Pitch Perfect
Packard Leads the Field in Organ Transplantation
Dear Friends,

A new kidney or liver can change the life of a child forever. For one patient, an organ transplant may mean freedom from dialysis. For another, it may be the only solution to a serious congenital condition.

Behind every transplant at Lucile Packard Children’s Hospital is a skilled and dedicated team of doctors, nurses, and staff, all working together toward the best possible outcomes. For a child in need of a transplant, our teams surround them every step of the way. We partner with families to provide a continuum of care for our patients that begins long before their surgery and continues throughout their childhood. It is because of this seamless collaboration that our Transplant Center is nationally recognized, not only for the number of patients treated, but also for their highly successful outcomes.

In this issue of Packard Children’s News, we invite you into the operating rooms, research laboratories, and doctors’ offices where medical advancements and vital treatments take place every day. You’ll also meet some of our young transplant recipients and their families, and hear them describe what the care they received has meant to them.

Friends and donors like you play an important role in these lifesaving efforts. Because of your ongoing support, our patients have access to extraordinary care, and our researchers can look for ways to further improve the lives of children.

Thank you for being part of the Packard Children’s team, and helping make all this possible.

Sincerely yours,

David Alexander, MD
President and Chief Executive Officer
contents

2 By the Numbers
Highlights from the Transplant Center at Packard Children’s

4 A League of Their Own
Collaboration Is Key to Successful Transplants

13 Going the Distance
Clinic Prepares Teens for a Lifetime of Good Health

16 Expanding the Realm of Possibility
10 Breakthroughs in Pediatric Organ Transplantation Pioneered at Lucile Packard Children’s Hospital

18 Passion, Dedication, Expertise
Waldo Concepcion, MD, FACS

20 Children’s Circle of Care
Robert and Carla Combi

21 Planning Your Gift to Packard
Create a Legacy with an IRA Charitable Distribution

22 Corporate Philanthropy
DPR Construction Builds Packard Community

23 Foundation Grants
Advances Benefit Children with Type 1 Diabetes

24 In the News

29 Champions for Children
On one record-setting day in April 2013, surgical teams at Packard Children’s transplanted one liver (split for two recipients), one heart, and two kidneys.

In preparation for a liver transplant, at least 30 doctors, nurses, and staff must be mobilized. From the front desk to the transplant unit to the operating room, every member of the team must be in perfect sync.

The current average length of stay for patients at Packard following a kidney transplant. Just seven years ago, the average stay was 21 days.

In the smallest liver transplant patients, the liver fits in the palm of a hand and the hepatic artery measures only 1–2 mm wide. Operating on these tiny organs requires flawless surgical precision, and sutures too small to be seen with the naked eye.
The minimum weight required for a child to undergo a kidney transplant at Packard Children’s is 22 pounds. By comparison, the minimum threshold at most hospitals is 33 pounds.

Through our pioneering research, children enjoy a better quality of life after kidney transplants without the negative side effects of steroids previously used to prevent organ rejection.

By partnering with local care providers in six states, our liver transplant outreach clinics enable more children to receive outstanding care close to home.

The median wait time for a kidney transplant at Packard Children’s is 13.3 months. Nationally, the average wait is 53 months.
Karina Barreto-Delgado suffered from a genetic condition that left her constantly weak, dehydrated and unable to walk. Thanks to a combined liver-kidney transplant, she’s now a thriving 19-year-old.
Karina Barreto-Delgado was sitting in her high school English class on a typical Friday morning, taking a test, when the call came. For six months, the 15-year-old resident of Visalia, Calif., had been on the national organ registry, waiting for a new liver and kidney. Now, in the fall of 2009, she and her parents were in the car, speeding past the orchards on Route 99 toward Lucile Packard Children’s Hospital, more than 200 miles away.

For as long as she could remember, Karina had been battling with methylmalonic acidemia, a genetic disease in which the body is unable to process certain proteins and fats properly. Since infancy she had been in and out of the hospital — vomiting, dehydrated, feverish and weak. The only treatment, prior to a combined liver-kidney transplant, was a severely restricted diet that included no protein or potassium. “I was pretty much on noodles and rice,” she recalls. “Eventually I started losing muscle from my legs down, and I was disabled for a while. I couldn’t get around without a walker.”

As she checked into the hospital, Karina felt frightened. News of the organ donor match had caught her off guard, and everything was happening so quickly. But as the staff in the Pediatric Intensive Care Unit calmly swung into action, she began to settle down.

“I remember I was sitting on the bed, looking at my mom, crying and praying so much,” she recalls. “Then I just remember feeling kind of woozy and tired, and I was asleep. That was a Friday afternoon. When I woke up it was Sunday.”

Karina’s transplant surgery, which started at 3:40 a.m. on Saturday, occurred in two parts: first, a team led by Carlos Esquivel, MD, PhD, transplanted the liver, which took about four hours. Then a team led by Waldo Concepcion, MD, FACS, took over and spent the next three hours transplanting the kidney.

After the surgery, Karina spent two and a half weeks recovering at Packard Children’s, followed by two more months living nearby at the Ronald McDonald House. Today, with her precious new liver and kidney, plus lots of physical therapy, the 19-year-old is walking again without any assistance at all. She also can eat pretty much anything she wants, as long as it’s low in protein. Her favorite food? “Potatoes,” she says, laughing. “They’re my all-time favorite vegetable.”

A Storied History

Stanford surgeons have been performing organ transplants since 1960, when a team led by Roy Barnett Cohn, MD, performed the first successful kidney transplant in the western United States. The 47-year-old male patient received a kidney from his twin brother and spent two months recovering in the hospital.

Today, surgeons at Packard Children’s safely and routinely transplant kidneys and livers into some of the sickest, smallest children. Intestinal and multi-organ transplants like Karina’s have progressed from experimental procedures to lifesaving therapies. Nearly all pediatric transplant patients are out of the hospital within weeks, and their chances for long-term survival...
are excellent. According to data released in 2012, Packard Children’s pediatric kidney and liver transplant programs both achieved 100-percent survival rates for patients one year post-transplant. They also have one-year organ graft survival rates of over 98 percent, compared to 89 percent nationally.

Perhaps the greatest key to this success is teamwork. Back in 1995, when Packard Children’s launched its abdominal transplant programs, the hospital recruited a stellar group of surgeons, physicians, and support staff who had been training and working together for more than 10 years at the University of Pittsburgh and California Pacific Medical Center in San Francisco. Among the prominent additions to the Packard team were Oscar Salvatierra, MD, professor emeritus and past director of Pediatric Kidney Transplantation; Esquivel, the Arnold and Barbara Silverman Professor in Pediatric Transplantation and chief of the division of

Carlos Esquivel, MD, PhD, is a national leader in pediatric transplantation.
transplantation; and Concepcion, professor of surgery and now director of Pediatric Kidney Transplantation.

