a Multi-omics Approach. First Author: Bo Li, PhD, The Hospital for Sick Children.

21. Family Poster. Change for Cash. First Author: Shannan Finegan.

22. Poster of Distinction. Bowel Ultrasound Improves Decision-Making and Feeding Outcomes in Suspected NEC: A Randomized Trial. First Author: Alain Cuna, MD, Children's Mercy Kansas City.

23. Poster of Distinction. Mesenchymal Stem Cell Therapy Modulates Intestinal Injury seen in NEC: A Premature Piglet Study. First Author: Jasmine Lee, MD, Indiana University.

24. Poster of Distinction. Placental Stem Cell Extracellular Vesicles Drive Epithelial and Inflammatory Repair in NEC Damage. First Author: Maryssa A. Ellison, BS, Wake Forest School of Medicine.

25. Poster. Development of a Novel Algorithm to Reduce Treatment Duration for Necrotizing Enterocolitis. First Author: Brian C. Gulack, MD, MHS, Rush University Medical Center.

26. Poster. Facilitators and Barriers to Surgical Decision-Making in Necrotizing Enterocolitis. First Author: George S. Bethell, MBBS, University Surgery Unit, Faculty of Medicine, University of Southampton, UK., School of Health Sciences, University of Southampton, UK.

27. Poster. Evaluating Growth Outcomes in Preterm Infants Fed Donor Human Milk, Parent's Own Milk, or Formula. First Author: Jonathan A. Berken, MD, PhD, The Children's Hospital of Philadelphia, MassGeneral Brigham.

28. Poster. Examining Trends in Complete Blood Count (CBC) data in infants with and without NEC. First Author: Catherine R. Rizzuto, MS, University of North Carolina at Chapel Hill.

29. Poster. A Quality Improvement Initiative to Reduce Necrotizing Enterocolitis at a Level IV NICU. First Author: Russell Kesman, MD, Yale School of Medicine.

30. Poster. Developing a Necrotizing Enterocolitis (NEC) Guideline to Promote Antibiotic Stewardship. First Author: Rupashree R. Mandala, DO, NICU Fellow.

31. Family Poster. Lessons from Luna. First Author: Stephanie Ruidiaz.

32. Poster. Exposure from the Start: Metal Contaminants in Breast Milk and Formula. First Author: Katharina M. Robertson, MD, PhD, University of Louisville, University of Louisville School of Medicine

33. Poster. Hyaluronic Acid Interacting With Lactoferrin: Can Two Be Better Than One?. First Author: Neeladri Roy, PhD, University of Oklahoma Health, University of Oklahoma Health

34. Poster. Blood culture growth of E. coli during NEC is associated with increased progression to surgery/death. First Author: Clare Essex, BS, Medical University of South Carolina College of Medicine, Medical University of South Carolina College Department of Neonatology

35. Poster. IL-17A: The Chronic Effector Cytokine in Necrotizing Enterocolitis?. First Author: Krishna Manohar, MD, MS, Indiana University| Department of Surgery, Indiana University| Department of Surgery

36. Poster. Exploring the Interaction between Neutrophils and Monocytes/Macrophages during NEC Pathogenesis. First Author: Laura Blum, MS, Medical Faculty Mannheim, Heidelberg University, Department of Pediatric Surgery, Medical Faculty Mannheim, Heidelberg University, Department of Pediatric Surgery

37. Family Poster. One Diagnosis to Many. First Author: Marie Spruce.

POSTER SESSION

POSTER TITLES & AUTHORS

38. Poster. Investigating Monocyte Levels Prior to a Diagnosis of Necrotizing Enterocolitis (NEC). First Author: Danielle E. Sklar, BS, University of North Carolina at Chapel Hill.

39. Poster. Fetal Exposure to Maternal Inflammation Induces Inflammatory and Structural Changes to Murine Ileum. First Author: Camryn M. Sellers-Porter, BS, UC Davis Health- Department of Pediatrics, UC Davis

40. Poster. Extracellular Vesicles from Placenta Stem Cells Directly Improve Intestinal Epithelium and NEC. First Author: Anchala Guglani, PhD, Wake Forest School of Medicine.

41. Poster. Clinical uncertainties and controversies in NEC prevention: Lessons from a neonatal Project ECHO. First Author: Katherine M. Newnam, PhD, MSN, University of Tennessee, Knoxville, University of Arizona.

42. Poster. Non-invasive assessment of molecular biomarkers of intestinal development in very preterm infants. First Author: Sharon M. Donovan, PhD, University of Illinois Urbana-Champaign, Weill Cornell Medical College.

43. Poster. Uncovering Novel Mechanisms in the Multi-Hit Model of NEC Development. First Author: Saravanan Subramanian, PhD, University of Illinois at Chicago.

44. Poster. QSOX1 Expression is Decreased in NEC: A Potential Mechanism for Disrupted Barrier Function. First Author: Jessica Rauh, MD, Wake Forest School of Medicine, Wake Forest Institute for Regenerative Medicine.

45. Poster. Microbial Metabolite Urolithin A Protects the Intestinal Barrier in Necrotizing Enterocolitis. First Author: Christie L. Buonpane, MD, Norton Children's Hospital/University of Louisville, University of Louisville.

46. Poster. Maternal freeze-dried breast milk as a caloric fortifier to support an exclusive human milk diet. First Author: Allyson Ward, MSN, Milkify, Inc.

