Winning Teams

Children’s Heart Center
Center for Healthy Weight
South Bay Specialty Center
Dear Friends,

Every day at Lucile Packard Children’s Hospital, I am reminded of the power of teamwork in achieving great things—far beyond what any single player can accomplish. This issue of Packard Children’s News provides a look at some of our strongest teams in action across the Hospital and School of Medicine.

Our Children’s Heart Center is the perfect example of how collaboration among experts can bring about phenomenal results. From surgeons and cardiologists to anesthesiologists, intensivists, nurses, and researchers—all members of the Heart Center team are at the top of their respective fields. With this synergy, Packard and Stanford have quickly become a national leader, offering children with complex heart conditions the best chance for a healthy life.

To broaden our reach, we also have teamed up with important players beyond the medical campus. At our new South Bay Specialty Center in Los Gatos, we partner with community physicians to ensure that families have easier access to the specialized pediatric care they need. And in the Center for Healthy Weight, our physicians and researchers work closely with schools, community groups, and legislators to tackle the problem of childhood obesity from all angles.

In everything we do, there is one more essential player— you. As a friend and supporter of Packard and Stanford, you have enabled us to assemble these exceptional teams and advance pediatric and obstetric medicine. As we move forward in our plans to expand the Hospital, we will continue to rely on your partnership to make this vision a reality for future generations of children and families.

Thank you for being a vital part of our team.

Sincerely,

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Community Benefit
Growth at Packard Children's driven by ambitious vision: to provide world-class care for children and families

A Gift of Life
Children's Heart Center vaults to national prominence

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From biology to behavior, the Center for Healthy Weight tackles childhood obesity on all fronts

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Packard outpatient center brings pediatric specialists to South Bay families

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In the News
Lucile Packard Children’s Hospital has long recognized that to continue to bring the most technologically advanced and family-friendly care to children in our community, our hospital would need to undergo a transformative expansion. Thanks to local enthusiasm for this project, preliminary site work could begin as early as next spring.

An important milestone was reached this summer when the public comment period for the City of Palo Alto’s draft Environmental Impact Report drew to a close. City officials are incorporating comments into the final report, scheduled for release early next year.

The planned construction will help to address severe overcrowding at Packard Children’s Hospital. Already recognized as one of the top children’s hospitals in the nation, we must expand dramatically to continue to provide our specialized care for local children and expectant mothers, while also giving patients and families the comfort, respite, and privacy they need.

“No family should have to worry about needing to leave the area to get care for their sick child,” says Christopher Dawes, the Hospital’s president and CEO. “This growth is essential for us to provide our community with the best pediatric and obstetric medicine available.”

New patient pavilions will house intensive and surgical units tailored to the needs of young patients, including private rooms that allow parents to remain by their child’s side at all times. In fact, every design decision includes ways to keep families fully involved with the care of their child, an approach that has proven to speed healing and recovery.

Architectural plans also incorporate design features to ensure continued innovation in medical research and education, spurring the development of advanced cures, treatments, and technologies to battle childhood disease.

Packard’s planned expansion is truly a shared endeavor, and promises to change the face of pediatric health care. This worthwhile investment will greatly expand our
Growth at Packard Children’s driven by ambitious vision: to provide world-class care for children and families

Packard Children’s Hospital will embody sustainable healthcare design. The new facility and gardens will be built on what are now paved parking lots and office buildings at Welch and Quarry Roads, replacing hardscape with a net gain of three and a half acres of green space.
Karina Gomez of San Jose was five months pregnant when her baby was diagnosed with congenital heart block—a rare cardiac abnormality that obstructs the normal flow of electrical impulses regulating heartbeat.

“The doctors said that my baby’s heart rate was so slow that she wouldn’t survive without a pacemaker,” Karina recalls.

Implanting a pacemaker in a newborn is a complex operation, and fraught with risk. Karina and her doctors turned to specialists at Lucile Packard Children’s Hospital: V. Mohan Reddy, MD, a pioneer in repairing heart defects in babies, had recently joined the surgical team at the newly founded Children’s Heart Center.

Karina’s daughter, Kassaundra Ramirez, was born on December 11, 2002. When she was just 2 days old, Reddy implanted a tiny pacemaker and attached it to one of the two lower chambers, or ventricles, of her heart. Five months later, he replaced it with a more advanced device wired to both ventricles.

At the time, Kassaundra was one of the youngest children in the country with a biventricular pacemaker. More than 50 patients since have received the device at Packard Children’s Hospital, a leading adopter of this relatively new technology that is more commonly used in adults.

Kassaundra’s surgery was a rousing success. Now about to turn 8, she is a vivacious second-grader who enjoys singing and dancing, and even has starred in her own music video.

“You wouldn’t guess by looking at her that she has a pacemaker,” Karina says. “She swims, ice skates, climbs trees—and she loves school, especially math. I can’t find the words to express my gratitude for all that has been done for my daughter. I know Kassaundra has always received the best care possible. They are the best of the best, and I’m grateful to Dr. Reddy and everyone at Packard for giving her this gift of life.”
Top-Rated Program

In the United States, nearly one in every 100 children is born with a heart defect—a total of about 36,000 newborns this year alone.

To help address the needs of this growing population, Packard launched the Children's Heart Center in 2001 with the ambitious goal of creating a world-class cardiac program to provide comprehensive treatment and care for young patients at all stages of life, from infancy to adulthood.

In less than a decade, the Center has achieved that goal. Earlier this year, *U.S. News & World Report* ranked Packard fifth on its prestigious list of top-rated pediatric heart programs in the country.

“We’ve catapulted ourselves into that upper echelon very quickly, and it’s a reflection of the great team that we’ve been able to assemble.”

—Frank Hanley, MD

Hanley, the Lawrence Crowley, MD, Endowed Professor in Child Health, is widely recognized for developing a unique surgical procedure to correct tetralogy of Fallot, a complicated congenital condition involving multiple heart defects. He and Reddy were the first high-profile heart surgeons recruited by Packard in 2001.

“Dr. Hanley and Dr. Reddy are among the top surgeons in the world,” says Center director Daniel Bernstein, MD, chief of pediatric cardiology at Packard. “They can do procedures that nobody else can do. Because of them, we receive referrals from around the globe.”
Record of Success

Since 2005, Hanley, Reddy, and their colleagues at the Children’s Heart Center have performed nearly 2,500 open-heart surgeries. Impressively, the team has achieved a 98.4 percent survival rate—significantly higher than the national average despite the high acuity of patients’ conditions.

In addition, Center cardiologists have successfully performed thousands of catheterizations—nonsurgical procedures in which a tube is threaded through a vein or artery to correct a cardiovascular defect. In 2005, 9-month-old Noelle Takagi of Menlo Park became the youngest child ever to have a heart valve replaced via catheter.

The Center’s Pediatric Arrhythmia Service, led by Anne M. Dubin, MD, has pioneered another technique called radiofrequency ablation, in which a catheter is used to deliver high-frequency radio waves that burn off unwanted heart tissue.

“We’re home to one of the largest heart failure and transplant programs in the country, with the highest success rate for pediatric transplants,” says Bernstein, the Alfred Woodley Salter and Mabel Smith Salter Professor in Pediatrics.

Bernstein attributes the Center’s high success rate to the broad spectrum of care provided by a highly trained staff of doctors, nurses, social workers, nutritionists, and therapists.

“This really is a team effort,” he says. “Everyone involved has a major stake in caring for kids with heart disease. That’s what makes it work so well.” (See Critical Care, page 8.)

Dramatic Advances

“Forty years ago, few children with complicated congenital heart problems survived,” Hanley says. “We’ve advanced so far in this field that most patients with cardiac conditions now survive into adulthood. But they’re not cured. They still need ongoing care as adults.”

In fact, the survival rate has improved so dramatically that, for the first time ever, there are now more adult Americans living with congenital heart disease than children. To assist this aging patient population, Packard Children’s and Stanford Hospital have created a special clinic for adults with congenital heart disease. (See Lifelong Care, page 12.)

Training Future Leaders

“Tal an academic medical center, we have a three-fold mission,” says Bernstein. “To provide excellent clinical care, to conduct novel research, and to advance medical education. Training the next generation of pediatric leaders is an important component of pushing the field forward.”

To that end, the Pediatric Cardiology Fellowship Training Program at Packard is second to none, says program director Jeffrey A. Feinstein, MD, MPH.