In Concepcion’s opinion, bringing together such a well-oiled, nationally recognized team “was the smartest decision ever. Instead of reinventing the wheel, Packard Children’s Hospital said, ‘Let’s bring in a group of people who already know how to do it, and have them foster an environment of success here.’”

Today, he says proudly, “Whenever we have a transplant, you don’t even have to blink; there’s a system already in place. It’s a whole institutional thing. We have an outstanding medical staff, dedicated operating rooms for pediatric transplant, dedicated anesthesia — that’s huge — and dedicated people in the pediatric intensive care unit who work with us consistently. Why is that important? Patterns of care — everybody knows what we are thinking and what we are expecting, and we communicate efficiently. Everybody should be excited about having a transplant program like this.”

**Making the Call**

In a cramped office building on Welch Road across from the hospital, Gerri James, RN, BSN, CCTC, is making yet another phone call. Packard Children’s has the highest volume of pediatric kidney transplants in the country, and on any given day, the lead kidney transplant coordinator might have to keep track of 100 children who are waiting for transplants or evaluations.

“There’s a lot going on!” James says with a gentle laugh. “I am often the first person that the parents hear from when their children are referred for transplant. It’s always a stressful time, but my job is to tell them, ‘Rest assured, we are going to make this as easy as it can get. We are on your side and are going to help you through it.’"

In addition to acting as liaison between referring physicians and Packard Children’s, James and her counterpart, Debra Strichartz, RN, BA, CCTC, liver transplant program manager, help families line up all the support they will need, from insurance companies and pharmacists to medivan drivers and therapists. They also play a key role in educating the families — often through translators — about what to expect before, during, and after surgery.

When families are worried or discouraged about the wait for a donor organ, James and Strichartz are there...
around the clock to answer questions and provide encouragement. When donor organs finally do become available, it’s their privilege to phone with the news. “No matter how tired you are — and the calls rarely come during the day — it’s super exciting,” James says. “On the one hand, you realize, ‘Wow, this is a terrible loss for the donor family.’ But on the other hand, you see all the good that comes out of it.”

Just the other day, at Packard’s nephrology clinic, James ran into one of her most recent success stories: a strawberry blond 2-year-old named Sydney Walter. Sydney’s family previously lived in Hawaii, and while she was still in utero, doctors determined that her kidneys were damaged by a blockage in the flow of urine. For the first few months of her life, they were able to help her with medication, but eventually it became clear that Sydney would need dialysis and a transplant.

Seeking the best care possible, the military family packed up its belongings in Oahu and moved to California to be near Packard Children’s. Sydney was put on lifesaving dialysis for a year until she could grow to the ideal weight. Meanwhile her mother, Brittany, who would be Sydney’s organ donor, was recovering from the birth of Sydney’s little sister. Finally, in August 2013, when Concepcion transplanted mom’s healthy kidney into Sydney, everything went like clockwork.

“They told us to expect to be in the hospital two or three weeks minimum, but Sydney was only in the hospital eight days,” Brittany marvels, just a month after the transplant. “We had great family support; an awesome team.”

“It takes a village,” notes Paul Grimm, MD, medical director of the kidney transplant program. Sydney’s care before, during, and after transplant involved nephrologists, nurses, nutritionists, social workers, psychologists, transplant pharmacists, surgeons, and many more crucial players. “We have a large and dedicated team that lives and breathes this work, and we get to celebrate with children as they grow up,” Grimm adds.

Down the road, Sydney will need to see an occupational therapist at Packard Children’s to help her learn to eat solid foods; like many young transplant patients, she has been depending on a feeding tube to provide her with enough liquids to keep her new kidney healthy. She’ll also have to take immunosuppressant drugs for the rest of her life.

“She’s doing great,” Brittany says, “She’s just at the age where she is interested in princesses and tea parties. And she loves to be outside, climbing all over the place.”
On the Road

While the Walters were able to move to California, many other families can’t relocate. That’s where Packard Children’s transplant outreach clinics can help. Several times each year, physicians and nurse coordinators from the kidney and liver programs travel to cities throughout the western United States, from Sacramento and Portland to Las Vegas and Honolulu. At each outreach site, they can check on referred patients and follow up with those who’ve already had surgery.

“We’re like a road show,” says Strichartz. “If someone is being referred to us, we can assess where they are on the spectrum: Are they ready for a transplant, or can they be managed medically before going on the list? Also, we see the patients with their local doctor. Best of
“Within 10 minutes of the first doctor feeling his abdomen, we learned that Jackson had an advanced, very large tumor,” his father, Jeff Vaughan, recalls. “That started the roller coaster downhill.”

Over the next few months, Jackson underwent chemotherapy at Packard Children’s while endearing himself to the doctors and nurses in the oncology unit. Once the cancer had retreated, his medical team agreed that a full liver transplant would be the best way to ensure his survival.

“Most places would not give an organ to somebody with such advanced cancer,” Jeff marvels. “But the core team, led by Drs. [Kenneth] Cox and Esquivel, really fought for him.”

Unfortunately, Jackson’s tiny body rejected his first liver transplant, and when he was put on a machine to replicate the liver’s functions, his blood pressure dropped precipitously. For 36 long minutes, doctors in the pediatric intensive care unit struggled to restore Jackson’s heartbeat. A final jab of epinephrine to the heart did the trick. Miraculously, numerous follow-up tests showed no brain damage, and Jackson was cleared for yet another transplant.

This time, it worked.

Today, the tousle-haired 13-year-old is thriving in the eighth grade, with a 4.0 grade point average, a killer pitching arm, and dreams of being a professional baseball player. He doesn’t remember much about the hospital — other than the frozen yogurt machine. But he’s sure that his drive to excel comes largely from his time at Packard Children’s.

“My experience made me an underdog,” Jackson says, thoughtfully. “I like that, because you can show people what you can do — outsmart them all.”

More to Come

Looking forward, Packard Children’s transplant specialists hope to build on their reputation for excellence and innovation to ensure even better outcomes for children. To minimize wait times for donor organs, for example, Esquivel has developed novel surgical techniques for splitting adult livers. This allows for two transplants, with the larger right lobe going to an adult, and the smaller left lobe to a child.

all, the families get to meet us before they come to the hospital for transplant, so we can start our education process early.”

