Full Speed Ahead
Toward a Brighter Future for Kids with Cancer
Dear Friends,

In pediatric medicine, the development of cures for childhood cancer stands out as one of the great stories of triumph and hope. While facing cancer is never easy for our young patients and their families, treatment has come such a long way in recent decades that many types of childhood cancer are now largely curable.

The driving force behind this change has been groundbreaking research conducted at leading academic medical centers like Packard Children's. In our Bass Center for Childhood Cancer and Blood Diseases, children benefit from the latest therapies, many developed here at Stanford through the tireless and passionate efforts of our pediatric specialists. Beyond saving children's lives today, we also protect their future—ensuring that they succeed and thrive for many years to come.

Private philanthropy is essential to this important work, and we are honored to count you among our friends and supporters. In September, we celebrated the groundbreaking of our hospital expansion, which will enable us to provide the very best care to future generations of children and expectant mothers. And in October, we launched Hoops 4 Hope, an exciting community event to support pediatric cancer research. Through these and other events, and through your ongoing generosity, we will continue to save lifetimes of potential for the children in our care.

On behalf of the families we serve, thank you for your loyal partnership.

Sincerely yours,

David Alexander, MD
President and Chief Executive Officer
Packard Children’s Breaks Ground
Transformational Expansion Now Under Way

Treatment for Life
Research, Therapy, Long-Term Care Converge at Bass Center

Compassion, Innovation, Collaboration

Many Minds, One Goal
Toward a Cure for Childhood Cancer

Life After Cancer
Helping Children and Families Cope with Long-Term Effects of Cancer Survival

Children’s Fund Spotlight
Venkat and Sailaja Bommakanti

Planning Your Gift to Packard
Create a Legacy with a Charitable Gift Annuity

Corporate Partners
San Jose Sharks Foundation Supports Teen Health Van

Foundation Grants
New Partnership Advances Food Allergy Research

In the News
n early September, Packard Children’s broke ground on a 521,000-square-foot expansion. The project will add 150 patient rooms, specialized operating rooms, and the most advanced technology available. The new, environmentally friendly facility, surrounded by nearly four acres of gardens and green space, is scheduled to open in 2016. Additional room for clinical services, medical research, and training and education will transform care for children and families.

“This hospital saved my life. I got not only a liver transplant but also a second chance to live my life. The expansion means that so many more children will be given the hope they need.”  — Miranda Ashland, patient

Former patients led a ceremonial turning of the soil at the groundbreaking celebration in September.

“What we do together with Packard Children’s matters and we’re proud of our collaboration. It’s a great demonstration of the positive impact of bringing together people and technology to help solve health care challenges.”  
— Meg Whitman, HP

“Packard Children’s is a source of pride for everyone associated with Stanford University. The pioneering spirit that inspired Jane and Leland Stanford to establish this university and the Packard family to establish this children’s hospital demands of us boldness in everything we do. That boldness is on vivid display in the transformation that we celebrate today.”  
— Provost John Etchemendy, Stanford University
“Sue and I believe that everyone should have access to Packard’s excellent care. We’re pleased to support the expansion project and hope that others will be inspired to join us.”

— John A. Sobrato

“My mother understood that this hospital would thrive only with great leadership—from a talented and caring staff, to a hardworking and dedicated board, and a generous philanthropic community. It would have made her very happy to witness this beautiful day.”

— Susan Packard Orr

“Packard Children’s is one of those remarkable Silicon Valley stories about how an organization goes from its founding to having a meaningful impact on the world in less than a generation.”

— Joel Podolny, Apple
T
two decades ago, a child diagnosed with cancer faced a short life filled with toxic chemicals, long hospital stays, and multiple surgeries. Treatment took a “one-size-fits-all” approach, and the goal was remission rather than cure.

Today, advances in research and technology have changed how cancer is diagnosed and treated, and the results are dramatic: nearly 85 percent of children with acute lymphoblastic leukemia, the most common form of leukemia in young children, go on to adulthood. The overall five-year survival rate for childhood cancer is close to 80 percent.

The Bass Center for Childhood Cancer and Blood Diseases was established to make those outcomes even brighter. Housed within the walls of Lucile Packard Children’s Hospital at Stanford, it brings together education, research, and patient care for children with all forms of cancer, as well as blood diseases such as hemophilia and sickle cell anemia.

Using—and developing—the latest advances in treatment and research, staff members work together to provide the most effective therapies for each patient. It’s a place where breakthrough research is rapidly applied through new treatments; where biochemistry, genetics, and immunology are intertwined with patient care and support services designed to preserve longevity and quality of life. Thanks to the Bass Center, innovative therapies are available to patients at Packard Children’s long before they become standards of care elsewhere.

Families First

“O ur primary objective is to serve the needs of the child and family,” says Hugh O’Brodovich, MD, the Adalyn Jay Physician-in-Chief at Packard Children’s and the Arline and Pete Harman Professor and Chair of Pediatrics at Stanford. “The Bass Center has unified leadership and a programmatic approach, rather than being organized around departments. That flexible—and intentional—organizational structure allows Packard Children’s to link different specialties and provide fully integrated care for children with cancer.”

The Bass Center, which opened in 2009, combines both inpatient and outpatient services for ongoing, consistent access. In a bright and welcoming environment, children can receive infusions, chemotherapy, and laboratory tests. Inpatient rooms are designed to accommodate the family, so parents can remain with children receiving treatment throughout the course of their stay.

By combining services in one site, families avoid having to move about the hospital and can become comfortable with their environment and health care team.

“It’s a seamless structure that merges all aspects of patient care,” says Bass Center director Kathleen Sakamoto, MD, PhD. “Having experts from every specialty in proximity enhances what we do and allows us to coordinate services in a continuum of care.”

The center is organized into clinical teams focused on disease management in hematology, oncology, and stem cell transplantation, and a coordinated research group working in cancer biology. This organizing framework cuts back on wait times for patients and makes daily routines for staff more efficient.

Children and families benefit from this streamlined process at all phases of care. Multidisciplinary tumor boards meet weekly to discuss complex situations. Parents take part in a monthly Family Advisory Council, providing feedback to help the center improve its organization and processes. Expanded services focus on the unique challenges of survivorship. And annual get-togethers allow current and former patients to share experiences and build a strong support network.

“We’re a dedicated children’s cancer center within a renowned children’s hospital. That gives us immediate access to all the resources and support services that any family might need.”

Kathleen Sakamoto, MD, PhD
“We treat the whole child and not just the disease,” says Pamela Simon, RN, patient care manager. “This means doing everything possible to ensure that children enjoy as normal a life as possible during treatment, and that top priority is given to quality of life during and after treatment. The family has a voice in how we provide that care.”