In addition to three-year specialty fellowships, Packard offers senior fellowships in cardiovascular intensive care, catheterization, anesthesia, heart surgery, echocardiography, heart failure and transplantation, pulmonary hypertension, and electrophysiology. “The fact that we offer such a broad range of subspecialties,” Feinstein says, “makes the cardiac training program at Packard unique and highly competitive.”

Faculty and fellows at the Center are also engaged in cutting-edge research, from identifying specific genes that cause heart disease to creating 3-D computer models that help cardiothoracic surgeons design better operations. (See Cross-Campus Collaboration, page 10.)

“We also advance the field by testing new techniques and medications in clinical trials,” Hanley says. “To do that, you need a patient population large enough to arrive at statistically significant conclusions.”

To broaden the patient base, Packard has formed partnerships with other major children’s hospitals in the western United States. “Our outreach affiliate program is a model that we’ve pioneered,” Hanley says. “The benefits are several-fold. We dramatically expand our patient base to allow for robust clinical research, and we provide outstanding surgical expertise to institutions that otherwise might not have access to that level of care.”
One example is heart transplantation. Patients who receive a new heart are cared for early after surgery in the CVICU. But some children with severe heart failure now come to the CVICU to prepare for a procedure known as a “bridge to transplantation,” in which a mechanical pump—usually a left ventricular assist device, or LVAD—is surgically implanted until a donor heart can be obtained.

“We implanted eight LVADs last year—by far the most we’ve ever done,” says David N. Rosenthal, MD, director of the Center’s Pediatric Heart Failure Program. “All eight went on to have successful transplants.”

LVADs were actually designed for adults with heart failure, and not for small children. “In adults, the left ventricle tends to fail,” points out Rosenthal, associate professor of pediatrics. “But in children, it’s often the right ventricle, so the LVAD has to be adapted for a ventricle it wasn’t built for.”

In the 1990s, a German company developed the Berlin Heart, one of the first ventricular assist devices designed specifically for small children with heart failure. In 2004, 5-month-old Miles Coulson of Dixon, Calif., became the youngest child in the United States to be successfully bridged on the Berlin Heart. Since then, other Packard patients have received similar implants, and several are now participating in the first nationwide clinical trial of the device.

“Bridge to transplantation is the best we can do today,” Rosenthal says. “But when the technology improves, we may be able to use this kind of device to keep our patients stable for 20 years instead of just keeping them alive long enough to get a transplant.”

April 2009 marked the opening of the new 20-bed Cardiovascular Intensive Care Unit (CVICU) at Packard Children’s Hospital—one of the largest facilities in the western United States dedicated to the care of critically ill pediatric heart patients.

“We’re often at 100-percent capacity,” says Stephen J. Roth, MD, MPH, the James Baxter and Yvonne Craig Wood Director of the CVICU. “Right now, we’re on pace to admit more than 650 patients this year.”

The unit has been carefully designed to provide a welcoming environment for anxious patients and families. The expanded facility is spacious and flooded with natural light. An outdoor patio is accessible around the clock, as are sleeping rooms and a kitchen and bathroom for family members who wish to remain close to their child.

Social workers are available to help relatives find local hotels, food, and transportation. And family members are encouraged to work closely with the CVICU medical team, which includes eight attending physicians trained in pediatric cardiology and/or critical care medicine and 110 nurses.

“The majority of our patients have a nurse at their bedside every minute,” says Roth, associate professor of pediatrics at Stanford. “That is the very essence of intensive care.”

Studies show that critically ill children with heart disease often have better outcomes when cared for in a pediatric CVICU. “There are many children with cardiac problems who need intensive care, but in the past we didn’t have the capacity to bring them into our unit,” Roth says. “A tremendous advantage of having 20 beds is that we now have room to admit both medical and surgical patients.”
We touch the lives of many of these children, not only the surgical ones,” says Chandra Ramamoorthy, MD, director of pediatric cardiac anesthesia at Packard. “Each year, we do about 500 operations and another 1,200 procedures, such as catheterizations, MRIs, and CT scans, where the child must remain still for a long time. Without anesthesia those would be impossible to achieve.”

LVAD implants, heart transplantations, and other cardiac procedures in children also require anesthesia. But anesthetizing or sedating a child, particularly one with heart disease, carries an increased risk of cardiac arrest that could lead to neurological damage, says Ramamoorthy, professor of anesthesia at Stanford.

Open-heart surgeries are particularly challenging. During the operation, the heart is stopped, and the child is placed on a heart-lung bypass machine that pumps oxygenated blood into the body until the surgery is complete. Brain injury can occur if oxygen levels are too low or from prolonged exposure to anesthesia medications.

Under Ramamoorthy’s leadership, the Children’s Heart Center has adopted novel techniques to reduce the risk of brain damage. “We monitor the brain during surgery to ensure that adequate amounts of oxygen are being delivered,” she explains. To further minimize risk, the patient’s body temperature is reduced while on the heart-lung machine by as much as 16 degrees Fahrenheit. This lowers the child’s metabolism rate, allowing the brain to function with less oxygen during surgery.

The post-operative period poses additional challenges. Prolonged administration of sedation and pain medications can lead to addiction, with profound effects on a child’s brain. So Ramamoorthy and her colleagues offer acupuncture, massage, and other holistic therapies to control pain and reduce anxiety, reducing the amount of pain medications a child may need.

The consequences of prolonged anesthetic exposure on the developing brain are also of concern. Recent studies conducted by Lisa Wise-Faberowski, MD, assistant professor of pediatric cardiac anesthesia, suggest that all anesthetics are not equal in their effects on a child’s brain. Her ongoing research focuses on using nuclear magnetic resonance spectroscopy to detect “good” versus “bad” proteins in the blood and brain after exposure to anesthesia medications.

“We don’t yet fully understand the long-term effects of sedation and anesthesia on the developing brain,” Ramamoorthy points out. “We want the best outcomes for the hearts and minds of the children we take care of, and are focusing our research in this area.”
The next two decades will bring unprecedented progress in the treatment and prevention of congenital heart defects, predicts Daniel Bernstein.

“The inspiration for research is that we don’t want to be doing the same things in 20 years that we’re doing today,” Bernstein says. “It’s incumbent upon an academic center to always be pushing the envelope of medicine.”

Heart failure is one the hottest areas of research at the Children’s Heart Center. Bernstein and Beth L. Pruitt, PhD, assistant professor of mechanical engineering at Stanford, are taking a unique approach by studying individual heart cells to better understand how they work and why they fail.

“Professor Pruitt has developed devices that allow her to measure force down to nanoscale,” Bernstein says. “We’re using that technique to measure the force generated by a single heart cell.”

Their findings could have implications for stem cell therapy, he adds. “Today, many adult clinics are injecting cardiac stem cells into damaged hearts to see if they will generate healthy cells,” Bernstein says. “So far, the results aren’t encouraging.”

According to Bernstein, the shape of the cell may be part of the problem. “For unknown reasons, heart stem cells are round, while mature heart muscle cells are rectangular. We want to see if the force generated by a round cell is enough to do the work it’s supposed to do when it’s actually in the heart.”

Other Heart Center researchers are taking a genetic approach to understanding heart failure. Ching-Pin Chang, MD, PhD, associate professor of cardiovascular medicine, and his colleagues at the Stanford School of Medicine were the first to identify Brg1, a gene that causes hypertrophic cardiomyopathy, or thickening of the heart muscle—an acquired condition that can lead to heart failure.
Chang discovered that the same gene is essential for fetal heart development, and yet hugely problematic for adults. In a normal adult heart, Brg1 is turned off. But when the researchers analyzed tissue samples from Stanford patients with hypertrophic cardiomyopathy, they discovered that the gene was active.

It turned out that the fetal Brg1 gene is reactivated when the adult heart is under stress. When turned on, the gene can damage the heart muscle and lead to cardiomyopathy and heart failure. “We are now working to develop a chemical inhibitor that can turn off Brg1 to prevent or slow the progress of cardiomyopathy,” Chang says.

Most surgical procedures used today are the result of trial and error in the operating room. Now cardiologist Jeffrey A. Feinstein, director of the Vera Moulton Wall Center for Pulmonary Vascular Disease, and Stanford bioengineer Charles Taylor, PhD, are taking a different approach. Instead of performing experimental surgeries, they’re using 3-D computer modeling technology to design and evaluate promising new operations for children with congenital heart disease.