One of Strichartz’s most memorable liver transplant patients was an impish 2-year-old Bakersfield boy who loved dinosaurs. Jackson Vaughan’s first sign of trouble was small: a bump on the right side of his abdomen. But when a family physician took a look at it, he promptly arranged for the little boy to be seen at Lucile Packard Children’s Hospital.
“My experience made me an underdog. I like that, because you can show people what you can do.”

Jackson Vaughan
As for kidney transplantation, Packard specialists were among the first to successfully transplant adult-size donor organs into infants. They were also the first to suppress organ rejection without the use of steroids. In addition, these specialists are able to desensitize the immune systems of patients who otherwise have a very low likelihood of finding a compatible kidney. There is also work being done to help infants and children with abnormal urinary tracts avoid renal failure and transplants altogether. Another exciting development on the horizon is the use of genetic profiling to determine a child’s inherited likelihood of organ rejection, and to tailor post-transplant medications.

Finally, there’s that perennial challenge: teenagers. About 60 percent of transplant patients at Packard Children’s are adolescents, and unless they take ownership of their new organs, and agree to follow their post-transplant medication regimens faithfully for the rest of their lives, all the good work done in the hospital can be undone.

“That’s one of the most difficult aspects of our work: ensuring compliance,” says Concepcion, who is himself a father of three adult daughters.

To solve this problem, Packard Children’s offers a unique teen clinic that prepares adolescents to assume responsibility for their health as they juggle relationships, school, and work. “Hopefully we also can develop more long-acting medications with fewer side effects,” Concepcion adds. “This, more than anything, will improve their quality of life.”

Meanwhile in Visalia, potato-lover Karina Barreto-Delgado is almost out of her teen years now. So is her younger brother, Angel, who in November 2012 also received a combined liver-kidney transplant at Packard Children’s for the same genetic disease. This fall, he celebrated his 17th birthday.

“He’s a senior in high school now, doing pretty good,” the 19-year-old says proudly. “My own graduation ceremony, from San Joaquin Valley College, was just last week.” Karina’s dream job? To be a medical assistant at Children’s Hospital Central California — working with kids who have kidney and liver problems, just like she did.
LaJay Phillips has a fan club at the Teen Liver Transplant Transitioning Clinic, and it’s easy to see why. Now 20 years old, LaJay is one of the clinic’s success stories and serves as an example for younger teens as they walk the path he took not long ago.

As an infant, LaJay was diagnosed with biliary atresia, a congenital condition in which the bile duct between the liver and the small intestine is blocked or absent. At age 2, he underwent a liver transplant at Packard Children’s.

On top of dealing with health issues, LaJay encountered more than his share of upheaval: multiple foster families, moves between Oakland, Hayward, and Tracy, and separation from his three siblings.

As he grew up through all of the change, LaJay took on the responsibility of managing his health to ensure that his body wouldn’t reject his new liver. He maintains a strict regimen of medications and makes periodic trips back to Packard Children’s for check-ups.

To help adolescents like LaJay navigate the passage from pediatric patient to independent adult, Packard Children’s created the Teen Liver Transplant Transitioning Clinic in 2007, the first clinic of its kind. Today, teens and their families have the opportunity to gather six times a year to learn about the unique needs of transplant recipients.

**Teens Will be Teens**

The vast majority of children and adolescents who have received transplants are well adjusted, says Lauren Mikula Schneider, PsyD, a clinical instructor of child and adolescent psychiatry. However, some struggle with adjusting to the changes brought about by
transplant, such as feeling different from their peers, having to take medications on a strict schedule, side effects from medications that change their physical appearance, or activity restrictions.

For many of the transplant recipients, this is already a tumultuous time. Some go through rebellious stages and may skip their medication or doctors’ appointments. But the clinic team never gives up. Over time, many patients have an “ah ha” moment.

William Berquist, MD, medical director of the pediatric liver transplant program and co-founder of the clinic, enjoys seeing patients increase their independence, supported by their participation in the Teen Transitioning Clinic.

“Some teens take a passive approach to their health, but the clinic motivates them to become more active,” Berquist says. “Because they’re teens and still developing who they are, they can change direction based on what they learn from us and from each other. It’s rewarding to see the light bulb go on when they make a decision to take responsibility for their health.”

William Berquist, MD

After their one-on-one doctors’ appointments, the teens gather as a group with a child psychologist and a post-
doctoral fellow to discuss topics such as becoming independent from their parents, or issues related to living with a transplanted organ. LaJay’s enthusiasm is infectious. A participant in the clinic from its inception, he quickly breaks the ice with the other teens, creating an environment for learning and sharing.

“When I’m at the clinic I get to see old friends, spread knowledge, and share my story,” LaJay says. “You can always learn from others and their mistakes.”

**Leaving the Nest**

While the teens meet, a group of parents and caregivers gather separately for support and education about the transition process. Parent mentor Michele Ashland describes how she just dropped her daughter, Miranda, off at college in San Luis Obispo, but not before she made sure Miranda had connected with doctors who could help her monitor her health now that she’s on her own.

“One difference that patients and their parents need to be prepared for is the way their doctors communicate with them,” says Marcia Castillo, RN, BSN, CCTC, a pediatric liver transplant coordinator who co-founded the clinic with Berquist. “While children are being treated in pediatric medicine, doctors communicate with patients and parents as a family. When patients transition to adult medicine, they are treated as individuals who are fully responsible for their own care.”

Since the clinic began, organizers say they have seen improvement in patients’ adherence to medication, fewer long-term complications and rejections, and more self-awareness regarding issues such as drugs, body image, and relationships.

“We’ve learned that the sooner teens start preparing for that transition, the more successful they are when it comes time to move to adult medicine,” Castillo says.

Schneider adds that a preliminary survey of the teens shows that 62 percent of them are currently managing their medications and appointments without the help of a parent.

“Our goal is to increase that number and encourage the teens to be more independent in managing their medical care,” Schneider says. “It is my hope that in Teen Clinic, patients obtain strategies to help them balance taking care of their health with getting out and enjoying life.”

This September marked LaJay’s “graduation” from the Teen Clinic as he moves on to Stanford’s adult transplant clinic.

He shares with the team his dreams of going to school to learn about real estate. His fan club of doctors and nurses wishes him well, and sends a parting message: “Stay in school!”
1. Big Organs for Little Kids

“Because of the chronic shortage of organs for children, we’ve had to get creative,” says Carlos Esquivel, MD, PhD. He was one of the first surgeons to tailor a liver from a deceased adult donor by dividing it into two viable parts for two patients — one child and one adult.