**Network of Care**

The Bass Center’s impact is felt well beyond the walls of Packard Children’s. Partnerships with several regional hospitals mean that families can receive Packard’s trademark expertise while remaining close to home through diagnosis and treatment. This wide geographic reach expands referral relationships and allows the center to serve diverse patient populations, which leads to better representation of ethnicities in clinical trials and broadens opportunities for education and outreach.

“Our relationships with other hospitals represent a strong commitment to the needs of children and families,” says Alexandria Combs, the center’s senior administrative director. “People don’t have to travel as far to benefit from access to innovative treatments and Packard’s deep experience in complex diagnoses.”

The Bass Center’s central location offers another unique benefit for the 160 newly diagnosed children and teens who arrive each year, according to Sakamoto. “We’re a dedicated children’s cancer center within a renowned children’s hospital. That gives us immediate access to all the resources and support services that any family might need.”
In many ways, Mateo Kohler of San Jose is a typical 9-year-old. He likes to play soccer and practice tae kwon do, and he may be overly fond of video games. But he’s also a bit of mystery.

Diagnosed with a rare subtype of acute lymphoblastic leukemia just two weeks before his fifth birthday, Mateo did not respond to standard treatment, and a match for a stem cell transplant could not be found. Mateo spent weeks on and off as an inpatient, and then years going to weekly and biweekly clinics. He was put on one promising chemotherapy trial after another.
“The drugs that worked for other kids were just not working for him,” says his mom, Traci Kohler. “Mateo’s doctors at Packard Children’s are very well connected to the latest findings, so they were able to be more flexible in their thinking and pulled him off the trial instead of taking a ‘wait and see’ approach. I think we’re really lucky that they’re able to think outside the box and advocate for what’s best for him.”

That adaptable approach is the hallmark of the Bass Center for Childhood Cancer and Blood Diseases, where compassion, innovation, and collaboration are combined to produce the best outcomes for kids with cancer and other life-threatening illnesses.

“Children have their entire lives ahead of them, so it’s important that we are very aware of how we care for them,” says center director Kathleen Sakamoto, MD, PhD. “That’s the advantage of being located in a place committed to all aspects of understanding and treating pediatric cancer.”

**Fresh Perceptions**

oused within an academic children’s hospital, the Bass Center can access a range of intellectual and technological resources. And because Packard Children’s is part of a larger but tight-knit medical community at Stanford, it’s easy for investigators from different specialties to work together and share their unique perspectives. Together they are working to better understand important risk factors, as well as the biology and mechanisms of specific childhood cancers.

“That makes it easy for translational medicine to take place,” adds Sakamoto, the Shelagh Galligan Professor in the Stanford School of Medicine.

Translational medicine is the back-and-forth dynamic between basic and clinical scientists and patient care specialists, an interaction that speeds the process of applying discoveries to new technologies, treatments, diagnostics, or therapeutic targets.

“Mateo’s doctors at Packard Children’s are very well connected to the latest findings. I think we’re really lucky that they’re able to think outside the box and advocate for what’s best for him.”

— Traci Kohler

Bass Center specialists collaborate with colleagues at Stanford Hospital & Clinics, as well as experts in non-medical specialties like engineering, physics, and chemistry. The center also has ties with Silicon Valley, where many pharmaceutical and high-tech companies stay closely affiliated with their Stanford roots.

“We’re positioned for rapid success because of how easily different perspectives can work together here,” says Michael Link, MD, the Lydia J. Lee Professor in Pediatric Oncology and past president of the American Society of Clinical Oncology. “An academic medical center allows us to create partnerships among seemingly unrelated specialties, with fresh perceptions and different ways of looking at a problem. It’s right at the heart of where breakthroughs come from.”

Packard Children’s has an unmatched reputation for promoting new approaches to the development of medical therapeutics and diagnostics. Clinical boundaries are easy to cross, and it shares a culture of innovation and communication that attracts some of the world’s top scientists, physicians, and caregivers.

“Creating the right environment involves building a network that encourages leadership, communication, and teamwork,” says Michael Jeng, MD, section chief of pediatric hematology. “We have a close partnership with the adult hospital, and access to all the services patients may need. The result is better outcomes for patients and a more comprehensive approach to their quality of life.”

**Under One Roof**

ery physician in the Bass Center engages in clinical research, an important means of developing new protocols and cures. Packard Children’s is also deeply involved in the Children’s Oncology Group (COG), an international consortium that consolidates clinical research studies in pediatric cancer. Patients gain access to new protocols before they are widely available, and help others by contributing to medical research.
“Most cancer science focuses on adults, but cancer is different in kids,” says Neyssa Marina, MD, director of the outpatient hematology and oncology clinic and section chief of pediatric oncology. “We’re still learning what works and what pathways can be applied. For that we need to collaborate with other institutions to get the numbers of participants we need for meaningful clinical trials,” adds Marina, who is also principal institutional investigator of COG.

A leading researcher within COG, Clare Twist, MD, is refining treatment for neuroblastoma, the most common pediatric solid cancer outside the central nervous system. Twist recently led a study investigating relatively low-intensity therapy, a strategy for reducing toxicity and late effects of treatment. As director of the Bass Center’s neuroblastoma program, she also oversees studies to develop early trials of several promising new therapies.

More than 80 percent of Bass Center patients are involved in a clinical trial, and their participation makes a sizeable impact. Clinical trials are directly related to advances in surgery, chemotherapy, and radiation therapy, improving outcomes for cancer patients worldwide.
“Progress in the management of childhood cancer is one of the great success stories of modern medicine,” says Link, a specialist in lymphomas and sarcomas. “Pediatric oncology can serve as a model for conquering cancer in adults.”

Jeng, for example, was involved in a multi-site study to assess a more effective way to administer deferasirox, a drug used to remove iron from the body. Iron buildup can cause liver, heart, and endocrine system damage in patients who require regular blood transfusions, and previous medications could only be taken through a needle—which kids hate. Jeng’s research has helped to improve the quality of life for these patients by demonstrating the effectiveness of an oral medication that offers the same benefits.

Rajni Agarwal-Hashmi, MD, section chief and clinical director of the pediatric stem cell transplant program, is developing ways to counteract idiopathic pneumonia syndrome (IPS), a serious complication affecting the lungs after a stem cell transplant. A decade ago, 80 percent of children who developed IPS succumbed; today that number has dropped to 30 percent.

“This kind of progress takes place here because there is a lot of expertise and a very strong infrastructure under one roof,” Agarwal-Hashmi says. “It’s designed to develop novel protocols and breakthrough therapies.”

Growing Up Well

Many Bass Center physicians are also stem cell scientists working to understand how to use these cells’ unique properties of regeneration. Packard Children’s performs more than 40 stem cell transplants each year to treat leukemia or other cancers, as well as some inherited immunodeficiency diseases, and was among the first to offer pediatric bone marrow transplants more than 20 years ago. Experience and ongoing refinements continue to expand on this life-saving procedure, steadily increasing survival rates.