Recently, Feinstein and Taylor redesigned a widely used surgical technique, called the Fontan procedure, for children born with just one working ventricle. In a standard Fontan operation, the surgeon disconnects the large vein that carries blood from the lower body to the heart and grafts it to the arteries that enter the lungs, creating a T-shaped connection that bypasses the heart altogether.

Using computer simulation, Feinstein and Taylor discovered that the T-shaped graft led to inefficient collisions between blood returning from the top and bottom parts of the Fontan, but a modified Y-shaped graft eliminated the problem.

Children who’ve had the Fontan procedure often have difficulty exercising. The results of Feinstein’s and Taylor’s computer modeling were clear: The Y-graft handled the increased blood flow much more efficiently than the traditional T-shaped Fontan. That suggests kids who get a Y-graft could have an easier time playing and keeping fit.

The researchers are now tailoring Y-graft procedures for individual patients. The next stage is to surgically implant those grafts, and if the results are positive, to develop a large-scale clinical trial to evaluate the new procedure.

“The ability to design patient-specific operations before you actually go in with your scalpel didn’t exist before this kind of modeling was available,” says Feinstein. “We’re light years ahead of where we were even just a decade ago.”
Lifelong Care

Nishant Moorthy of Fremont was less than a day old when he began turning blue—a potentially fatal condition called cyanosis that can occur if a newborn’s heart is unable to pump oxygen-rich red blood through the body.

Nishant’s doctors immediately transferring him to Packard Children’s Hospital, where he was diagnosed with transposition of the great arteries, a rare congenital defect in which the two large vessels that carry blood from the heart—the aorta and the pulmonary artery—are attached to the wrong ventricles, depriving the child of oxygen.

To correct the problem, Packard surgeons performed an open-heart procedure known as an arterial switch when Nishant was just 8 days old.

“Within 24 hours he was pink and looking healthy again,” says Nishant’s mother, Mala. “Not long after, we were able to bring him home.”

Today, Nishant remains under the care of Packard cardiologists. He is seen regularly by Daniel J. Murphy Jr., MD, associate chief of pediatric cardiology at Packard and professor of pediatrics at Stanford. Now 17, Nishant jogs and plays two musical instruments. He unites his passions for service and technology by volunteering at The Tech Museum in San Jose, and plans to major in computer science when he enters college next year.

“Packard Hospital has given me a second chance at life, and I am grateful for it,” Nishant says. “Fantastic and brilliant doctors like Dr. [Bruce] Reitz, Dr. [Paul] Pitlick, and Dr. Murphy have made sure that everything is okay with me. Had I been treated at a different hospital, I might not be where I am today.”

As director of the Center’s Adult Congenital Heart Disease Clinic, Murphy works closely with colleagues at Stanford Hospital to ensure that older patients like Nishant experience a smooth transition to adult medicine.

“Adolescence is a difficult time,” Murphy explains. “The continuum of care as they transfer from Packard to Stanford is meant to be seamless and tailored to individual patients and their family.”

About 15 percent of patients at the Children’s Heart Center are young adults, like Nishant, who face major lifestyle changes. The Adult Congenital Heart Disease Clinic offers them guidance on how to manage their care independently, Murphy says.

“Being a ‘miracle child’ or growing up with a chronic medical problem is challenging,” he says. “A substantial number of our patients have psychological and social needs that are very difficult to address.”

Raising a family is a particular challenge for many young adult patients, he says. Recently, the Clinic developed an innovative counseling program at Stanford Hospital for at-risk women who want children.

“We identify every woman with a heart defect who comes to Stanford with a pregnancy or plans to become...
pregnant, “Murphy says. “She is assessed by the appropriate doctors, who develop a plan for managing her pregnancy, labor, and delivery. We’ve had some immensely high-risk pregnancies that have done very well. It’s a model program that others around the country are now replicating.”

Some congenital heart disease patients develop serious medical complications as they age, Murphy says. Yet few adult cardiologists and cardiac surgeons are trained to treat people with inborn heart defects. Instead, the vast majority of adult specialists take care of patients with acquired heart disease, such as atherosclerosis.

This lack of training and experience can be frustrating for the specialist and for the up to 1.3 million adult Americans who live with congenital heart disease. To bridge the gulf between pediatric and adult medicine, Packard and Stanford Hospitals are developing a new program to train subspecialists in adult congenital heart disease.

“I’d like to see the majority of our young adults receive their care at Stanford,” Murphy says. “After all, these are our lifelong patients.”

Thanks to generous philanthropic support, the Children’s Heart Center has quickly become one of the nation’s preeminent centers for the care and treatment of children with heart disease.

The following lead donors to the Breaking New Ground Campaign have stepped forward with gifts totaling $6.8 million to the Children’s Heart Center:

- Anonymous
- Allied Arts Guild Auxiliary
- Roma M. Auerback
- The Children’s Heart Foundation
- Dora Ferguson
- Mr. & Mrs. Robert C. Johnstone, Jr.
- Medtronic, Inc.
- Oak Foundation
- Shenandoah Foundation
- Andrew David Sit Foundation
- Alex Vibber Foundation

While key achievements have been made possible by donor support, much more remains to be funded if the Heart Center’s vision is to be fully realized. In addition to endowed funds for key leadership positions and program sustainability, the Center also needs enhanced facilities as part of the Hospital’s planned expansion.

Programs

- **Endowed Directorship**, Pediatric Cardiac Anesthesiology
  - The Director leads a talented team of anesthesiologists who work alongside surgeons, cardiologists, intensivists, and nurses to achieve the best results for the children in our care.
  - **Endowed Fellowships & Faculty Scholar Awards**: $2 million
    - Fellowships and faculty scholar awards support advanced clinical training for future cardiologists and heart surgeons, an important mission of an academic medical center.
- **Endowed Program Support Fund**: From $250,000
  - Endowed funds support the ongoing needs of the Children’s Heart Center, including annual staffing and equipment.

Facilities

- **Patient Unit**
  - From $5 million
- **Pediatric Cardiovascular ORs**
  - $2 million
- **Hybrid Catheterization Lab/OR**
  - $2 million
- **Individual Patient Rooms**
  - From $200,000

Gifts to fund endowed fellowships and faculty scholar awards, or to name spaces in the Hospital’s expansion project, may qualify for the Bass or Packard challenge match. For more information about earning a match or about specific giving opportunities, please call (650) 498-7641 or email campaign@lpfch.org.
Turning the

By Jennifer Yuan

Jason Chuang
From biology to behavior, the Center for Healthy Weight tackles childhood obesity on all fronts
For the first time since the Civil War, average life expectancy in the United States could drop by as much as five years—just one of the human costs of an alarming rise in health problems associated with obesity.

Increasingly, the crisis begins in childhood. As many as one in three U.S. children are now overweight, according to the Centers for Disease Control and Prevention. And harmful conditions that were previously rare in children—high cholesterol and blood pressure, diabetes, liver disease, obstructive sleep apnea, and orthopedic disabilities—are occurring much more frequently.

Obesity is a complex problem, explains Thomas Robinson, MD, MPH, the Irving Schulman, MD, Endowed Professor in Child Health at Stanford University. “Factors ranging from individual biology and behaviors, to broader social, economic, and environmental pressures contribute to childhood obesity and its consequences,” he says. “There is no single cause—and there is no single solution.”

Robinson directs the Center for Healthy Weight at Lucile Packard Children’s Hospital. An interdisciplinary initiative, the Center links efforts across five distinct areas at Packard and Stanford: state-of-the-art patient care, innovative research, community prevention programs, professional education, and advocacy.

“Our combined breadth and depth make us unique among other academic or clinical obesity centers around the country,” says Robinson. “Being an interdisciplinary Center at a premier children’s hospital and medical school, on the campus of a world-renowned University, gives us unparalleled strengths and opportunities.”

The Center includes clinical specialists in pediatrics, surgery, psychology, and nutrition; researchers in the basic sciences, public policy, clinical research, and prevention science; and experts in health education and public health advocacy—all working with patients, families, local community groups, public schools, and national and international organizations to address the childhood obesity epidemic.
“Bringing these resources together allows us to create exciting synergies and collaborations,” Robinson says. “We’re positioned to produce scientific breakthroughs and meaningful advances in patient care and public health.”