Esquivel and his colleagues were also among the first to successfully transplant part of a liver from a living adult donor to a child. Amazingly, the transplanted portion grows to normal size as the child grows, and the adult donor’s liver also grows back to its original size.

2. From Parent to Child

Parent donors are able to pass along some immunity to their children, so kidney transplant patients under age 2 often receive a new organ from their mother or father. At Packard Children’s, the average parent-child kidney graft lasts more than 20 years. With a better understanding of the mechanisms of rejection, and the advent of better immunosuppression strategies, rates of kidney survival are expected to increase.

3. Match Not Required

Thirty years ago, few pediatric hospitals transplanted livers from donors whose blood type didn’t match the child’s. Today, doctors at Packard Children’s regularly perform non-matching liver transplants in even the youngest patients. The ability to cross blood types shortens the time children have to wait for a transplant.

4. The Tiniest Patients

In a small child, the blood vessels involved in liver and kidney transplants are so tiny that surgeons must use sutures unable to be seen with the naked eye. For young patients receiving adult kidneys, doctors at Packard Children’s also pioneered an aggressive fluid replacement technique to increase their blood flow. In addition to absolute surgical precision, the transplant team provides comprehensive care to children before and after transplant to ensure the best possible outcomes. Today at Packard Children’s, the survival rate of liver transplant patients under age 2 is nearly 100 percent, and even newborns are saved through transplant surgeries.

5. “Untransplantable” Children

In reaction to previous transplants, blood transfusions, or vaccinations, many children who need kidney transplants have highly sensitized immune systems that would attack their new organs. Packard Children’s is one of the few hospitals offering care for children who are considered “untransplantable”. One treatment, plasmapheresis, removes antibodies likely to attack a kidney from a donor with a different blood type. Lab tests developed at Stanford can also determine if a patient has specific antibodies that can be eliminated by intravenous immunoglobulin infusions.
6. **Multi-organ Transplants**

Packard Children’s is one of the few pediatric hospitals that perform multi-organ transplants, including liver-kidney, liver-heart, liver-intestine, and the first pediatric liver-double lung transplant. “One advantage of being treated in this hospital is that we have so many transplant specialists on site,” says Esquivel.

7. **Alternatives to Transplant**

Kenneth Cox, MD, professor of pediatric gastroenterology, and other researchers are developing innovative therapies that prevent the need for some transplants. In 1993, Cox discovered that an antibiotic called vancomycin was helpful in treating not only bacterial infections, but a rare liver and colon disease called primary sclerosing cholangitis. Previously, transplant had been the only way to combat the disease. Additionally, post-doctoral fellow Rebecca Berquist McKenzie, MD, is developing a new protocol for treating children with liver failure caused by acute hepatitis. To date, nine children with immune-mediated hepatitis have been treated. More than half are now hepatitis-free and have fully functioning livers, thus avoiding the need for a transplant.

8. **No More Steroids**

For decades, children with kidney transplants received steroids to prevent organ rejection. However, the chronic use of steroids often led to serious complications, such as hip dysplasia, arthritis, diabetes, infections, and a variety of metabolic conditions. In the 1990s, physicians at Packard Children’s took the bold step of discontinuing steroid treatment for post-transplant patients. At the time, the idea was considered high risk, but rejection rates were shown to be low, and patients were spared the steroids’ side effects. Today, the steroid-free protocol is becoming the standard of care for pediatric kidney transplants worldwide.

9. **Fighting Deadly Viruses**

Too much immune-suppressing medication can trigger deadly infections such as the Epstein-Barr virus, which can cause cancer of the white blood cells, or the BK virus, which destroys transplanted kidneys. With support from the National Institutes of Health and private donors, researchers are seeking to better understand the viruses, identify high-risk patients, and eliminate the risk of these dangerous infections.

10. **Stem Cell Therapy**

Someday, liver stem cells may be used as an alternative to a liver transplant. Although ambitious, the goal is to use an infusion of liver stem cells as a supportive therapy in children with acute fulminating hepatitis until their own liver recovers, or as a bridge to transplant. In children with metabolic disorders that cause the liver to produce brain-damaging toxins, stem cell therapy may be an effective and less invasive treatment than replacing the entire liver. “Right now, if one gene is defective, we have to replace the entire liver,” Esquivel says. “For those children who need transplants, our teams are ready for them. But at the same time, we are also committed to finding treatments that help our patients avoid transplants if possible.”

---

**Packard Children’s News | Fall 2013**

---
Passion, Dedication, Expertise

Waldo Concepcion, MD, FACS

Waldo Concepcion, MD, FACS, is director of Pediatric Kidney Transplantation at Lucile Packard Children’s Hospital and professor of surgery at Stanford School of Medicine. He performs more than 30 transplant surgeries each year and conducts research to improve both surgical techniques and quality of life for patients, throughout their childhood and into adulthood.

Why did you become a doctor?
I always wanted to be a surgeon, even when I was young. My parents were missionaries — my father worked in lumber and my mother taught crafts — so we were brought up to believe in the importance of helping others.

How did you get started in the field of transplantation?
I was fortunate to have trained and worked alongside some of the most brilliant pioneers in transplantation. I started out with Leonard Bailey, MD, at Loma Linda University Medical Center. Back then, babies born with hypoplastic left heart syndrome — the so-called “blue babies” — had terrible outcomes. Dr. Bailey spent more than a year researching how to improve the procedure to treat this condition and made history when he transplanted the heart of a baboon into Baby Fae.

That was my start. But because I was the youngest applicant to his program, I was told I needed to get more training and research experience. I went to Pittsburgh School of Medicine to work with Thomas Starzl, MD, PhD, who is considered the father of modern transplantation. I literally lived on the 11th floor of that hospital, taking care of about 30 kids going through transplant. I lived and breathed transplant surgery.

Tell us about one of your most memorable patients.
There was a little girl from Texas, one of my first patients. She had already had numerous surgeries for complications from liver surgery, starting from when she was 10 months old, and she looked malformed from all the medication she had to take. She required a 10-hour liver transplant surgery. Just 30 hours after surgery, she looked completely normal. It was so gratifying to give her a real future.

What are the challenges you face?
Transplants require very specific, complex skills, and with children you have to be extremely precise. You need impeccable surgical technique. There are so few people doing it and there are so many variables, and every
surgery is unique. We need to develop better medications because there are still too many side effects. And there simply are not enough organs available, so we need to encourage more organ donation and continue to explore new options like tissue engineering.