That expertise helped Braden Fransham of San Jose, who was born with Wiskott-Aldrich syndrome, a rare condition that affects blood cells and cells of the immune system. Diagnosed at 6 months, it took more than a year before he matched with a bone marrow donor and received a successful transplant. The first five years of his life were filled with long hospital stays, clinic visits, and immunosuppressant drugs, says his mother, Sonya Palmer. Today, Braden is an energetic 8-year-old, and his family has happily donated blood and tissue so researchers can learn more about the genetic mutation behind the disease.

To expand the donor pool, Agarwal-Hashmi established a cord blood program at Packard Children’s. Cord blood, found in the placenta and umbilical cord after birth, is a rich source of stem cells, which can differentiate into various types of blood cells and rebuild a faulty immune system. “It expands the donor pool for any kind of stem cell transplant,” she says. “It means that every child has a donor.”

But with success come new challenges. Cancer treatments can also cause long-term side effects that can affect a child’s health and quality of life later on (see Life After Cancer, page 18). Packard Children’s provides long-term follow-up and ongoing supportive care to counteract any late-onset complications for childhood cancer survivors.

“Treatment now is less intense and more targeted, and outcomes are better across the board,” says Agarwal-Hashmi. “But there are consequences of therapies, and it’s vital that we make sure these children grow up well.”

That approach is something Mateo, Braden, and their families look forward to seeing through.

Braden Fransham of San Jose underwent five years of treatment, including a bone marrow transplant, to overcome a rare genetic disorder called Wiskott-Aldrich syndrome. Today, thanks to outstanding care he received at Packard Children’s, he’s an active and healthy 8-year-old.
Many Minds, One Goal
Toward a Cure for Childhood Cancer

By Mark Shwartz

“We’re interested in understanding the fine balance between normal cell regeneration and abnormal cancer proliferation.”

Julien Sage, PhD
How does cancer start? Stanford cancer biologist Julien Sage, PhD, has spent much of his career tackling that fundamental question.

Sage is not alone in this pursuit, with many researchers at Stanford School of Medicine studying causes and treatments for a range of pediatric cancers and blood diseases: leukemia, retinoblastoma, osteosarcoma, and sickle cell anemia, among others.

According to Sage, cancer might initiate in the DNA of stem cells, which have the ability to transform into blood, liver, brain, and other mature cells—a process called differentiation.

“Normal stem cells divide into differentiated cells that can be used to repair and maintain your tissue,” explains Sage, associate professor of pediatric cancer biology and of genetics and a Tashia and John Morgridge Faculty Scholar in Pediatric Translational Medicine. “But in cancer, stem cells mutate and divide uncontrollably. Instead of making a normal tissue, the cells start making a tumor. We’re interested in understanding the fine balance between normal cell regeneration and abnormal cancer proliferation.”

Sage is studying the genes that cause retinoblastoma, the most common form of eye cancer in children. Nine out of 10 children diagnosed with the disease in the United States are cured, though the survival rate is much lower in developing countries (see Global Impact, page 15).

Retinoblastoma is caused by mutations in the RB gene. Sage recently discovered that when the RB gene and its family members are inactivated, stem cells in the liver multiply rapidly and develop into a deadly tumor called hepatocellular carcinoma (HCC). But he also found that a specific signaling pathway called Notch can actually slow the tumor’s growth. In essence, the level of Notch activity can help predict the survival of HCC patients.

“Understanding the Notch pathway may lead to novel treatments for childhood tumors,” Sage explains.

Sage currently is examining tissue samples from eight patients who had a rare pediatric form of HCC called fibrolamellar carcinoma. He and colleagues at the Stanford Genome Technology Center have begun the laborious task of comparing DNA in the tumor cells with DNA from healthy livers.

“We’re hoping to find out what kinds of mutations they have, how they start, and why they’re so rare,” Sage says. “That knowledge could help us understand the fundamental mechanisms that initiate other types of cancer in children as well.”

The fibrolamellar carcinoma study is a campus-wide, multidisciplinary effort that includes the liver transplant team at Packard Children’s, pathologists, DNA analysts, and many others.
Among this cadre of researchers is Matthew Porteus, MD, PhD, associate professor of pediatrics, who is developing a novel approach to gene therapy.

“The traditional approach is to use a genetically engineered virus to introduce a healthy version of a damaged gene into the patient’s DNA,” says Porteus. “That works for certain diseases, but the worrisome thing is that you can’t control where the virus enters the genome. It sometimes activates normal genes, causing the cell to become cancerous.”

Instead of using a virus, Porteus is exploring a cut-and-paste approach to gene therapy. The first step is to extract diseased stem cells from the patient. Next, he injects the cells’ DNA with engineered proteins that recognize the mutated gene, split it in half, and then correct the mutation and paste the healthy DNA back together. Porteus and his team are currently focused on repairing the gene that causes sickle cell anemia, but the technique could apply to other genetic diseases.

Recently, Porteus was named a Laurie Kraus Lacob Faculty Scholar. This five-year award supports personnel and projects in his lab. “Endowed support like the Lacob award is very important, because this kind of research cannot be done quickly,” he says. “It’s a long-term commitment that provides the time and resources we need to make tangible progress.”

“Personalized Medicine

This type of collaborative research distinguishes the Pediatric Cancer Biology program at Stanford. Under the direction of Michael Cleary, MD, the Lindhard Family Professor in Pediatric Cancer Biology, Sage and other researchers are developing targeted treatments tailored to individual patients—an approach known as personalized medicine.
Rebuilt Immune Systems

Stanford scientists are also investigating new ways to improve pediatric cancer therapies using progenitor cells—the intermediate stage between stem cells and mature cells.

Kenneth Weinberg, MD, is studying a recently discovered cell type called the common lymphoid progenitor (CLP), the offspring of bone marrow cells. CLPs give rise to lymphocytes—white blood cells that fight infections—and may help boost the immunity of children who have undergone bone marrow transplants.

Many leukemia patients respond well to chemotherapy, which kills cancerous blood cells by destroying the bone marrow. Children who can’t tolerate high doses of chemotherapy are sometimes given bone marrow transplants afterwards to rebuild their immune system.

“The question is, how can we boost the new immune system so that it comes back faster and brings the cancer under control more quickly?” asks Weinberg, the Anne T. and Robert M. Bass Professor in Pediatric Cancer and Blood Diseases.

It typically takes six months to a year after a bone marrow transplant for a new immune system to develop. But studies conducted by Weinberg and his colleagues suggest that combining CLPs and the growth factor interleukin-7 could create a new immune system just three to six weeks after transplant.

“The more rapidly your immune system develops, the less likely your leukemia will recur,” Weinberg explains.