A Sneak Attack on Weight

In one tactic, the Center is developing innovative, solution-oriented approaches to help children prevent and control excess weight gain. Using randomized controlled trials (considered the gold standard for research), Robinson and his colleagues have shown, in real-world settings, that theory-driven prevention programs for preschool through college students can significantly improve eating behaviors, increase physical activity, reduce sedentary behaviors, reduce weight gain, and improve cardiovascular health.

Most traditional prevention and weight loss programs teach diet and exercise, trying to persuade individuals to do the “right” thing. Unfortunately, research shows that this approach has limited success with children. Robinson’s team takes a more indirect approach: focusing on fun and motivation, rather than diets and exercise.

As it turns out, engaging children in activities that are enjoyable and motivating in and of themselves, without dwelling solely on weight loss as the intended goal, is more likely to change health behaviors.

In East Palo Alto, a group of students is playing on a sports team designed specifically for overweight children. For the kids, it’s a chance to feel proud about learning new athletic skills, enjoy time outside, and hang out with friends. According to some, it is the first time in their lives that they have actually enjoyed sports.

Meanwhile, in Redwood City, more than 120 young girls are engaged in a folklorico dance program. They gather after school to learn dazzling choreography and important cultural traditions, culminating in public performances complete with colorful costumes.

In both programs, the children are physically active because they enjoy it, rather than because it is good for them. And these interventions are reaching kids where they are: at school and in their neighborhoods. As a result, the participants are losing weight—without even thinking about it.

Team sports have proven to be a fun and effective intervention for overweight students in East Palo Alto.

“We call these ‘stealth interventions,’” says Robinson. “From the kids’ perspective, weight loss is just a side-effect of a fun activity, but not the primary, or even a conscious, motivation.”

Advocating for Healthier Communities

“Epidemics cannot be controlled at the level of the individual,” says Lisa Chamberlain, MD, MPH, assistant professor of pediatrics. “That’s true for cholera, and it’s true for obesity.”

Chamberlain co-directs the Center for Healthy Weight’s advocacy efforts. What’s needed, she says, is better policy and greater awareness of the broader issues that contribute to the problem of obesity. Food prices, advertising, city planning, family life, public schools, and television are all culpable.

Robinson concurs. “The obesity epidemic is caused by an interaction of our biology with a toxic environment, one in which calories are plentiful, inexpensive, and highly marketed, and where we have engineered physical activity out of our lives,” he says. “To turn back this epidemic, we have to make it easier to maintain energy balance at home, at school, and throughout our communities.”
In short, treating the environment is an essential part of treating the individual.

Inside Packard and Stanford Hospitals, signs posted next to the elevators now encourage visitors to “Take the stairs.” The cafeterias are offering more healthful dining options, and the vending machines are stocked with smarter snack choices. The goal is to make the Hospitals themselves more healthful places to heal.

Beyond the walls of the medical center, the Center for Healthy Weight team is actively involved in local initiatives and regional coalitions such as Healthy Silicon Valley, the Get Healthy San Mateo County Task Force, and the East Palo Alto Community Health and Safety Roundtable Partnership.

“Through these collaborative efforts, we are working to make healthier food available in schools and communities, provide opportunity for safe and supervised physical activity, and help create community environments that make it easier for individuals to maintain healthy lifestyles,” explains Candace Roney, executive director of community partnerships for Packard Children’s.

At the national and international level, Robinson is an influential voice in the fight against obesity. He is widely known for his landmark studies on reducing television viewing, and the powerful influence of fast food marketing on children’s food preferences. In addition, the National Institutes of Health’s new Childhood Obesity Prevention and Treatment Research program recently awarded a multi-year grant to Robinson and his team to design a pediatric weight control program that could be replicated nationwide.

Robinson was one of the authors of the Institute of Medicine’s report, Preventing Childhood Obesity: Health in the Balance. This national action plan recommends sweeping changes by all levels of government, the food industry, media, health-care professionals, schools, and parents, and includes proposals such as increasing after-school programs, building more city parks, and establishing media and advertising guidelines to promote healthy weight.

“We are calling for nothing less than a revolution in the way we think about nutrition and physical activity in all aspects of our society,” says Robinson. “It’s not too late to turn the tide and give our children the best chance to become healthy adults.”

**Pediatric Weight Control**

Alberto Hidalgo-Robert is a 19-year-old blogger on a mission: No Child Left with a Big Behind. It’s more than a catchy title to attract readers. The Redwood City teen is serious about stopping the obesity epidemic.

Six years ago, he was the biggest kid he knew. A shy boy who had recently immigrated from El Salvador, he struggled to make friends and sought comfort in food and television.

At age 13, he topped out at 230 pounds. Blood tests showed dangerously high glucose and cholesterol levels, and that he was pre-diabetic. For Alberto, who had watched his grandmother struggle with diabetes, this was a harsh wake-up call.

Alberto and his mother enrolled in the Pediatric Weight Control Program at Packard, part of the Hospital’s Center for Healthy Weight.

“It’s not a diet,” explains Cindy Zedeck, the program’s director. “It’s a lifestyle change.”

To join, children ages 8 to 17 must commit to six months of weekly group meetings and be willing to make permanent changes to eat more healthfully, watch less television, and exercise regularly. At least one parent must enroll with their child, but ultimately, says Zedeck, the child has to be the one who wants to participate.

Offered in English and Spanish at locations in Palo Alto, East Palo Alto, and San Jose, the program uses an easy-to-understand “traffic light” system to classify foods: Red lights are unhealthy foods to be eaten rarely, such as pizza and cheeseburgers. Yellow light foods can be eaten frequently but in moderation, such as grains, meats, and nuts. Green light foods, such as fruits and vegetables, can be eaten regularly. Nothing is off limits. It’s all about budgeting and control.
For Alberto, the program taught him a completely new way to think about food. But the hardest part, he says, was meeting the program’s challenge of turning off the television for one whole week.

“I had all these shows I wanted to watch—a whole agenda,” he recalls. “We had to learn to control the TV, instead of letting it control us.”

The first three months of the program were difficult. Growing children need to lose weight at a healthy pace—which means it can seem painfully slow. Alberto stuck it out, and began to see the benefits.

“I found a whole new world in the kitchen,” he says, where he and his mother tried out delicious, more healthful recipes. And he found that his childhood love of swimming translated into an athletic pursuit he enjoyed.

“I’s not about how much you weigh, it’s about having a healthy lifestyle.”

Alberto lost 30 pounds in the program. His parents, like many other parents in the program, lost weight as well.

“Packard gave me all these valuable tools, like classifying foods, exercising, turning off the TV, and just being honest with myself,” says Alberto. “That’s second nature now.”

Since then, Alberto has lost an additional 40 pounds, and is now a pre-med student at Notre Dame de Namur University. In addition to blogging, he recently finished writing a book about his battle with obesity. He wants it to be an encouragement to others.

“Everyone is different and most people aren’t meant to be toothpicks,” he says. “It’s not about how much you weigh, it’s about having a healthy lifestyle.”
Pediatric Bariatric Surgery

“...had always been husky,” says Mario Pelayo-Guerrero of Atwater, Calif. “But I wasn’t obese. I did a lot of outdoor activity, like playing football with the guys for hours at a time.” Like many active, growing teenagers, Mario had a hearty appetite and packed in the calories, without much effect on his weight.

All that changed four years ago, when Mario, then 14, suffered a spinal cord injury that left him in a wheelchair. Nearly unable to move—but still eating with abandon—he began gaining weight at an alarming rate.

By age 17, he weighed 312 pounds.

Mario tried diets, cleanses, and home remedies, all with minimal, temporary success. He suffered from breathing problems and was at risk for a blood clot. He and his family began seeking out weight loss surgery, but found that nearby hospitals in the Central Valley offered the procedure only to adults.

Their search eventually led them to Packard Children’s, the only children’s hospital in California to offer weight loss, or bariatric, surgery for minors.

“It’s not a quick-fix operation,” says Craig Albanese, MD, the John A. and Cynthia Fry Gunn Director of Pediatric Surgical Services. “One hundred percent of these kids have very serious medical problems.”

Teens who qualify for the surgery suffer from dangerous complications of obesity, such as diabetes, high blood pressure, and organ failure. Some may also have lung and breathing issues, or increasing pressure in the brain that can lead to vision loss. These conditions not only threaten the child’s health, they can also make the surgery itself very challenging. Packard is one of the few children’s hospitals in the country with the expertise needed to take on such complex cases.