How has the field changed?
Improved immunosuppressant drugs have greatly improved survival rates. Today’s preservation solutions allow us more time between removing an organ from a donor and transplanting it into the recipient. New surgical techniques have improved so that we can operate on younger children. And research has allowed us to change protocols, such as using monoclonal antibodies instead of steroids for immunosuppression, with fewer side effects.

And recovery is quicker: In 2005, a pediatric kidney transplant patient stayed in the hospital an average of 21 days; today that child can go home in 11. By creating outstanding surgical outcomes and shortening the length of hospitalization needed post-transplant, we have also improved the affordability of care.

Why Packard Children’s?
We have the largest and most successful pediatric kidney transplant program in the United States, with a 100-percent survival rate. We take care of the smallest kids, with the most complex conditions. And we have a strong outreach network, so kids can stay close to home and don’t have to travel as often for their care.

Packard Children’s is a special place. We’re organized in a way that improves expertise and promotes the safest pathway of care. There’s an integrated system of active research and an institutional dedication to teamwork that includes everyone from the surgeon to the nurses to the parents.

What inspires you?
It’s all about the children. So if there’s a transplant at midnight or five transplants in two days, they’re all going to be done, because you don’t know when the next organ will be available. I consider it the greatest honor that these children and their families put their trust in our hands. I have charged myself to be the best I can, and everything I do is to try to make things better for them.

Tell us something about yourself that people might not expect.
My ancestors originally came from Spain, changed their name, and founded a town in northern Panama called La Concepcion, where my parents grew up. My brother found the original family crest on one side of the family; when I get a chance I’d like to go to Spain to track down the family crest on the other side.

I love classical music and opera. My wife, Rosie, and I have three daughters, Christine, Katherine, and Zoe.
Children’s Circle of Care

Robert and Carla Combi

For Robert and Carla Combi of Lafayette, supporting Packard Children’s holds personal significance. Their eldest son, Cole, has undergone two kidney transplants at the hospital.

“The care was wonderful,” Carla remembers. “The doctors and nurses really became like family. We were there three days a week, and Cole would be so excited to see his favorite nurses that he would run out of the car when we arrived.”

In appreciation of the care Cole received during his time in the hospital, the Combis became members of the Children’s Circle of Care. Robert and Carla say that they made the decision to join because it allows them to direct funds to specific areas of Packard Children’s. Closest to their hearts are the dialysis center and renal clinic, where Cole has spent a lot of time over the years.

“It was really important for us to know that the money we donated could be directed exactly where we wanted it to go,” Carla says.

In addition, the Combis have hosted a number of fundraising events, from 200-mile runs and Donate Life Day at an Oakland A’s game, to community benefits with hundreds of guests.

“Everyone loves a good party and a good cause,” Carla says. Each year, the Combis’ friends, family, and neighbors gather to raise money for Packard Children’s. The events have included live bands, silent auctions and even a taco truck. The community shares the Combis’ generous spirit toward the hospital; each party raises between $15,000 and $20,000.

The Combis are also passionate about supporting a summer camp tailored to children who have received organ transplants. Cole made many friends at the camp, held at St. Dorothy’s Rest in Camp Meeker, Calif. The Combis say that the program not only provides children with a new support network of peers with similar life experiences, but also gives parents a chance to relax, knowing that their children are enjoying time outdoors in a safe and healthy environment.

Cole, now 15 years old and a freshman at Acalanes High School, is happy to be back to playing his favorite sports, especially basketball. He also serves as the team manager for the Acalanes freshman football team. Even though he no longer needs dialysis, Cole still makes a point to stop in and see some of his favorite nurses when he is back in the area for check-ups.
Planning Your Gift to Packard
Create a Legacy with an IRA Charitable Distribution

This year, Packard Children’s received a wonderful, unexpected estate gift from a long-time donor of modest means. For some, an individual retirement account (IRA) is their largest asset, and designating it to Lucile Packard Children’s Hospital is a meaningful way to leave a legacy of health and support to other families in our community. Ralph Folsom’s IRA gift is a perfect example.

Born in 1933, Ralph lived most of his life in the South Bay and valued simple, positive childhood experiences. He began supporting Packard Children’s in the 1980s with in-kind gifts. As his philanthropy grew over the years, he remained focused on ensuring that children undergoing treatment not only received the best care, but also had access to in-hospital educational and creative programs to get their minds off their illness.

During his lifetime, Ralph made gifts to support Packard’s rheumatology, ear, nose and throat, and respiratory specialty programs, as well as important support services such as the Hospital School, recreational therapy, and the Family Resource Library. To support children as they transitioned from the hospital back into their local school and community, Ralph also contributed to the Hospital Educational Advocacy Liaisons program.

Understanding Ralph’s commitment to the Hospital, his advisor, Cyndee Foster, a senior client associate and IRA administrator at Merrill Lynch, recommended that he designate Packard Children’s as the beneficiary of his IRA. In doing so, Ralph could continue and, in effect, endow his support of these important programs even after his lifetime.

“He is a perfect example that you don’t have to be a millionaire to make a sizeable gift. He was humble and lived by modest means, and was still able to make a difference.”

When Ralph passed away in February 2013, his wishes to enrich rheumatology, respiratory, and social service programs at Packard Children’s were swiftly realized. His IRA gift will ensure that countless patients and their families will benefit from these important programs for years to come. ●

Smart Giving with Your IRA
Now through December 31, 2013, you can make a tax-free charitable donation to Packard Children’s or the child health programs at Stanford School of Medicine directly from your IRA. This gift may count toward your required minimum distribution for 2013 and will not be treated as taxable income.

To learn more, please contact the Office of Gift Planning at (650) 723-0893 or visit supportLPCH.org/legacy.

Be sure to consult your tax and financial advisors when considering any planned gift.
Corporate Philanthropy
DPR Construction Builds Packard Community

DPR Construction’s tagline is “Building great things,” and the company is doing just that — leading the expansion of Lucile Packard Children’s Hospital to increase space for patient care, research, and training. The construction site — now abuzz with jackhammers, bulldozers and cranes — will become a high-tech, environmentally friendly hospital, adding 521,000 square feet, 150 new patient rooms, and 3.5 acres of green space.

Along with helping Packard Children’s more effectively meet the needs of future generations of families, DPR Construction fosters a sense of community in the existing hospital through event participation, sponsorship, and volunteerism. Since breaking ground on the expansion in September 2012, DPR Construction employees have been actively involved in a variety of events benefiting the hospital, both onsite and in the community. Throughout the year, employees provide much-needed support to the child and family life services department, serving as volunteers at events for patients and families including the Trick-or-Treat Trail and Holiday Party. Lending time is just one way DPR employees embody the civic-minded spirit of the company.