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Global Impact

Retinoblastoma, a rare cancer of the eye, primarily affects very young children and infants. If diagnosed early, the disease is highly curable through surgery, laser technology, and, occasionally, radiation therapy. But once the tumor has spread to the brain or the central nervous system, it is virtually impossible to treat.

In the United States and other developed countries, the cure rate for retinoblastoma is 95 percent. But in Central America, where access to medical care is limited, the rate is only 65 percent, says Sandra Luna-Fineman, MD, clinical associate professor of pediatrics.

“The burden of childhood cancer is most severe in low- and middle-income countries,” she says. “In Central America, retinoblastoma typically is diagnosed when the disease is very advanced, because there is limited awareness of the tumor.”

In the U.S., most pediatricians recognize the early warning sign of the disease: a white spot, or leukocoria, in the pupil of the eye. If a leukocoria is detected, the child is typically referred to a major cancer center, like Packard Children’s, for follow-up treatment by specialists.

That’s not the case in Central America, says Luna-Fineman. There, large families living in relative poverty have few opportunities to see a doctor. And because retinoblastoma is so rare, few physicians are trained to recognize the significance of a leukocoria when they see it.

Luna-Fineman would like to change that by launching public awareness campaigns throughout Latin America. “We’ve been working to get funding to educate the general population and doctors about the importance of early detection,” she says.

Luna-Fineman recently began collaborating with the Stanford Center for Innovation in Global Health to explore new ways of transferring Stanford’s expertise and technology to Latin America to address the retinoblastoma problem.

“If we can improve the rate of early detection,” she says, “children will be referred early and we can save vision and save lives.”

continued on page 16
“Another problem with transplants and chemotherapy is that patients have a high risk of infections. In our lab, we’ve found that CLPs can basically prevent infections.”

Weinberg and his colleagues are planning a pilot study next year to test the effectiveness of CLPs in cancer patients. They hope to enroll two dozen children whose leukemia recurred after chemotherapy. But clinical trials are very expensive, says Weinberg, and getting support from the National Institutes of Health (NIH), a traditional source of funding, has become extremely competitive.

“The clinical studies we do at Packard are among the first of their kind,” Weinberg says, “but the days when we could rely on NIH funding alone are long gone. We’re more and more dependent on philanthropy to provide continuity to our research.”

Finding the Achilles’ Heel

Ewing sarcoma and osteosarcoma, the two most common types of bone cancer in children, have a 70 percent survival rate when detected early. Unfortunately, by the time many young patients come to Packard Children’s for diagnosis, the tumor has already spread.

“Those kids only have a 20 percent chance of survival,” says Alejandro Sweet-Cordero, MD, assistant professor of pediatric cancer biology. “We’re trying to understand the difference between a bone tumor that’s metastatic and one that’s not. The more we know about the biology of a tumor, the more likely it is that we can determine its Achilles’ Heel and prescribe a drug that blocks it.”

Ewing sarcoma and osteosarcoma are caused by DNA mutations that occur after a child is born. “But even though we understand the molecular cause of this disease, we don’t know why it happens in some people and not in others,” explains Sweet-Cordero, who is also a Tashia and John Morgridge Faculty Scholar in Pediatric Translational Medicine.

To help solve this genetic puzzle, Sweet-Cordero has turned to the high-throughput DNA sequencing facility at Stanford. “This technology can take a snapshot of a whole tumor and look at all of the changes that
are happening in all of the genes simultaneously,” he says. “It’s helping us identify genetic events in the tumor and correlate them with how the disease progresses or how the patient responds to therapy.”

Sweet-Cordero is also collaborating with colleagues at the Stanford Institute for Stem Cell Biology and Regenerative Medicine to determine if there is a specific cell type whose chromosomes are especially susceptible to specific genetic events that trigger cancer.

“If we can identify that cell type, there might be opportunities for better therapies,” he says. “That’s very exciting. We’re at the beginning of a revolution in the way we treat individual patients.”

100 Percent Cured

When Kathleen Sakamoto, MD, PhD, was in medical school 30 years ago, the prognosis for children with acute myeloid leukemia (AML) was grim.

“Back then, fewer than 20 percent of pediatric AML patients survived,” says Sakamoto. “Today, the overall survival rate is about 50 percent, which is still unacceptable. Our goal is to cure 100 percent of children with AML.”

A widely recognized expert on AML and other blood diseases, Sakamoto was recently appointed chief of the Division of Pediatric Hematology, Oncology, Stem Cell Transplantation, and Cancer Biology at Stanford.

Each year, approximately 10 patients at Packard Children’s are treated for AML, an aggressive cancer that is relatively common—and often fatal—in adults but rare in children. AML causes the bone marrow to produce large numbers of abnormal blood cells, which can invade the brain, spleen, and other organs.

The cause of AML is unknown, but Sakamoto and her colleagues have found an important clue. “We’ve been working to understand the signals that tell cells to divide, mature, or undergo programmed cell death,” she says. “About a decade ago, we identified a protein known as CREB, which is over-produced in bone marrow cells in patients with AML. CREB is a normal protein that helps the cell grow, but when you have too much of it, it causes too much growth and can become cancerous.”

Sakamoto’s goal is to develop a drug for kids with AML that inhibits the function of CREB without affecting normal cells. One compound has shown promising results, but getting it from the laboratory bench to the patient’s bedside will take many more years of research and testing. For Sakamoto, being at Stanford has made that process far less daunting.

“We’re incredibly fortunate to have a preeminent children’s hospital, medical school, adult hospital, and university all on one campus in the heart of Silicon Valley, the biotech capital of the world,” she says. “This culture of technological innovation and cutting-edge science will lead to important medical advances for treating children with cancer.”

Alejandro Sweet-Cordero, MD, is improving therapies for childhood cancer by examining the genetics of tumor development.
For Claire Harding of San Mateo, cancer treatment was life saving—and life changing. Just days before her tenth birthday, she was diagnosed with medulloblastoma, a malignant brain tumor. After surgery to remove the tumor, six weeks of radiation to her head and spine, and a year of chemotherapy, Claire was cancer free. That was more than 10 years ago.
Today, Claire is a junior at Samuel Merritt University, studying to become a nurse—a career choice, she says, that is a direct result of her childhood experience. “Nurses were a constant part of my life,” she recalls.

Despite missing most of fourth and fifth grade, Claire stayed current with her studies by attending the Packard Children’s Hospital School, where she received private tutoring to complete her assignments each week. Today, at age 20, aside from receiving extra time to take tests, Claire has no other learning issues.

But her treatments have left their mark on her physically. She suffers from high frequency hearing loss, a mild eye disorder, hypothyroidism, and nerve damage in her ankles, a condition called foot drop. She continues regular physical therapy, takes daily hormone supplements, and wears orthotics in her shoes. But Claire brushes off the severity of her late effects, saying that her cancer was a blessing in disguise. “I am much more empathetic now as a result of my illness,” she says.