47. Poster. Demystifying Necrotizing Enterocolitis using Spatial Transcriptomics. First Author: Vy Wien Lai, BS, MRC Weatherall Institute of Molecular Medicine (WIMM), University of Oxford.

48. Poster. Disease-Specific HNF4A Signature Persists in Long-Term Culture of NEC Patient-Derived Enteroids. First Author: Hala Chaaban, MD, University of Oklahoma Health.

49. Poster. Fecal Vitamin E is Lower in Infants with Pathologic Feeding Intolerance. First Author: Eric B. Ortigoza, MD, MS, UT Southwestern Medical Center.

50. Poster. Modeling necrotizing enterocolitis using patient-derived human enteroids. First Author: Gergely D. Mozes, BS, Division of Neonatal-Perinatal Medicine, Department of Pediatrics, University of North Carolina at Chapel Hill, Chapel Hill, NC.

51. Poster. Investigating the Risk Factors for Development of NEC in Late Preterm Infants. First Author: Olivia B. Parks, PhD, Medical Scientist Training Program (MSTP), Division of Newborn Medicine.

52. Poster. High-Throughput Microfluidic Platform Accelerates In Vitro Modeling of Human Neonatal NEC-on-a-Chip. First Author: Natalia S. Akopyants*, PhD, MS, Division of Neonatal-Perinatal Medicine, Department of Pediatrics, University of North Carolina at Chapel Hill.

53. Poster. Photoacoustic Imaging to Assess Intestinal Oxygenation & Perfusion: A Pilot Pediatric Clinical Study. First Author: Paulina Wright, BS, Department of Biomedical Engineering, Wake Forest University School of Medicine, Division of Neonatology, Department of Pediatrics, Atrium Health Wake Forest Baptist

54. Poster. Donor human milk storage and gastrointestinal morbidities in preterm infants: A case-control study. First Author: Terence J. Camilon, MS, Medical University of South Carolina.

POSTER SESSION

POSTER TITLES & AUTHORS

55. Poster. NEC Pathogenesis is Associated with Depletion of Tuft Cells in the Preterm Ileum. First Author: Shirley Wang, PhD, University of Oklahoma Health.\

56. Family Poster. Fast Treament Saved Cole. First Author: Tyler Vallano.

57. Poster. NICUs and Nemeses: A Gamified Intervention to Promote Mother's Own Milk in the NICU. First Author: Joanie Randle, MSN, MHS, Nationwide Children's Hospital, Center for Perinatal Research, Division of Neonatology, Georgia Chapter American Academy of Pediatrics.

58. Poster. Risk-Appropriate Lactation Care: Join the Revolution. First Author: Claire Eden, BA, Georgia Chapter, American Academy of Pediatrics, Nationwide Children's Hospital.

59. Poster. Growing for Good - Comparing Growth and other Outcomes pre and post Implementation of an EHMD. First Author: Sharanah G. Ridore, DO, Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo, John R. Oishei Children's Hospital.

60. Poster. Dynamic Proteome of Preterm Human Milk Across Lactation Stages. First Author: Kelsey Hicks, MD, University of Oklahoma Health.

61. Poster. Evaluating HIEC-6 Stimulation with APX3330 Treatment: A Dose-Dependent Reduction of Inflammation. First Author: Sharon Joseph, MD, MS, Indiana University School of Medicine, Wells Center for Pediatric Research.

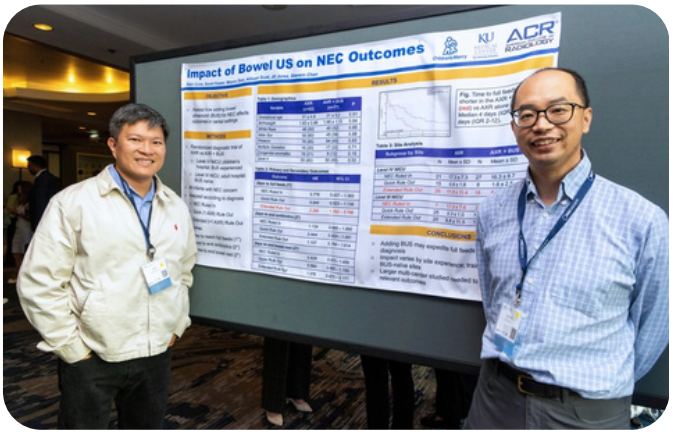
62. Poster. Creatine Availability Bidirectionally Associated with Necrotizing Enterocolitis Pathogenesis. First Author: Addison P. Franca, BS, University of Oklahoma Health.

63. Poster. Utilization of Abdominal Ultrasound in Operative Decision Making for Necrotizing Enterocolitis. First Author: Alexa A. Engel, MD, Division of Pediatric Surgery, Department of Surgery, Indiana University School of Medicine, Department of Surgery, College of Human Medicine, Michigan State University.

64. Poster. Oxysterols Target Multiple NEC-associated Pathogenic Mechanisms. First Author: Khadar Abdi, PhD, Tellus Therapeutics.

65. Poster. Sodium depletion alters innate immune cell expression in murine neonatal late- onset sepsis. First Author: Jessica M. Santana, MD, University of California Davis, Department of Pediatrics, Sacramento, CA.

66. Poster. The role of human beta defensin-2 on claudin gene expression in intestinal epithelial cells. First Author: Alexandra Leegwater, MD, UC Davis.



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