“DPR Construction shares in Packard Children’s commitment to nurturing the wellbeing of patients and families,” says Colette Case, director of child and family life services at Packard Children’s. “Events like the Trick-or-Treat Trail and the Holiday Party are integral to the healing process, and we are incredibly grateful to have DPR’s employees involved in such an important aspect of the hospital’s work.”

More recently, DPR Construction has provided valuable support to community events, signing on as a Star Sponsor of the Packard Summer Scamper in 2012, and as an Official Sponsor of the event in 2013. This year, DPR also encouraged its employees to join in on the fun. Nearly 40 employees ran and walked as a team at the Summer Scamper, raising more than $3,600 on top of the company’s $20,000 sponsorship.

“We are looking forward to helping Packard meet growing needs in the community and ensuring that all children and expectant mothers who seek the hospital’s services receive the highest quality care in a safe, sustainable, and nurturing environment,” says George Hurley, project executive at DPR Construction.●

Dozens of DPR employees participated in the 2013 Packard Summer Scamper.
Support from The Leona M. and Harry B. Helmsley Charitable Trust is helping pave the way for children with type 1 diabetes to leave behind the painful daily burden of repeated finger sticks and insulin shots.

Three grants from the Helmsley Charitable Trust totaling $1,174,456 are advancing the work of Bruce Buckingham, MD, professor of pediatric endocrinology at Stanford School of Medicine and a leader in type 1 diabetes research, to develop an automated insulin delivery system for children with diabetes. The system continuously monitors a child’s blood glucose levels and automatically infuses the correct amount of insulin.

Current models show great promise. The intricate technology needed for a reliable system is still under development, and several steps must be completed before it will gain approval for general use. But families facing diabetes can look forward to the day when they can count on the devices to protect their children from the hazards of high and low blood glucose levels and be freed from the burden and discomfort of their current daily regimens.

“We launched our type 1 diabetes program with the goal of easing the burden of the daily management of T1D, and we believe the best way to accomplish this is through technology,” says Eliot Brenner, program director of the Helmsley Charitable Trust’s T1D Program. “Dr. Buckingham’s research continues to make great strides toward developing the first generation of an automated insulin delivery system.”

Buckingham is working with researchers and clinicians at Packard Children’s and across the world to refine the model. They have recently conducted studies using a smartphone platform that wirelessly transmits data to a research team, allowing them to monitor the technology in real-world settings. This summer, Buckingham, with support from the Helmsley Charitable Trust, tested the devices in action at week-long summer camps for children with diabetes. The medical team remotely monitored each child on the system overnight, when blood glucose can drop dangerously low, particularly after the rigorous physical activities that occur at a summer camp.

“With an automated insulin system, children with diabetes will be able to live safer, healthier, less regimented lives, and their parents will be able to sleep better, confident that the device will assist in preventing low and high glucose levels overnight and alert them only when there are major problems,” Buckingham says. “We look forward to seeing the lasting impact of our research on children with diabetes, and we appreciate the Helmsley Charitable Trust’s partnership in achieving this vision.”

By investing in research and special summer camps, the Helmsley Charitable Trust is improving the quality of life of children with diabetes.
IN THE news

One of America’s Best Children’s Hospitals

In recognition of preeminence in caring for children and expectant mothers, Lucile Packard Children’s Hospital was ranked by U.S. News & World Report as the top children’s hospital in Northern California and one of America’s best.

Released online June 11, the U.S. News & World Report 2013-14 Best Children’s Hospitals survey honored Packard Children’s with three pediatric specialties — cardiology, nephrology, and neonatology — in the top 10. In total, six specialties placed in the top 15 and nine specialties placed in the top 40. Packard Children’s received best on the West Coast, best in California, and best in Northern California honors for several of its programs.

Christopher G. Dawes, president and chief executive officer at Packard Children’s, said he was proud of the recognition. “Ranking highly on the U.S. News list is a wonderful distinction,” said Dawes, “and it confirms our reputation as one of the preeminent freestanding children’s hospitals in America. It also speaks highly of the world-leading science and research of Stanford School of Medicine, and the care and dedication of our doctors, nurses and staff.”

“Our faculty at Packard Children’s are global leaders in pediatric and obstetric medicine,” said Lloyd Minor, MD, dean of the School of Medicine. “These physician-scientists regularly treat the most complex cases affecting children, expectant mothers, and their babies. They also conduct leading-edge research, which ultimately benefits families not only in America but around the globe. I want to congratulate all of our dedicated and compassionate caregivers and staff for earning this outstanding recognition.”

CureSearch Awards $1.37 Million Grant to Cancer Researchers Sakamoto, Weissman

Kathleen Sakamoto, MD, PhD, and Irving Weissman, MD, of the Stanford School of Medicine and Lucile Packard Children’s Hospital have received a $1.37 million grant from CureSearch for Children’s Cancer to research the effects of an antibody that has been shown to be effective against human cancers in animal models. The grant will support efforts toward developing treatments for children with certain types of cancer, including those for whom current therapies are not effective.

Kerner Recognized for Excellence in Patient Care

John Kerner, MD, professor of pediatrics, was honored as this year’s recipient of the Alwin C. Rambar–James B.D. Mark Award for Excellence in Patient Care. The award recognizes a member of the Stanford School of Medicine faculty for compassion in working with patients and their families, excellence in providing medical treatment, and effective interactions with staff.

The annual award was established in 1984 to honor the late Alwin Rambar, MD, a Chicago pediatrician long associated with Stanford School of Medicine, and was renamed in 1997 to include James Mark, MD, a Stanford thoracic surgeon and professor emeritus. The recipient of the award serves as a role model for young physicians and medical students training at Stanford.

Kerner’s research focuses on gastroenterology, nutrition, and hepatology. He is the medical director of the nutrition support team and has worked on studies to help improve nutrition in newborns with special health needs.

supportLPCH.org
White House Honors Butte as Open Science “Champion of Change”

Atul Butte, MD, PhD, division chief of systems medicine and associate professor of pediatrics, was honored in June by the White House as one of 13 Open Science “Champions of Change.” The White House Champions of Change program recognizes leaders who are promoting and using open scientific data and publications to accelerate progress and improve the world.

Open sharing of research results is a proven strategy for driving positive change. For example, the rapid and open sharing of genomic data from the Human Genome Project revolutionized biomedical research and spurred major growth in the biotechnology industry. In his lab at Stanford, Butte uses computing tools to translate trillions of molecular, clinical, and epidemiological data points into digestible insights. Through his genomic research, he has discovered new diagnostics and therapies for type 2 diabetes, inflammatory bowel disease, and lung adenocarcinoma.