Not every survivor of childhood cancer is as lucky as Claire. Many, especially the youngest patients or those who receive the most intensive therapies, have far greater cognitive deficits and physical limitations after treatment. Today, researchers and clinicians at Packard Children’s are working tirelessly to minimize these severe late effects.

The Treatment Tightrope

Cancer survivorship has improved dramatically as oncologists began combining available therapies and increasing dosages. But that success has come at a price. More than 70 percent of children who undergo surgery, radiation, or chemotherapy suffer from chronic medical conditions following therapy, a phenomenon called late effects.

“One of the main approaches is called risk adaptive therapy—an attempt to gauge individual patients’ risk profiles more accurately, and then treat them accordingly. Clinicians can minimize the toxicity of therapy in lower-risk patients, and only give the most intensive therapy to children who are more likely to die from their disease.”

On the flip side, oncologists are hesitant to change successful treatment protocols and lessen their chance of obtaining a cure. It’s a tradeoff, a tightrope they walk, trying to ensure a cure without severely impairing the child.

In every case, parents are educated about potential late effects and have a say in the treatment their child receives.

Family-Centered Care

When Rosemary and Geoff Walls of Napa brought their 22-month-old son, Luc, to Packard Children’s in 2006, they had spent weeks in and out of doctor’s offices desperate to learn why their toddler had reverted to crawling and was throwing up constantly. Within minutes of entering Stanford’s emergency room, the Walls were looking at results from a portable CT scan, seeing for the first time the golf-ball-sized tumor in their child’s brain.

Luc had an atypical teratoid rhabdoid tumor, which has a less than 10 percent survival rate. “It’s basically the last tumor any parent wants to hear about,” says Luc’s
oncologist Paul Fisher, MD, the Beirne Family Professor of Pediatric Neuro-Oncology.

Because of Luc’s young age, radiation to the entire brain would have devastating cognitive effects. But the Walls had done enough research to know that chemotherapy alone would not do the job. “We knew the circumstances we had to face: a possible handicapped child, or no child,” recalls Geoff. And they pushed for radiation therapy following his surgery.

Luc’s tumor was in the lower part of his brain, so he was treated with conformal radiation to the affected area only, not his entire head. A month of daily radiation pulses was followed by seven months of chemotherapy, including novel drug treatments directly into his spinal fluid.

Today, five years later, Luc remains cancer free. Although he is completely deaf in his left ear and wears a hearing aid in his right, he is bilingual, doing well in school, and beginning to thrive socially. In fact, says his dad, most of his friends and their parents don’t even realize his unique medical history.

Making these difficult treatment decisions is a group affair at Packard Children’s. The hospital belongs to a national consortium of more than 200 children’s...
As a toddler, Luc Walls of Napa underwent surgery, radiation, and chemotherapy to overcome a golf ball-sized tumor in his brain. Now thriving at age 8, Luc has benefited from a close partnership between his parents and his medical team at Packard Children’s.
hospitals that share the latest information on treatment protocols for the most common childhood cancers. “Through this shared knowledge,” says Cohen, “we’ve learned which drugs to use and how to use them in the safest way possible.”

For children diagnosed with more rare cancers, the Packard Pediatric Tumor Board—a group of pediatric oncologists, radiation oncologists, surgeons, radiologists, and pathologists—meets weekly to review each case and develop a treatment plan. “You have the benefit of a lot of minds here at Packard,” Cohen adds.

Patients for Life

Claire and Luc are just two of the more than 275,000 survivors of childhood cancer in the United States, patients who have a unique medical history that has been forever altered by their treatment. At Packard Children’s, survivors of childhood cancer are followed by their neuro-oncology team or at the Health After Therapy (HAT) clinic.

“Kids still need primary care,” says Fisher. “But in terms of dealing with the bigger health issues that are a direct result of their cancer therapies, they need to be seen by us.”

At annual patient visits, HAT clinical director Arun Rangaswami, MD, and nurse practitioner Verna Mitchell, NP, emphasize wellness. During 60 to 90 minute appointments, they take a medical and social history and individualize their follow-up based on the type of cancer the child had, the type of treatment received, genetic factors, and general health and habits. Patients then receive a timeline of the follow-up care, lab, and surveillance tests they will require on an ongoing basis.

Children who are struggling in school are automatically referred to the Hospital Educational Advocacy Liaisons (HEAL) program, directed by Jeanne Kane. HEAL staff members advocate for medically fragile children, traveling to school sites to educate teachers and students about the late effects of cancer, and attending planning and advocacy meetings with parents and educators.

“We’ve learned that cancer survival is more than just a feel-good story. Every choice we make as care providers has a profound effect on our patients and their families.”

Arun Rangaswami, MD

From diagnosis to treatment to long-term follow-up care, neuro-oncologist Paul Fisher, MD, works closely with patient families to ensure that children with cancer not only survive, but go on to live full and healthy lives.

HEAL’s dedicated neuro-psychologist and educational specialists conduct assessments of childhood cancer survivors to diagnose learning disabilities, and guide any necessary school accommodations or potential symptomatic therapies. For example, stimulants such as methylphenidate (Ritalin) can help patients with impaired information processing, concentration, or attention difficulties, and some dementia medications can help with memory dysfunction.

Rangaswami emphasizes the importance of following cancer survivors for life. “We’ve learned that cancer survival is more than just a feel-good story,” he says. “Every choice we make as care providers has a profound effect on our patients and their families.”
Venkat and Sailaja Bommakanti don’t like to dwell on hardships. As an immigrant family, the optimism they exude has carried them through difficult times, including making a start in a new country, and seeing family members go through cancer diagnosis and treatment. Through it all, the Bommakantis have always focused on the positive. They were inspired to give to cancer-related causes because they had family members who were treated for the disease. When they learned about the programs and services at Lucile Packard Children’s Hospital, they decided to help by contributing to the Children’s Fund, which supports research, uncompensated care, and family services. The Bommakanti family became leadership donors in 2006, inspired, they say, “by the desire to help young victims of cancer.”

“As a family, we’re glad we can help bring smiles to the young patients at Packard.”

Venkat Bommakanti

Venkat and Sailaja’s daughter, Maalini, also believes in the importance of giving back. Through her volunteer work at Packard Children’s, she, too, has dedicated herself to helping patients and families.

“When she saw us contributing to various needy causes,” Venkat says, “she wondered how she could also contribute in her own way.” Venkat and Sailaja’s pride in their daughter shines through in their description of Maalini’s generosity. “Maalini is fortunate to be gifted in the performing arts, and also in painting, drawing, and handicrafts.” When she visited Packard Children’s and noticed the staff members working with children on crafts and other creative projects, Maalini discovered that her talents could make a difference in someone’s life.

“This inspired her to combine her love of the arts and her desire to help,” Venkat recalls. Maalini has designed and compiled various arts and crafts packages for the Forever Young Zone, the play and activity center at Packard Children’s.