Intended as a last resort, the surgery is a powerful tool, but only one step toward a healthier weight. Patients and their families must commit to a lifelong discipline of medical care, health education, dietary restrictions, and exercise.

Starting a full year before his surgery, Mario began attending regular appointments at Packard’s Pediatric Weight Clinic.

“Patients must demonstrate that they are able and willing to set realistic goals to their weight loss journey,” explains Susan Farrales-Nguyen, RN, MSN, FNP, program coordinator for bariatric surgery. “Having an involved, supportive family is essential as well.”

Despite the severity of his weight and health problems, Mario’s surgery was initially denied by his health insurance, a common obstacle for bariatric surgery for minors. But he was persistent, and the Packard team appealed his case to his insurer.
I’m not in this to fit into designer clothes,” Mario says. “I needed to get my life back. I’m 18 years old and my mom had to dress me in the morning. She shouldn’t have to do that. I needed to get back on track.”

In April, Mario underwent a sleeve gastrectomy, an irreversible surgery that permanently reduces the size of the stomach to resemble a sleeve or tube.

“It’s a life-changing procedure,” says Lawrence Hammer, MD, professor of pediatrics and director of clinical programs at the Center for Healthy Weight. “It will forever change the way he eats.”

Bariatric surgery patients at Packard typically lose 80 to 100 pounds of weight. In the five months since his surgery, Mario has lost 57 pounds, and is determined to lose many more. As important as the surgery itself is his new understanding of food.

“I used to eat until I was so full I could hardly breathe,” Mario recalls. “They’ve taught me to listen to my body and know when to stop.”

He will soon begin classes at Merced College and will continue to devote much of his time to daily workouts and intensive physical and occupational therapy.

“I think there’s a stereotype that this surgery is for lazy people,” Mario says. “But we have to work just as hard to lose weight as anyone else, if not more so.”

So far, the weight loss and rehabilitation have enabled him to gain more movement in his arms and legs, and he finds it much easier to move himself from his bed to the wheelchair each morning.

Mario recently had his picture taken for his college ID, and could see that his hard work was paying off—his jawline was noticeably more defined than in older photos.

“Being able to fit into a few regular-sized, designer clothes,” he adds, “isn’t bad either.”

The Center for Healthy Weight, led by Thomas Robinson, MD, MPH, has a proven record of designing, implementing, and evaluating strategies to improve nutrition, increase physical activity, decrease sedentary behaviors, and prevent obesity in children. These efforts, while crucial to the well-being of children, are rarely covered by insurance or government programs.

Robinson and the Center are pioneers in solutions-oriented research. Endowed support would sustain these activities and ensure continued progress in addressing childhood obesity. Expendable funds are needed to establish a multi-disciplinary Innovation Lab to creatively apply theory and practice to produce more dramatic and sustained behavior change solutions. Models will be developed and tested in Bay Area clinics, schools, and community settings, and designed to be replicable nationwide.

With philanthropic support, the Center for Healthy Weight can make an immediate and sustained impact to help solve one of the most critical health and economic challenges facing our nation and the world.

Naming Gift for the Center for Healthy Weight $10 million

Named Program Directorship for Dr. Robinson $3 million

Innovation Lab Funding $200,000 per year

National Diffusion Program $100,000 per year

Scholarships for Families $100,000 per year

Visiting Professorships $25,000 per year

For more information about specific giving opportunities, please call (650) 498-7641 or email campaign@lpfch.org.
Reaching Out

Packard outpatient center brings pediatric specialists to South Bay families

By Ruth Schechter
Seated together on a couch, three youngsters stare intently at the Disney cartoon playing silently on a flat-screen TV. At a low table nearby, other children rifle through a box loaded with well-worn books and magazines. In a periwinkle-blue room whose walls are dotted with colorful framed photographs, parents and older kids wait patiently for their names to be called, glancing up as new arrivals register at the front desk.

It’s a busy afternoon at the South Bay Specialty Center in Los Gatos, a satellite outpatient service run by Lucile Packard Children’s Hospital at Stanford. Down the hallway from the waiting area are 12 exam rooms, where children and their parents meet with Packard pediatric subspecialists for diagnosis, consultation, and follow-up care. The rooms are designed with young patients in mind, offering colorful décor, toys, posters, and child-sized exam tables and chairs.

For families who live in San Jose, Santa Cruz, Monterey, and farther afield, the South Bay Center allows them access to Packard’s specialized care and expertise, close to their own back yard. Each month, Packard physicians see about 1,000 patients at the Center, caring for kids with heart defects, vision problems, diabetes, abdominal pain, and asthma, as well as providing surgical consultations, nutrition advice, and hearing tests.

“Parents like that it’s a new facility, with a family-friendly atmosphere,” says Jodi Kazemini, the Center’s practice manager. “And, because we are a Packard service, we offer the highest standards of care.”

For a full year before the South Bay Center opened three years ago, Elizabeth Salcido of Marina had to drive to Packard Children’s three times a week for her son’s allergy shots. Francisco, now 15 years old, developed a severe reaction to dust mites when he was 4, which caused him to rub his eyes so much that Salcido worried he could damage his vision. The trips to Palo Alto from her home in the Monterey area took 90 minutes each way.
“I didn’t know about the clinic until a doctor at the hospital told me about it,” says Salcido, who also brings her 14-month daughter to the Center for treatment of a congenital kidney disorder. “It’s a relief to not have to drive all the way up there. Plus they know me and my family.”

Community Connections

The idea behind the South Bay Center was to create a satellite facility for a population that could not easily bring their children to Packard Children’s, explains Gary Hartman, MD, a pediatric surgeon and chief of Regional Clinical Program Development for Packard. “The Center is an important part of Packard’s commitment to serving the community. We saw a real need to reach out to this area because so many of our patients live down here.”

He adds that many parents seem pleased by the Center’s easy access—it’s located right off Highway 85—and by its friendly, low-key environment.

“A hospital can be a scary, busy place, especially when dealing with a sick child. The Center is smaller and less hectic so it’s easier to maneuver—not to mention there’s free parking,” he says. “But the real benefit is that people don’t have to drive as far to receive the same high standards of care and specialty services they would receive at the main Packard Children’s. We are an accessible, neighborhood service.”

It’s that sentiment that appeals most to Jim Buckley of Morgan Hill, whose 11-year-old grandson Clint Mandarich has been treated for type I diabetes at the South Bay Center for nearly a year.

“I can’t say enough about how pleased I am with the care Clint is getting,” says Buckley. “The level of care is extraordinary. Their reassurance and professionalism takes a lot of the stress out of coming to the doctor. They are available and open, and I don’t believe we would receive the same level of patience and deference at another institution.”

For many families, the South Bay Center offers easier access to Packard’s specialized care and expertise. The Salcido family (above) makes the trip from Monterey County; Clint Mandarich (right) comes from Morgan Hill.

Filling a Need

The original outreach clinic was established a short distance from its current location by Bruce Buckingham, MD, professor of pediatric endocrinology, in collaboration with Packard’s pediatric surgery service. Demand was obvious, and in a short time the small, stand-alone facility began offering endocrinology, urology, pulmonary, and general surgery clinics several days a week.

“I was seeing 12 to 15 children a day,” says Buckingham, who specializes in treating children with diabetes. “It got so busy, so quickly. I would go to people’s homes in the evening to teach them how to do shots since there was no time during clinic hours.”
The pace didn’t let up: Buckingham estimates he fol-
lowed about 300 to 500 children at first. The Endocrine
clinic now sees about twice that number—about 70
percent of whom have diabetes. Because the Center is
small, he adds, specialists can consult on each other’s
patients and arrange cross-referrals, streamlining visits
for busy parents.

Between 10 and 15 physicians work at the South Bay
Center, with most clinics offered one or two days per
week (audiology is available each weekday). The greatest
demand is in endocrinology, urology, otolaryngology, and
ophthalmology, and Center staff
are looking at ways to minimize
the wait for an appointment.

“Packard’s mission is to provide
care to any child in need,” Buck-
ingham says. “We come to where
the children are, and there is a
high density of families in this region. Many of them
might fall through the cracks of the health care system if
we did not make it easy for them to see a doctor.”

A Network of Care
Families learn about the South Bay Center through
physician referrals and positive word of mouth. A
dedicated physician liaison works with local prac-
titioners to identify their areas of need and to simplify
the transfer of care.