Packard-Stanford ER Verified as Level I Peds Trauma Center

In August, Packard Children’s announced that the hospital had been verified as a Level I pediatric trauma center by the American College of Surgeons (ACS). Verification by ACS is the highest possible ranking for trauma centers and recognizes dedication to providing optimal care for injured children and adolescents.

Packard Children’s is the only Level I pediatric trauma center verified by the ACS in the San Francisco Bay Area. Level I verification recognizes the hospital’s ability to provide round-the-clock care for patients with the most serious trauma injuries, from admission through rehabilitation and follow-up care.

“Lucile Packard Children’s Hospital’s capabilities for delivering nation-leading, innovative care to the most critically ill patients has allowed us to deliver the highest quality care to traumatically injured children,” said Karl Sylvester, MD, pediatric trauma medical director and associate professor of surgery and pediatrics at Stanford School of Medicine. “We are delighted that our concerted efforts — including the quantity and quality of pediatric research we do — toward providing trauma care 24/7 has been now been recognized by the American College of Surgeons verification.”

Patient Turned Author Donates Proceeds of Children’s Book to Cancer Research

Nina Lutz was a 17-year-old high school student when she was diagnosed with osteosarcoma, a rare bone cancer. During her surgeries and chemotherapy treatment at Packard Children’s, Nina turned to art as an outlet, creating illustrations of animals in the latest fashion trends.

Nina’s drawings have been turned into a book, Fashion Animal ABC’s. Nina says the book is a gift back to the hospital in gratitude for the care she received. Proceeds from Fashion Animal ABC’s (more than $3,000 so far) will support research on osteosarcoma led by Neyssa Marina, MD. Samples of Nina’s artwork and information about purchasing the book are available at ninalutz.com.
IN THE
news

Lin Selected for Prestigious NIH Pioneer Award

Michael Lin, MD, PhD, assistant professor of pediatrics and of bioengineering, was honored with the National Institutes of Health (NIH) Director’s Pioneer Award to sustain his research into protein interactions. Specifically, Lin is interested in how a photo-sensitive protein called Dronpa reacts to other proteins when exposed to fluorescent greenish-blue light.

The Pioneer Award is a five-year, $2.5 million grant given to researchers whose work has the potential to affect a broad area of biomedical or behavioral research. In 2013, the NIH awarded 12 Pioneer Awards nationwide.

Lin’s team is able to bind and unbind proteins by taking advantage of Dronpa’s reaction to the lights. Lin believes this method could be used for precisely controlling protein activities in a range of applications.

“World’s Cutest Dog” Dedicates Birthday to Pet Therapy at Packard Children’s

On his 7th birthday, Boo, a world-famous Pomeranian, had a special request for his 7 million Facebook fans: donate to the pet therapy program at Packard Children’s. His birthday wish generated an enthusiastic response, with 500 donors collectively contributing over $12,000.

Boo earned Internet fame a few years ago, receiving the unofficial title of “World’s Cutest Dog” from celebrities and dog lovers in the United States and beyond. He and his pooch pal Buddy have appeared on Good Morning America and other national television programs. They also paid a visit to Packard Children’s in 2012.

Hedge Funds Care Supports Abuse Task Force

Hedge Funds Care | Help For Children is an international charity, supported largely by the hedge fund community. The charity’s sole mission is preventing and treating child abuse, and this year Hedge Funds Care gave $40,000 to Packard Children’s in support of training programs for the Suspected Child Abuse and Neglect (SCAN) Team.

Last year the SCAN Team hosted a conference at Stanford to train nearly 200 local health care providers and social workers to recognize, respond to, and manage cases of abusive injury and harm caused by neglect. The conference was so well received that it was offered again this October. The SCAN Team at Packard Children’s may be activated by contacting any hospital social worker at any time.

Lin Selected for Prestigious NIH Pioneer Award

Michael Lin, MD, PhD, assistant professor of pediatrics and of bioengineering, was honored with the National Institutes of Health (NIH) Director’s Pioneer Award to sustain his research into protein interactions. Specifically, Lin is interested in how a photo-sensitive protein called Dronpa reacts to other proteins when exposed to fluorescent greenish-blue light.

The Pioneer Award is a five-year, $2.5 million grant given to researchers whose work has the potential to affect a broad area of biomedical or behavioral research. In 2013, the NIH awarded 12 Pioneer Awards nationwide.

Lin’s team is able to bind and unbind proteins by taking advantage of Dronpa’s reaction to the lights. Lin believes this method could be used for precisely controlling protein activities in a range of applications.

“World’s Cutest Dog” Dedicates Birthday to Pet Therapy at Packard Children’s

On his 7th birthday, Boo, a world-famous Pomeranian, had a special request for his 7 million Facebook fans: donate to the pet therapy program at Packard Children’s. His birthday wish generated an enthusiastic response, with 500 donors collectively contributing over $12,000.

Boo earned Internet fame a few years ago, receiving the unofficial title of “World’s Cutest Dog” from celebrities and dog lovers in the United States and beyond. He and his pooch pal Buddy have appeared on Good Morning America and other national television programs. They also paid a visit to Packard Children’s in 2012.

Hedge Funds Care Supports Abuse Task Force

Hedge Funds Care | Help For Children is an international charity, supported largely by the hedge fund community. The charity’s sole mission is preventing and treating child abuse, and this year Hedge Funds Care gave $40,000 to Packard Children’s in support of training programs for the Suspected Child Abuse and Neglect (SCAN) Team.

Last year the SCAN Team hosted a conference at Stanford to train nearly 200 local health care providers and social workers to recognize, respond to, and manage cases of abusive injury and harm caused by neglect. The conference was so well received that it was offered again this October. The SCAN Team at Packard Children’s may be activated by contacting any hospital social worker at any time.
Morgan Stanley

**Morgan Stanley Gives $25,000 for Research in Neurobiology**

Morgan Stanley renewed its commitment to Packard and Stanford in 2013, directing $25,000 to support research led by Ricardo Dolmetsch, PhD, associate professor of neurobiology and the Barbara and John Packard Faculty Scholar. The gift is Morgan Stanley’s largest to date and was secured through the efforts of Morgan Stanley employee Paul Kwan, who personally supports Dolmetsch’s research. The gift will provide crucial funding to help Dolmetsch further understand neurodevelopmental diseases, ranging from autism to extremely rare, yet devastating, “orphan diseases” not currently addressed by pharmaceutical companies, and to develop new approaches to prevent and treat their effects.