Through their donations to the Children’s Fund, and Maalini’s creativity, the Bommakantis have found a way to share their joy with children and families who need their support. For Venkat, it all comes down to helping out neighbors through a difficult time. “As a family,” he says, “we’re glad we can help bring smiles to young patients at Packard.”
As longtime residents of Palo Alto, John and Pat Davis have fostered an enduring connection to Lucile Packard Children’s Hospital. John says that when they learned about the “miraculous work” going on in their own backyard, “we were motivated to make a gift. I immediately asked myself, ‘How can I make an impact?’”

Over the years, their impact on Packard Children’s has taken many different forms. Pat has volunteered with the Palo Alto Auxiliary since 1974. And as former CEO of the Stanford Federal Credit Union, John initiated the credit union’s first gift to Packard. “We’ve seen the Hospital grow into what it is today,” says Pat, reflecting on their lifelong commitment.

Today, their impact continues to grow thanks to their Charitable Gift Annuity (CGA), a giving vehicle that enables them to support Packard Children’s and themselves at the same time (see sidebar).

“Meeting other people who had given through a CGA helped us make that decision,” John says. “I think the best thing about the annuity, for us, is that it provides a balance,” he continues. “We can give a sizeable amount of money to the Hospital, and we can still enjoy a partial benefit for ourselves.”

Pat hopes that they can serve as an example to others who want to support Packard. “Maybe if other people in the neighborhood learn of our gift, they will be motivated to contribute, too. Even small gifts can make an impact.”

For John and Pat, establishing a CGA with Packard Children’s is just one more act of generosity in a lifetime of giving. “We have been truly blessed that all of our children and grandchildren are healthy. Other families have not been so lucky,” Pat says. “If you can give back to the community, you should give back. It’s part of our philosophy of life.”

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“Planning Your Gift to Packard
Create a Legacy with a Charitable Gift Annuity

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Pat Davis

Pat and John Davis

Learn More!
By establishing a Charitable Gift Annuity, individuals can guarantee a fixed income for themselves for the rest of their lives, and still make a generous contribution to Packard Children’s. Donors also get a charitable gift deduction in the year they make the gift, which they can carry over for five years.

To learn more, please contact Donna M. Bandelloni, Director of Gift Planning, at (650) 736-1211 or visit us online at supportLPCH.org/legacy.
The San Jose Sharks Foundation recently awarded a $25,000 grant to support Packard Children’s Mobile Adolescent Health Services, affectionately known as the Teen Health Van.

Since 1996, the Teen Health Van has served more than 3,500 impoverished and homeless youth ages 10 to 25. This important community outreach effort travels to schools, shelters, and community agencies between San Jose and San Francisco, providing a safety net of services—primary and specialty care, medications, lab work, nutrition counseling, mental health services, and social work services.

Because the Teen Health Van supplies these vital services to youth free of charge, philanthropic support from community partners plays a crucial role in the program’s continued success. The Sharks Foundation grant helps offset the cost of medications administered by the Teen Health Van’s medical team.

“We’ve shown that when kids start taking care of their health, they can really turn their lives around,” says Seth Ammerman, MD, medical director of the Teen Health Van. “We are so grateful that the Sharks Foundation shares our commitment to providing easily accessible, comprehensive health care for disadvantaged youth. The support of such a high-profile organization sends an important message to the community that we shouldn’t write off these marginalized children.”

The Sharks Foundation is dedicated to enhancing the lives of youth and families in the community, particularly in Santa Clara County, and has donated almost $1 million in support during the 2010-11 and 2011-12 seasons. This summer, staff members from the Sharks Foundation visited the Teen Health Van to see their support in action.

“Beyond providing expert care, Dr. Ammerman and his staff serve as a steady presence in these children’s lives and build trusting relationships with them,” says Jeff Cafuir, Sharks Foundation manager. “We’re proud to support the Teen Health Van and its efforts to improve the lives of disadvantaged youth in the Bay Area.”

San Jose Sharks Foundation staff visited the Teen Health Van earlier this summer.
In spring 2011, the Food Allergy Initiative (FAI) convened a research retreat at Harvard University, bringing together scientists, government officials, industry leaders, and advocates. Two researchers from Stanford School of Medicine, Stephen Galli, MD, professor of pathology and of microbiology and immunology, and Kari Nadeau, MD, PhD, associate professor of pediatric immunology and allergy, joined other participants to draft FAI’s “Roadmap to a Cure,” a plan to develop an effective treatment for food allergies. Now, thanks to a grant from FAI, Galli and Nadeau are taking important steps in the search for a cure.

FAI, which in October merged with the Food Allergy & Anaphylaxis Network (FAAN), is the world’s largest private funder of food allergy research. Moving forward as Food Allergy Research & Education (FARE), the organization’s mission is to ensure the safety and inclusion of individuals with food allergies while relentlessly seeking a cure.

“The Roadmap to a Cure established that oral immunotherapy is the most promising way to develop a cure,” says Mary Jane Marchisotto, FARE’s senior vice president of research & operations. In oral immunotherapy treatments (OIT), individuals receive small amounts of the food they are allergic to, until they build up a tolerance.

Nadeau, director of the Stanford Alliance for Food Allergy Research (SAFAR), has achieved notable success with OIT for single allergens, such as milk, nuts, and egg. Now she, Galli, and their research teams are poised to develop a therapy to treat more than one food allergy at a time. Earlier this year, FAI awarded Nadeau and Galli a generous grant to conduct a multi-OIT study testing a new therapy for multiple food allergies.

Multiple food allergies affect increasing numbers of children. As many as one in 13 children are estimated to have a food allergy. “That’s two in every classroom,” notes Marchisotto. Of these, more than 30 percent are allergic to more than one food. The trial began in early 2012, and already, results are promising.

By establishing a safe and effective protocol to treat multiple food allergies, SAFAR and FARE have the potential to overcome a significant challenge in food allergy research. “If we develop a therapy that addresses different food allergies at the same time,” says Marchisotto, “we can dramatically reduce the time these children are in treatment and improve their quality of life.” Shorter treatments mean more play dates, field trips, and birthday parties—and fewer trips to the doctor’s office.
New Dean for School of Medicine

Lloyd B. Minor, MD, has been named dean of the Stanford University School of Medicine. Minor, formerly provost of The Johns Hopkins University in Baltimore, arrived at Stanford this fall and will assume his position as dean on December 1. He succeeds Philip Pizzo, MD, who has served as dean since 2001.

As the chief academic officer at Johns Hopkins, Minor oversaw the university’s nine schools and implemented initiatives that strengthened science education, increased interdisciplinary scholarship, and bolstered diversity.