“We are a complement and an auxiliary service to the
area physicians,” says Fouzel Abbas, director of physi-
cian partner relations. “We let them know we’re here
for them. It’s an opportunity for Packard Children’s
to serve their patients and the
general South Bay community.”

Abbas and her team work a
two-way street, getting the word
out about the Center by hosting
educational events and visiting
South Bay general practices,
and identifying new needs
based on the concerns of community providers. Since
it opened, the Center has added an audiology clinic,
ultrasound, and blood draw in response to feedback
from the area’s referring physicians.

“The Center is an important part
of Packard’s commitment to
serving the community. We saw
a real need to reach out to this
area because so many of our
patients live down here.”

Gary Hartman, MD
“We keep the lines of communication open,” Abbas explains. “We’re still relatively new, so we work to help local clinicians learn about what we can offer their patients. We understand the challenges they face in caring for their patients and their families, and we consider ourselves both a partner and resource.”

Referring physicians and follow-up patients call a central number to set up an appointment. With demand for specialty services so high, physicians sometimes face long waits before their patients can be seen; the South Bay Center helps to alleviate some of the waits at the Hospital, Abbas says, allowing more immediate access to Packard expertise.

Bryan Drucker, MD, a partner in a San Jose private practice for the past 15 years, estimates that he refers a patient a week to the Center. “I feel fortunate to have the services of these subspecialists available close to my practice,” he says. “Families do not have to travel as far to be seen, and it enhances the care these children receive.”

Growing Pains

Last year, close to 12,000 patients came to the South Bay Center, and this year’s numbers are on pace to eclipse that total. At 7,000 square feet, the Center is already outgrowing its space, and staff is exploring possibilities for expansion. In the meantime, they have developed some creative solutions to the constraints: One check-in room does double-duty for blood draw, and new ultrasound and laser imaging equipment is rolled out of storage when it is needed. The conference room is also used for patient education sessions as well as for scanning records.

Practice Manager Kazemini works with referring physicians and families to keep waits to a minimum, but some specialties are backlogged and she hopes creative scheduling will continue to keep patients accommodated.

“The demand is higher than we can accommodate, and it’s a challenge to meet the needs of our referring physicians and patients,” says Hartman. “But Packard Children’s is committed to outreach and is dedicated to maintaining its services in the South Bay. We are filling an important niche in the community, and we are proud and happy with what we have to offer.”
Allegra and Dan Scheirer came to know Packard Children’s Hospital via the Neonatal Intensive Care Unit (NICU). In 2006, their son, Jeremy, was born a month and half premature, and required weeks of specialized medical care before he was able to go home.

During this difficult period, the Scheirers were struck by the challenges faced by non-English-speaking parents, and by the visible relief when families were matched with an interpreter. During the discharge process, they also observed that many parents could not afford a car seat to take their baby home. In these cases, the Hospital provided a donated car seat for the family.

The Scheirers were so taken with Packard’s assistance for families that they decided to support interpreter and car seat services at the Hospital. The couple became leadership donors to the Children’s Fund in 2006 and have made annual gifts ever since.

“When you have a very sick child, your life is turned over,” explains Dan. “Packard took care of many needs—for us as well as for other families in the NICU.”

Sadly, the Scheirers’ familiarity with hospitals preceded Jeremy’s birth. Several years earlier, the couple suffered the heartbreaking loss of their twins, Grant and Julia, just hours after birth. Although this took place in another state, Allegra and Dan’s growing interest in Packard led them to meet other bereaved parents who shared their desire to become more deeply involved with the Children’s Hospital.

In collaboration with the Palliative Care team at Packard, Allegra joined other parents to help establish the Family Partners program. This group serves as advisors to the Palliative Care service, engages in teaching and speaking regarding the experiences of bereaved parents, and has developed bereavement kits available hospital-wide in English and Spanish. The kits contain materials to help parents and siblings memorialize and celebrate their loved ones.

Allegra and Dan’s experience inspired them to support Palliative Care in addition to the Children’s Fund. “Packard helped to root us in the community after our loss, and we are so lucky to be able to give back,” says Allegra.

The Scheirers continue to celebrate Grant and Julia’s birthday, and recently marked the 6th anniversary of their birth by donating a set of Spanish-language children’s books, including some of Jeremy’s favorites, to Packard’s Family Resource Center, where the need for non-English books is great.

“It’s important to us that people understand we are the parents of three kids, with one surviving,” says Allegra. “Being volunteers and donors allows us to be the best parents we can be to our children.”
“I received a phone call from Packard Children’s to thank me for one of my initial gifts, which was very small,” recalls Bess Lundine with a twinkle in her eye. “I knew then that this was a special place that I wanted to support for the rest of my life.”

Soon thereafter, Bess read her name and that of her husband, Charles, printed in a donor recognition newsletter alongside others who had made much larger contributions. Her hunch was confirmed: Packard Children’s had the personal touch that she was searching for in designating a recipient for her own larger gift.

In 2009, Bess established a charitable gift annuity (CGA) with Packard Children’s. Following a career in real estate, bookkeeping, and accounting, she was well-informed about the value of making a planned gift: the CGA would create a mutually beneficial situation in which she could guarantee a fixed income for herself for the rest of her life, while also making a generous gift to support children’s health.

Bess immigrated from the Philippines in 1968, and soon after was hired at Hewlett-Packard, where she remained for 15 years. She fondly remembers seeing David Packard mingling with employees in the hallway, and always admired Lucile’s down-to-earth manner when she visited the company. Bess was thrilled to personally express her sentiments when she met David and Lucile’s daughter, Susan Packard Orr, at a recent donor reception at Taaffe House, the former Packard home in Los Altos Hills.

Just after her time at HP, Bess met and married her husband, Charles “Chuck” Lundine, a school teacher and principal. Bess and Chuck settled in Mountain View, where they created a warm and lively home. Bess began to diversify her career, and took up a longtime volunteer position at the Community Services Agency of Mountain View. Over the years, the Lundine household entertained numerous relatives from Sweden and the Philippines, as well as friends and members of the Lundines’ close-knit church community.

Today, Bess remains as active as ever. She continues to dedicate much of her time to St. Athanasius Church in Mountain View and travels extensively, including a recent trip to Germany. Bess also maintains a part time tax-advising business with her niece, Amy, and is currently training her nephew, Medy.

Whether it is through her volunteerism, philanthropic generosity, or simply her infectious laugh, Bess has left her mark on the local community. “Bess is one of the most financially savvy women I know,” says Donna Bandelloni, director of Gift Planning at the Lucile Packard Foundation for Children’s Health. “She also has an enormous heart, and for that we are truly grateful.”

Bess immi
In 2009, through its All Kids Can initiative, retailer CVS Caremark made a gift of $50,000 to fund the Autism Spectrum Disorders Educational Series, an outreach program of the Stanford Autism Center at Packard Children’s Hospital.

All Kids Can is a five-year, $25 million commitment to make life easier for children with disabilities. Through this program, CVS Caremark supports programs and services that help children with disabilities learn, play, and succeed in life.

The All Kids Can program strives to raise awareness in schools and communities about the importance of inclusion, to provide safe places where children of all abilities can play and be physically active together, and to support medical rehabilitation and related services for children with disabilities.

Autism spectrum disorders (ASD), which affect as many as 1 in 150 children in the United States, are a family of neurodevelopmental conditions that make it difficult for some youngsters to interact with the outside world.

Carl Feinstein, MD, the Endowed Director of Psychiatry at Packard and division chief of Child and Adolescent Psychiatry at Stanford, says that parents of children with ASD face enormous challenges in finding the best available treatment options. With the goal of bringing care, research, training, outreach, parent support, and advocacy for ASD under one umbrella, Feinstein spearheaded the launch of the Stanford Autism Center at Packard Children’s.

In 2008, the Center began offering the Autism Spectrum Disorders Educational Series to help Bay Area families learn about diagnoses, treatment options, behavioral support, current research, and other important resources. The 10-part series is available in both English and Spanish, and classes are led by experienced Packard clinicians.

“These courses are supportive and empowering to parents, and do not require that their children participate in our clinical programs,” says Feinstein. “We help parents make wiser and more informed choices about the care their child needs, and about how to access and work with essential services.”

