Background Prescribing postnatal corticosteroids (PCS) for ventilator dependent preterm infant remains controversial. PCS improve short term lung function but may increase the risk of disability in later life. The DART study was designed to address this risk using a 10-day tapering protocol with a total dose of dexamethasone of 0.89 mg/kg. We aimed to audit practice and calculate the total dose of PCS at a single centre using the DART protocol.

Method
Over a four year period patients were identified from an electronic database and hospital charts reviewed. Infants receiving peri-exteruation steroids were excluded.

Results
Forty six infants with mean (SD) gestational age 25.0 (1.3) weeks, birth weight 685 (192) g received PCS as per DART protocol at a median (range) age of 25(6–197) days. Ventilatory support at the start of treatment: 6 infants on CPAP, 24 conventional and 16 high frequency ventilation. Mean FiO2 prior to PCS was 0.55 (0.22) with mean airway pressure of 10.9 (2.7) falling to 9.1 (2.3) cm H2O after three days. Median duration of therapy was 20 (3–86) days, with a total dexamethasone dose of 1.44 (0.375–9.1) mg/kg. Glocusuria was common (67%), one infant developed NEC and there were seven deaths with a 93% rate of either death or BPD (oxygen dependency at 36 weeks).

Conclusions
PCS prescribed beyond three weeks has minimal impact on reducing BPD despite the total dose of PCS often exceeding those used in published studies. Long term follow up of these patients is recommended.

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PO-0930
ENPR-EMA, A PLATFORM FOR DISSEMINATING GOOD PRACTICE ABOUT PAEDIATRIC MEDICINES RESEARCH ACROSS EUROPE AND WITH INTERNATIONAL PARTNERS

Abstract
Enpr-EMA is a network of research networks, investigators and centres with recognised expertise in performing clinical studies in the paediatric population with the mission of facilitating studies in order to increase the availability of medicinal products authorised for use in the paediatric population.

Methods
To register with Enpr-EMA, networks must fulfill the requirements laid down by a set of six recognition criteria for quality of paediatric research (Figure 1). Enpr-EMA Working Groups have recently been established (Table 1) to address important issues.

Results
There are currently 38 registered networks or centres (Table 2). Past work includes supporting the development of 3 new networks; disseminating good practice relating to the involvement of children and young people in research. Ongoing work includes: sharing good practice within Enpr-EMA and Industry Partners; developing a check list of Ethics Committee submission documents; a roadmap to lobby the European Commission about the need to support medicines development in children; establishing a joint PDG/Enpr-EMA Working Group on neonatology; initiating collaboration with paediatric networks in the USA.

Conclusions
After successful implementation of Enpr-EMA as a platform for sharing good practices among paediatric clinical trials networks, Enpr-EMA is addressing some important hurdles to the development of medicines for children. Enpr-EMA invites paediatric centres/investigators to contribute to its work and become a member.

Acknowledgments
Not applicable.

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