Prior to his appointment as provost, Minor served as Andelot Professor and chair of the Department of Otolaryngology–Head and Neck Surgery in the Johns Hopkins School of Medicine and otolaryngologist-in-chief of The Johns Hopkins Hospital. With more than 140 published articles and chapters, Minor is an expert in balance and inner-ear disorders.

Minor received his bachelor’s and medical degrees from Brown University. He trained at Duke University Medical Center and the University of Chicago Medical Center. Minor completed a research fellowship at the University of Chicago and a clinical fellowship at The Otology Group and The EAR Foundation in Nashville, Tenn.

Krummel to Lead Surgical Organization

Thomas M. Krummel, MD, was recently installed as president-elect of the American Pediatric Surgical Association, the largest and most influential pediatric surgical organization in the world. Krummel, the Susan B. Ford Surgeon-in-Chief at Packard Children’s and the Emile Holman Professor and Chair of Surgery at Stanford, will serve one year as president-elect and then will take on the role of president for 2013-14. He is the first Packard/Stanford surgeon to be elected to this prestigious and influential position.

Packard Children’s Earns New Recognition from Joint Commission

The Joint Commission, the leading accreditor of health care organizations in the U.S., has named Packard Children’s one of the nation’s Top Performers on Key Quality Measures. The Hospital earned the distinction by attaining and sustaining excellence in accountability measure performance.

“Our entire staff understand that what matters most to patients at Packard Children’s is safe, effective, family-centered care,” says Christopher Dawes, president and CEO. “That’s why we’ve made a commitment to positive patient outcomes through evidence-based care processes. We’re proud to make the Joint Commission list, and it demonstrates that what we are doing is working.”
U.S. News Recognizes Packard Children’s for Specialty Care

In the U.S. News & World Report publication of America’s Best Children’s Hospitals 2012-13, Packard Children’s received the highest rankings of any children’s hospital in Northern California.

In the annual survey, Packard Children’s is the only Northern California children’s hospital to rank in the Top 10 of any specialty and to receive recognition across all ten pediatric specialties. Packard’s programs in Cardiology & Heart Surgery and Nephrology both received Top 10 rankings, while Gastroenterology, Neonatology, and Pulmonology all placed in the Top 20. Packard Children’s also received recognition for its programs in Diabetes & Endocrinology, Urology, Cancer, Neurology & Neurosurgery, and Orthopedics.

Packard Children’s Wins Hyundai Hope Grant

Hyundai Motor America and Palo Alto-area Hyundai dealers awarded Packard Children’s a $250,000 Hope Grant to support research that will improve therapies and outcomes for children with cancer. The grant supports Alejandro Sweet-Cordero, MD, assistant professor of pediatric cancer biology, who conducts basic, translational, and clinical studies of Ewing sarcoma, a bone tumor that affects children.

At the check presentation event, hosted at Packard Children’s in September, young patients with cancer placed colorful handprints on white canvases. The ceremony celebrates children facing cancer and commemorates those who bravely battled the disease.

The Hyundai “Hope On Wheels” program is the united effort of Hyundai Motor America and more than 800 dealers across the U.S. to raise awareness for childhood cancer. Packard Children’s is one of 41 recipients of a 2012 grant, and has received a total of $680,000 from the program since 2004.

Messner Honored for Humanitarian Work

Anna Messner, MD, professor of pediatric otolaryngology–head and neck surgery, recently received the 2011 Distinguished Award for Humanitarian Efforts by the American Academy of Otolaryngology–Head and Neck Surgery. She was selected for her longtime dedication to providing humanitarian care to those less fortunate around the world, especially through surgical training and education of residents and local physicians in Latin America.
IN THE
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Koltai Strives for Battery Safety

Peter Koltai, MD, chief of pediatric otolaryngology, was recently named president-elect of the American Broncho-Esopha
gological Association (ABEA). In his presidency, Koltai will organize a “Button Battery Task Force” to help reduce deadly injuries in young children who accidentally swallow lithium batteries. Koltai aims to achieve this through a program of public education, product redesign, consumer advocacy, and legislative initiative.

The ABEA is dedicated to educating clinicians and researchers in the evaluation and management of upper aero-digestive tract disorders, and supports endoscopic training in residency and fellowship programs. The organization also encourages research with domestic and international colleagues who share a passion for broncho-esophagology.

2013 Endowed Faculty Scholars Chosen

The Stanford Child Health Research Institute has selected four junior faculty members as recipients of endowed faculty scholar awards for 2013.

Samuel H. Cheshier, MD, PhD, assistant professor of pediatric neurosurgery, was named a Tashia and John Morgridge Faculty Scholar in Pediatric Translational Medicine. Brian Feldman, MD, PhD, assistant professor of pediatric endocrinology and diabetes, was named the Bechtel Faculty Scholar in Pediatric Translational Medicine. And the Arline and Pete Harman Faculty Scholar awards were given to Brendan Carvalho, MBBCh, FRCA, MDCH, associate professor of obstetrical anesthesiology, and Hsi-Yang Wu, MD, associate professor of pediatric urology.

The Morgridge, Bechtel, and Harman faculty scholars are competitive awards that provide support for junior faculty members in any pediatric or surgical subspecialty whose clinical practice or research is focused primarily on child health. Awards recognize outstanding performance, research, and potential as a future leader in academic medicine.

Packard Patients Honored at Giants “Donate Life” Day

In July, the San Francisco Giants held their 15th annual Organ Donor Awareness Day, the longest-running organ donor event in all of professional sports.

Nine-year-old Michael Brice of Livermore, who received a combined heart and liver transplant at Packard Children’s, was given the honor of calling “Play ball!” at the start of the game and dancing on the field with Giants mascot Lou Seal. Other children who received transplants at Packard were also honored at the game, receiving VIP treatment and tickets for their families. Cheering them on in the capacity crowd were John Kerner, MD, professor of pediatric gastroenterology and co-founder of the event; Jennifer Burgis, MD, pediatric gastroenterology/liver transplant fellow; and Joanne Imperial, MD, adult hepatologist.
Robinson Recognized for Research in Obesity

Thomas N. Robinson, MD, MPH, director of the Center for Healthy Weight, has been selected as the 2012 recipient of the Bar-Or Award from the Pediatric Obesity Section of The Obesity Society (TOS). Established in 2007, the Bar-Or Award recognizes significant contributions to basic and applied research that have resulted in major advances in the understanding, prevention, and treatment of pediatric obesity. In September, Robinson gave a scholarly lecture as part of the award presentation, held at the 30th Annual Scientific Meeting of The Obesity Society in San Antonio, Texas.

Fashion Event Raises Funds for Food Allergy Research

On September 21, Stanford Shopping Center hosted Simon Fashion Now, benefiting the Stanford Alliance for Food Allergy Research (SAFAR). Guests enjoyed a luncheon and previewed the latest fall fashions in a Wilkes Bashford runway show. In addition, they heard Kari Nadeau, MD, associate professor of immunology and allergy and director of SAFAR, speak about her groundbreaking research. The event raised $28,000 to help improve care for children and families who face life-threatening food allergies.