First Tech Federal Credit Union

**First Tech Supports First-Rate Care**

First Tech Federal Credit Union is committed to strengthening the communities where their members and employees live and work, including the San Francisco Bay Area.

In October, representatives from First Tech, including CEO Greg Mitchell, visited Packard Children’s to present a check for $20,000 to child and family life services and outpatient rehabilitation services. Both programs provide fun and developmentally appropriate ways for children to cope with hospitalization and to help with the healing process.

As a committed Packard Children’s partner, First Tech also coordinates employee volunteer engagements throughout the year, bringing fun Halloween-themed arts and crafts activities to the Forever Young Zone playroom and hosting a stuffed animal drive for Packard’s Emergency Department.

Anabel Stenzel, Organ Donation Advocate, Loses Battle with Cancer

Anabel Stenzel, a double-lung transplant recipient and an advocate for organ donation, passed away of cancer in September at the age of 41. An inspiring member of the Packard Children’s community, Anabel served as a genetic counselor at the hospital for 16 years. In addition, she was a competitive swimmer and runner who won more than 20 medals in six Transplant Games of America, and served as an international advocate of organ donation.

Anabel and her twin sister, Isabel Stenzel Byrnes, were born with cystic fibrosis in Los Angeles in 1972, at a time when many children with the condition did not reach their 10th birthday. The twins beat the odds, grew up, and attended Stanford University together. Anabel went on to earn her master’s degree at the University of California, Berkeley. Isabel said that the siblings’ love is what brought them so far. In 2007, the twins published a memoir, *The Power of Two*, which inspired an award-winning documentary film of the same name.

When encouraging families to consider organ donation, Anabel shared how she frequently thought of the donors who had enabled her to live as a result of their gift.
IN THE
news

Paul Sharek, MD, MPH

Sharek Earns Fellowship in Quality Improvement

In June, the American Board of Pediatrics selected Paul Sharek, MD, MPH, as the inaugural Paul V. Miles Fellow in Quality Improvement. The award is bestowed on individuals who have dedicated themselves to quality improvement and demonstrated accomplishments leading to better healthcare for children.

Quality improvement has been at the center of Sharek’s career, and he has emerged as one of the field’s leaders at the local, state, and national levels. He is the medical director of quality and chief clinical patient safety officer at Packard Children’s. Sharek is also an assistant professor of pediatrics at Stanford University School of Medicine.

Dateline NBC Features Packard Patient Family

In June, Packard Children’s was featured in an hour-long episode of Dateline NBC. The show followed the Bingham family of North Powder, Oregon, whose five children have been affected by dilated cardiomyopathy, an enlarging of the heart. Two of the children, 13-year-old Sierra and 8-year-old Lindsey, underwent heart transplants at Packard Children’s, and 3-year-old Gage received a surgically implanted pacemaker. Through the ups and downs of treatment, the family spent more than a year at the hospital, celebrating holidays and milestones with doctors and nurses who had become like family. Following successful surgeries and care, the entire Bingham family was able to return home to Oregon this summer. Their emotional journey aired on NBC on June 5. The episode, “Against All Odds,” is available on the Dateline NBC website.

Kadoch Wins $100,000 for Sarcoma Research

With support from Northwestern Mutual and Alex’s Lemonade Stand Foundation (ALSF), Cigall Kadoch, PhD, a post-doctoral research fellow in pathology, has received a $100,000 two-year grant to further her research on sarcoma tumors.

The Young Investigator Awards, created by ALSF, are designed as start-up funds for new scientists at the end of their fellowship training or early in their research career. Applicants must demonstrate outstanding mentorship and a career plan that shows commitment to pediatric cancer research.

ALSF funded 20 Young Investigator grants in 2013 and Northwestern Mutual, which works with ALSF to select and fund some of the Young Investigator grants, chose its gift to be directed toward Kadoch and three other recipients based on type of cancer, project, and geographic diversity.
Champions for Children

This summer, two brave Stanford University juniors, Nick Abram and Chris Min, embarked on a 60-day, cross-country cycling trip to raise funds for the Bass Center for Childhood Cancer and Blood Diseases at Packard Children’s.

With little biking experience, Nick and Chris described themselves as “the perfect team: two bad bikers battling cancer one mile at a time.” Prior to their departure from Packard Children’s, they had never ridden more than 40 consecutive miles, let alone day after day.

What they lacked in biking experience they more than made up with dedication to their cause. Chris rode to honor his grandfather who passed away from lung cancer during Chris’ eighth grade year. Nick lost his mother to pancreatic cancer last year after a three-year battle. His ride was a tribute to her life and legacy.

“I want to be able to understand the fight she endured,” Nick says.

Their ride, “California to Carolina for the Cure,” kicked off on July 9 at the entrance of Packard Children’s with enthusiastic cheering from Bass Center patients and doctors. Along the way, Nick and Chris blogged about everything from dehydration in Nevada to hail in Colorado, as well as triple-digit temperatures, countless flat tires, and their impressive food intake.

Throughout the trip, with each person they met, the two shared their story of endurance and their desire to help pediatric cancer patients.

“We believe everyone — especially children — should receive the love and attention that our loved ones received as they fought against cancer,” says Chris. Inspired to help, many strangers-turned-new-friends chipped in by providing free meals, discounted motel stays, and even extended massage therapy sessions.

On September 7, after riding a total of 3,543 miles, Nick and Chris crossed the finish line in Nick’s hometown of Durham, North Carolina. To date, their ride has raised more than $10,000 for Packard Children’s.

To see Nick and Chris’ personal fundraising page, please visit supportLPCH.org/c2cforthecure.

Become a Champion for Children

Lemonade stands, toy drives, marathon runs — the possibilities are endless! You can host your own fundraiser for Packard Children’s based on your talents and passions, and we can provide resources to help you succeed. Best of all, 100 percent of proceeds will benefit the Packard Children’s child health program of your choice.

Visit supportLPCH.org/champions to learn more.
Give 2 times the hope on #GivingTuesday

Black Friday, Cyber Monday, and now… #GivingTuesday!

On December 3, the Tuesday after Thanksgiving, Packard Children’s is joining the nationwide #GivingTuesday movement to create a meaningful start to the holiday season.

The first $5,000 in gifts made to the Lucile Packard Children’s Fund that day will be doubled, thanks to a generous match from the Keith and Pamela Fox Family Foundation. That means your gift will provide 2 times as much comfort and hope to our patients and families.

Get into the giving spirit today at supportLPCH.org/givingtuesday.