Since the inception of the educational series, parent feedback has been overwhelmingly positive. Packard Children’s is deeply grateful to CVS Caremark and the All Kids Can program for their exceptional philanthropic leadership, and for the opportunity to make such a valuable resource available to local families.

Retailer CVS Caremark made a generous gift of $50,000 to support the Stanford Autism Center at Packard Children’s Hospital, led by Carl Feinstein, MD (second from right).
Foundation Giving
St. Baldrick’s Foundation

The St. Baldrick’s Foundation holds hair-shaving events to raise funds and awareness for pediatric cancer.

Every year, more than 160,000 children in the U.S. are diagnosed with cancer. The St. Baldrick’s Foundation is helping to bring hope and cures to these children, one head-shaving event at a time.

Since 2000, nearly 145,000 brave volunteers, sponsored by family and friends, have shaved their heads at St. Baldrick’s events in solidarity with children who have lost their hair during cancer treatment. The Foundation, located in Monrovia, Calif., leverages these funds to support researchers who are exploring innovative ways to diagnose, treat, and prevent pediatric cancer, the leading cause of death by disease for U.S. children.

In this spirit, St. Baldrick’s recently awarded a $100,000 pediatric oncology research grant to Alejandro Sweet-Cordero, MD, assistant professor of pediatrics and cancer biology at the Stanford University School of Medicine. Sweet-Cordero’s work focuses on Ewing’s sarcoma (ES), one of the most common childhood cancers, which affects a child’s bone or soft tissue.

Sweet-Cordero is studying the normal function of the Ewing’s sarcoma protein (EWS) to identify genetic events that may trigger the development of ES. His lab is also closely evaluating how this normal function is altered when EWS is fused to another protein called FLI-1, a key event in the development of ES.

By better understanding EWS in normal cells, Sweet-Cordero and his team hope to glean valuable information about ES. His research findings will generate preliminary data required for a larger application to the National Institutes of Health (NIH).

“Funding for pediatric sarcoma research is very difficult to secure, since most grant-making agencies prefer projects related to common adult cancers,” explains Sweet-Cordero.

“Without St. Baldrick’s support, we would be unable to apply for NIH funding and would face critical delays in our study.”

Alejandro Sweet-Cordero, MD

The Foundation’s singular focus on childhood cancer, as well as its dedication to helping young, promising scientists grow their labs and establish preliminary results, make it an ideal match for Sweet-Cordero and his team at Stanford. Having raised nearly $90 million since 2000, the St. Baldrick’s Foundation and its research partners are well on their way to conquering pediatric cancer.

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Photos courtesy of the St. Baldrick’s Foundation, by Renee Ritchie (left) and Steve Conner (right).
Mackenzie Joins Foundation Board

Doug Mackenzie was recently elected to the board of directors of the Lucile Packard Foundation for Children’s Health. He is founder and managing partner at Radar Properties, a private investment firm, and is a former partner at Kleiner Perkins Caufield & Byers.

Mackenzie has taught for several years at the Stanford School of Engineering, is a past co-chairman of the Stanford Engineering Venture Fund, and serves on the Stanford Engineering Advisory Council and the Stanford Challenge Steering Committee. In addition, he is a board member of the Monterey Peninsula Foundation, the First Tee of Monterey County, and a trustee of the U.S. Ski and Snowboard Team Foundation.

Mackenzie holds a BA in Economics and an MS in Industrial Engineering from Stanford University, and an MBA from Harvard Business School.

Sarwal Receives Transplantation Award

Minnie Sarwal, MD, PhD, a nephrologist at Packard and professor of pediatrics at Stanford, has been awarded the TTS-Roche Award for Outstanding Achievement in Transplantation Science. She received the honor in August at the XXIII International Congress of The Transplantation Society, held in Vancouver, Canada. Sarwal conducts research on the molecular and immunological basis of transplant dysfunction and acceptance.

New Stem Cell Grants for Stanford Scientists

Two pediatric researchers at Stanford were recently awarded nearly $3 million from the California Institute for Regenerative Medicine.

Kenneth Weinberg, MD, the Anne T. and Robert M. Bass Professor in Pediatric Cancer and Blood Diseases, received a $1.4 million grant. Weinberg’s team will investigate whether inducing embryonic stem cells to become thymic epithelial cells, which weed out T-cells that attack the body’s own tissues, can prevent autoimmune diseases like multiple sclerosis and the rejection of other stem-cell-derived tissues.

Chris Contag, PhD, associate professor of pediatrics and of microbiology and immunology, received $1.45 million to identify genes that, when expressed in embryonic stem cells from mice, allow the cells to be better tolerated by the recipient’s immune system. His team will use in vivo bioluminescence imaging to track the fate of stem cells in a living animal.

Kohl’s Sponsors Child Safety Program

Kohl’s Department Stores has partnered with Packard Children’s to support the Kohl’s Child Safety and Outreach Program, an ongoing effort to reduce harm to Bay Area children. In September, Kohl’s hosted a series of car seat safety events at local stores. Certified technicians from Packard Children’s and officers from the California Highway Patrol inspected car seats and provided free training for parents on how to install a car seat properly.

These events were highlighted by a check presentation for this year’s grant of $143,785. Since 2005, Kohl’s has donated more than $550,000 to Packard Children’s to help promote the safety and health of local children. The commitment is made possible thanks to the Kohl’s Cares® program, which raises funds through the sale of seasonal gift items. Net profits from sales of these items at stores throughout the Silicon Valley are directed to Packard Children’s.
Christopher Longhurst, MD, MS, FAAP

U.S. News & World Report has once again recognized Lucile Packard Children’s Hospital on its list of America’s Best Children’s Hospitals. In the 2010 rankings, Packard is the only Bay Area children’s hospital with programs in the Top Ten, including heart and heart surgery (#5), kidney disorders (#5), and neonatology (#6). Six other Packard programs also ranked highly on the U.S. News specialty list, including cancer, gastroenterology, pulmonology, urology, diabetes/endocrinology, and neurology/neurosurgery.

In addition, in its annual honor roll of best medical schools, U.S. News ranked Stanford School of Medicine #6 for Pediatrics.

Longhurst Named Chief Medical Information Officer

Packard Children’s Hospital has appointed Christopher Longhurst, MD, MS, FAAP, as chief medical information officer. In this capacity, he will lead clinical information strategy and adoption, extend the Hospital’s digital data to patients and families to improve the continuum of care, and conduct studies on the impact of health information technology in a clinical setting.

Longhurst is a nationally recognized medical informatics specialist with experience in clinical transformation and electronic medical records. He received his MD and MS in Medical Informatics from UC Davis in 2001. After completing his pediatric residency at Stanford in 2004, he became physician lead and later medical director of clinical informatics at Packard Children’s while continuing clinical duties as a pediatric hospitalist.

Longaker and Gurtner Honored for Research in Surgery

Michael Longaker, MD, the Deane P. and Louise Mitchell Professor, and Geoffrey Gurtner, MD, professor of surgery, were honored by the American Association of Plastic Surgeons at its annual meeting in San Antonio, Texas.

Longaker was named the first recipient of the Basic Science/Translational Researcher of the Year Award. He was also chosen to deliver the Joseph E. Murray Lecture, presented biennially by an invited guest of the president of the association.

Golf Benefit Supports Teen Van

Packard’s Mobile Adolescent Health Services program, affectionately known as the Teen Van, was the proud beneficiary of $20,000 from the 16th Annual Bill Hewlett & Dave Packard Charity Golf Classic, held in September at the Castlewood Country Club in Pleasanton.

The annual tournament is a joint fundraising effort of HP Silicon Valley Golf Club and Agilent Technologies Golf Club. Since 1995, the event has raised $305,000 for various programs at Packard Children’s Hospital.
IN THE
news

Continued from previous page
Gurtner received the James Barrett Brown Award, presented annually for the best plastic-surgery-related paper published during the previous calendar year. The paper titled, “Using Genetically Modified Microvascular Free Flaps to Deliver Local Cancer Immunotherapy with Minimal Systemic Toxicity,” was published in Plastic and Reconstructive Surgery. Gurtner is the first recipient to be honored two years in a row.

Medical Center Awarded for Excellence in Environmental Practices
In May, Stanford University Medical Center (SUMC) received a Partner for Change Award from Practice Greenhealth, a national organization for health care institutions that are committed to environmentally responsible operations. The award recognizes facilities for implementing sustainability practices such as waste reduction, pollution prevention, and mercury elimination programs that aim to improve the health of patients, staff, and the community.