Kohl’s Cares® Generates Support for Child Safety Program

Kohl’s Department Stores awarded Packard Children’s a grant of $153,996 in September, the annual total generated through its Kohl’s Cares® cause merchandise program.

Since 2005, Kohl’s has donated more than $878,000 to Packard Children’s through the sales of special books and plush toys, with 100 percent of net profits directed to the hospital. This support helps underwrite the Kohl’s Child Safety and Outreach Program at Packard Children’s, which promotes car seat, bicycle, and pedestrian safety for children in the Bay Area.

To celebrate this year’s grant, Kohl’s hosted a free car seat safety event at its Redwood City location to coincide with National Child Passenger Safety Week. Officers from the California Highway Patrol and bilingual technicians from Packard Children’s inspected car seats and provided parents with information on best practices.
Partnership with John Muir Health Improves Access to Care in East Bay

Packard Children’s and John Muir Health are partnering to provide comprehensive children’s specialty services in Walnut Creek, enabling families from Contra Costa County and surrounding communities to receive care from Packard specialists locally. Building on a successful collaboration in pediatric urology that began in 2011, the partnership now includes outpatient, inpatient, neonatal, and emergency care.

“Lucile Packard Children’s Hospital is a desirable partner due to its clinical excellence and national reputation for providing high-quality care,” says Jane Willemse, president and CAO of John Muir Health’s Walnut Creek medical center. “For families with children needing specialty care, this partnership can offer more convenience by easing travel burdens and time away from school and work.”

Adds Christopher Dawes, president and CEO at Packard Children’s, “Increasing access and convenience to both of our hospitals’ world-class care will have a major impact in the communities John Muir Health serves.”

Poole Joins Prestigious Pharmacists Society

Robert L. Poole, PharmD, director of the pharmacy at Packard Children’s, was named a fellow of the American Society of Health-System Pharmacists for reflecting the high standards of practice excellence that the organization values. Poole has worked at Packard Children’s for 32 years and has published more than 100 articles and research papers. In 1992, he established the hospital’s pharmacy residency program, which has trained more than 50 residents to date.

Post-Doctoral Fellow Wins IT Innovation Challenge

Jonathan Palma, MD, clinical assistant professor of neonatal and developmental medicine, was the clinical lead for a team of Stanford biomedical informatics students who captured first prize at the Innovate 4 Healthcare IT Challenge held in April at the University of Maryland. The collegiate competition is intended to improve healthcare with innovative applications of information technology.

Palma, who is completing his post-doctoral fellowship in neonatology at Packard Children’s, is also earning a master’s degree in Stanford’s interdepartmental program in Biomedical Informatics. His team was recognized for developing NeoStream, a social networking platform that is intended to improve communication between parents of infants in the neonatal intensive care unit and their caregivers. The $20,000 first prize includes a potential venture to develop NeoStream with challenge co-sponsor Johnson & Johnson Services Inc.

Ammerman Recognized as Health Care Hero

Seth Ammerman, MD, has been named a 2012 Health Care Hero by the Silicon Valley / San Jose Business Journal. As medical director of the Mobile Adolescent Health Services Program, Ammerman has helped thousands of uninsured and homeless adolescents receive free medical care and other services. The Business Journal created the awards to highlight the top doctors, nurses, CEOs, and researchers who have improved the way the health system works in Silicon Valley hospitals, labs, start-ups, nonprofits, and universities. Ammerman was recognized in the Physician category.
Packard Pages in Action

Racing over jumps and obstacles at harrowing speeds may not be the typical course of recovery, but that doesn't stop 8-year-old Luke O'Moore of Los Gatos. Just six months after undergoing treatment for Acute Lymphoblastic Leukemia, Luke and older brother Cian were back at the BMX track, albeit with “a lot of padding and taking it very easy,” their mother, Maria, insists. Now Luke and Cian are using Packard Pages and their love for BMX to support the fight against childhood cancer.

“We set up a charity because we had the experience of what families go through,” Cian explains. Luke adds, “We wanted to use the money for leukemia research to help other kids get better quicker.”

Luke and Cian first brewed up the idea of Luke’s Lemons, an online twist on the traditional lemonade stand, where they sell original artwork of lemons. As their fundraising gained traction, a friend proposed that the brothers host a BMX charity event at their local track. Luke and Cian created their personal fundraising page at PackardPages.org with the help of their parents, whom Luke credits for writing “all the boring stuff.”

“With Packard Pages, we were able to pick a program that was very personal—100 percent of the funds directly support research led by Luke’s doctor, Dr. Dahl,” says their father, Fergal. “Within just a few hours of going live, we had five tracks interested in helping, our friends, including James and Jessica Traylor, supporting us, and some pros in the area involved, too.”

The local BMX community rallied around Luke’s story to launch the inaugural Nor-Cal Love Series, a tournament that took place over two weekends and across five cities: Napa, Roseville, Manteca, Prunedale, and Santa Clara. More than 1,200 riders, including Olympic medalist Donnie Robinson, raised over $12,000 for leukemia research at Packard Children’s.

“Our goal was to raise $10,000 this first year and we blew past that,” says Fergal, who emphasizes that this is just the beginning. “Next year, we hope to extend the tournament to Southern California.”

Luke still has a long road ahead of him to full recovery. Thanks to a strong support system, a brother who always treated him “just like a brother,” and his passion for giving back to Packard Children’s, Luke has been able to maintain high spirits. To the families they hope to help through their fundraising, Luke says, “Believe in yourself, it does get better.” Then with a big smile he adds, “Just try BMX.”


Host Your Own Event Today

Hosting a fundraiser is fun and easy! With these tips and tools at your disposal, you can make a critical impact on children’s health:

- **Planning checklist** to get you started
- **Event timeline** to keep you on track
- **Ideas, spreadsheets, logos**, and any other guidance you may need along the way
- **Packard Pages** to raise online awareness and support among family, friends, and colleagues

Packard Pages are perfect if you’re throwing a benefit event, gathering donations in lieu of gifts for a birthday or wedding, or honoring someone special. With our simple online tools, you can create a personal web page, share your story, watch your fundraising progress, and thank your supporters. Visit PackardPages.org to create your page today!

For more information about planning an event to benefit Packard Children’s or the Stanford School of Medicine, please call (650) 498-6328 or email communityevents@lpfch.org.
A Slam Dunk for Kids
Hoops 4 Hope, hosted in October in collaboration with Stanford Men’s and Women’s Basketball and the Golden State Warriors, generated over $80,000 in support for the Bass Center for Childhood Cancer and Blood Diseases. Visit PackardHoops4Hope.org for photos and video of our inaugural event!