The combined efforts of Packard Children’s Hospital, the School of Medicine, and Stanford Hospital & Clinics include a recycling program for paper, electronic waste, batteries, beverage containers, and cardboard that diverts an average of 300 tons of materials from landfills each year. Ninety percent of medical supplies are delivered daily via 600 reusable totes, a unique delivery model for health care. Other projects have involved setting up reusable sharps containers, switching to Green-Seal-certified chemicals for cleaning, and organizing a green-waste composting system.

Hearst Foundation Supports Family Centered Care
In June, The Hearst Foundation made a grant of $100,000 to support the Family Centered Care program at Packard Children’s. This donation will enable Karen Wayman, PhD, the Lucile Packard Children’s Hospital Endowed Director of Family Centered Care, to work with parent leaders, faculty, and staff to expand the service at the Hospital. In addition, Wayman’s team will develop a research collaborative of 20 children’s hospitals to measure and document the outcomes of family centered care. Their findings will be used to create resources to help other children’s hospitals adopt, deliver, and sustain best practices.

The Hearst Foundation has been a longstanding and generous donor to Packard Children’s, ensuring that innovations begun here benefit more children’s hospitals and families nationwide.

Yvonne Maldonado, MD

Maldonado Joins AAP Committee on Infectious Disease
Yvonne Maldonado, MD, chief of pediatric infectious diseases and the Berger-Raynolds Distinguished Packard Fellow, has been elected to the American Academy of Pediatrics (AAP) Committee on Infectious Diseases. The committee determines infectious disease policy for the AAP, and is responsible for development of the "Red Book," the Academy’s Infectious Diseases national guidelines. The committee also serves as a liaison to other national academies, including the United States Public Health Service Advisory Committee on Immunization Practices.

Brian Feldman, MD

Feldman Receives NIH Award for Innovation
In September, Brian Feldman, MD, assistant professor of pediatric endocrinology, received an NIH...
Arthritis Foundation Supports Rheumatology Fellows

The Arthritis Foundation, Northern California Chapter, has made a grant of $75,000 to support fellowships in pediatric rheumatology at Packard Children’s and the Stanford School of Medicine. The three-year fellowships provide vital training to address a nationwide shortage of pediatric rheumatologists. For the 2010-11 academic year, the grant will support Tova Ronis, MD, and Geraldina Lionetti, MD, during their second year of fellowship training.

In 2006, Jessica Lynn Saal, a former board member of the Arthritis Foundation, Northern California Chapter, made a generous bequest through her estate to help fund fellowships in pediatric rheumatology. Each year, her gift provides annual support to Stanford through the Foundation’s Jessica Lynn Saal Pediatric Rheumatology Fellowship. The Chapter has now given more than $400,000 to support the fellowship program.

The Arthritis Foundation, Northern California Chapter, is headquartered in San Francisco and serves more than two million adults and children with arthritis who live in 16 counties, stretching from the Oregon border in the north to San Benito County in the south.

Gould and Butte Honored for Research in Pediatrics

Jeffrey Gould, MD, MPH, and Atul Butte, MD, PhD, were recognized by the Society for Pediatric Research at the annual meeting of the Pediatric Academic Societies in May.

Gould, the Robert L. Hess Professor in Pediatrics and professor of neonatology, received the Douglas K. Richardson Award for Perinatal and Pediatric Health Care Research in recognition of his lifetime achievements as a clinical investigator. An internationally known neonatologist and epidemiologist, Gould has made important contributions to the use of data for improving perinatal outcomes.

Butte, assistant professor of pediatric cancer biology, received the 2010 Young Investigator Award, which identifies rising stars in children’s health research. A pioneer in the field of translational bioinformatics, Butte finds meaningful patterns in large public repositories of biological data.
**IN THE news**

Elliot Krane, MD

**Krane Selected as Mayday Fellow**

Elliot Krane, MD, director of pain management at Packard and professor of anesthesia and of pediatrics at Stanford, has been selected as a 2010-2011 Mayday Fellow. The fellowship was established by the Mayday Fund, a foundation dedicated to alleviating the incidence, degree, and consequence of physical pain, and providing leaders in the field with tools to reach the broader public. Krane will participate in intensive training and coaching in media, policy, and leadership.

Researchers More Accurately Predict Health of Premature Infants

Stanford researchers led by Anna Penn, MD, PhD, a neonatologist at Packard Children’s and assistant professor of pediatrics at the School of Medicine, have developed a revolutionary, non-invasive way of quickly predicting the future health of premature infants. Called PhysiScore, this innovative tool uses a stream of real-time data already routinely collected in neonatal intensive care units to better target specialized medical intervention, and may help reduce health care costs. The research was published in September in *Science Translational Medicine*.

Anna Penn, MD, PhD

**Stanford Shopping Center Event Benefits Packard**

In September, Simon Fashion Now brought the excitement of a runway show to Stanford Shopping Center, offering guests an up-close look at fall fashions and an opportunity to support children’s health. Stylish shoppers enjoyed a catered luncheon, runway fashion show presented by Nordstrom, and silent auction. Thanks to the generosity of Simon Property Group and its retail vendors, along with the enthusiastic support of guests, the event succeeded in raising nearly $13,000 for Packard’s Children’s Hospital.

Simon Fashion Now, conceived of by the Simon Property Group, Inc., is a series of runway events held at retail properties nationwide.
Giants and A’s go to bat for transplant awareness

In August, the San Francisco Giants and the Oakland A’s each hosted an event bringing players, fans, patients, and caregivers together to raise awareness for organ transplantation.

The Giants held their 13th Annual Organ Donor Awareness Day at their August 11 game against the Chicago Cubs. Transplant patients and staff from Packard Children’s were treated as VIPs—with complimentary tickets, and their names listed on the scoreboard during the game.

On August 21, the Oakland A’s, in partnership with Donate Life California, donated a percentage of ticket sales from that evening’s game against the Tampa Bay Rays, raising $12,000 for transplant services at Packard Children’s.

“It was truly a special evening that honored patients and donors alike.”

Gerri James, RN, CCTC

Twin sisters Anabel Stenzel Wallace and Isabel Stenzel Byrnes with Giants bullpen coach Mark Gardner. Born with cystic fibrosis, both women received double lung transplants at Stanford and have dedicated their lives to advocating for organ donation.

Packard patient Cole Combi, age 12, threw out the first pitch at the A’s game. Cole received a new kidney as an infant, and underwent a second transplant at age 11. His family’s positive experience at Packard inspired them to help raise awareness for other children who face the physical and emotional challenges of organ transplants.

Transplant services at Packard support the development, health, and well-being of children who undergo organ transplantation, and strive to reduce stress and anxiety associated with the experience.

The San Francisco Giants and the Oakland A’s share an interest in promoting health awareness and improving the quality of life for Bay Area residents. Packard Children’s is deeply grateful for their continued partnership and generosity.
Jewel Ball
Saturday, November 6, 6:00 p.m.
The Fairmont Hotel, San Francisco
San Francisco Auxiliary

American Girl Fashion Show
Friday and Saturday, November 12-13
Los Altos Episcopal Church
Palo Alto Auxiliary

Innovation in Comprehensive Care: The Center for Comprehensive Fetal Health & Maternal and Family Care
Presented by Susan Hintz, MD
Sunday, November 14, 3:00 p.m.
Freidenrich Auditorium, LPCH

Lucile Salter Packard Society Holiday Tea
Featuring Gregory M. Enns, MD
Tuesday, December 7
Allied Arts Guild, Menlo Park

For more upcoming events, please visit supportLPCH.org/calendar.

Double your gift!
The Keith and Pamela Fox Family Foundation has committed $50,000 to encourage community members to make a first-time gift to the Lucile Packard Children’s Fund in support of Packard Children’s Hospital and the Stanford School of Medicine.

If you donate to the Children’s Fund for the first time this fall, your gift may be matched, dollar-for-dollar, up to a total of $2,500.

For more information about earning the Fox match today, please call (650) 736-8282 or email gifts@lpfch.org.

Plan an event
This year, consider using your favorite holiday tradition as an opportunity to raise much-needed support for Packard Children’s Hospital.

Money raised from community events is directed to the Children’s Fund. You also may direct support to a specific fund of your choosing.

Visit supportLPCH.org/events for tips and tools to start planning your event!