Improving the Lives of Children and Families Everywhere

WE ARE BURSTING WITH great news—big plans, new programs, life-changing stories—all made possible by your support!

Plans are underway to completely transform the original Lucile Packard Children’s Hospital Stanford’s West building into a leading-edge facility for the care of expectant moms and babies. Learn how, with your help, we can give moms and babies the strongest start, while making scientific breakthroughs that will benefit others around the world (on page 6).

Our doctors and scientists are developing innovative treatments for a multitude of diseases. After spending the past decade unlocking the secrets of a deadly brain tumor, one group of researchers has developed a promising new therapy that can treat the disease, which, until now, has resisted all available treatments (see page 10). This is a discovery that could only be made at Stanford!

Meanwhile, other experts are tackling serious digestive disorders with the opening of the Center for Pediatric Inflammatory Bowel Disease (IBD) and Celiac Disease (see page 12). The center, made possible thanks to a generous anonymous donor, will bring together a comprehensive care team and researchers to build a world-class program for state-of-the-art care of children with these conditions.

In children’s health, we have the potential to make a lifelong impact. We recently checked in with Amanda Sechrest, who received a rare double-organ heart and liver transplant 10 years ago (see page 4). There’s so much to celebrate!

Speaking of celebrations, you’re invited to our biggest community fundraiser of the year—Summer Scamper! On June 18, we’ll gather on the Stanford campus to raise funds for Packard Children’s Hospital and the child and maternal health programs at the Stanford University School of Medicine. I hope you can join us in person or virtually!

With gratitude.

Cynthia J. Brandt, PhD
President and Chief Executive Officer
Lucile Packard Foundation for Children’s Health

2 Driving for Change
The new Office of Child Health Equity gives children more opportunities for better health—and better lives.

4 New Heart, New Start
Ten years after her double transplant, Amanda Sechrest is living life to the fullest.

6 A Bold New Vision for Growing Families
Packard Children’s reimagined facility will offer next-level care for moms and babies.

10 From Loss Comes Hope
New immunotherapy shows promise for patients with deadly brain tumor.

12 Living with Celiac Disease or IBD
Straight talk about these chronic conditions.
Driving for Change

The new Office of Child Health Equity gives children more opportunities for better health—and better lives.

BY SALLY J. CLASEN

As the COVID-19 pandemic unfolded, it quickly became clear that some members of our community were bearing the brunt of the impact. Children and families faced a variety of challenges such as homelessness and food insecurity, which carried economic, emotional, and even health repercussions.

“COVID has shown us how people’s experiences, depending on where and how they live, generate different health outcomes,” says Lisa Chamberlain, MD, MPH, professor of pediatrics. “When we talk about these health inequities, we’re talking about differences that are, at their root, unjust and quite fixable, whether it’s access to health care, clean water, or healthy foods.”

In response, Chamberlain and her colleagues in the Department of Pediatrics in the Stanford University School of Medicine developed a new initiative: the Office of Child Health Equity. Launched in November 2021, the office advances the work started by the Pediatric Advocacy Program, a joint effort of the School of Medicine and Lucile Packard Children’s Hospital Stanford, that Chamberlain and Janine Bruce, DrPH, founded more than 20 years ago. The new office will build on the program’s work by offering new strategies to address the factors that contribute to health inequities.

“Delivering a Swift Response

To meet that need, the office coordinated the purchase and delivery of 32,000 pounds of much-needed food, as well as the distribution of 500,000 diapers—an essential item that can prove costly for low-income families. In addition, it distributed backpacks filled with school supplies, face masks, and COVID-19 antigens tests at community sites. “We sent 1,900 tests alone to the Ravenswood City School District, enough for almost every child and staff member,” says Bruce.

“’I’m so appreciative of the generous philanthropic community that exists here,’ Chamberlain adds. “It felt great to be able to support our neighbors when literally they were telling us they could no longer afford diapers, that their child was wearing the last diaper they had. So we set up diaper pop-ups. We did all sorts of things to help us get everyone through.”

“‘When we talk about these health inequities, we’re talking about differences that are, at their root, unjust and quite fixable, whether it’s access to health care, clean water, or healthy foods.’

LISA CHAMBERLAIN, MD, MPH

Chamberlain and her team were able to mobilize quickly during the pandemic thanks to donor support and the strong community relationships they have cultivated with organizations such as the Ravenswood City School District, Samaritan House in San Mateo, Second Harvest of Silicon Valley, and Help a Mother Out.

“The Office of Child Health Equity provides great thought partnership in how we can address childhood hunger and how we can collaborate to ensure that families have the support they need to raise happy, healthy, thriving children,” says Tracy Weatherby, vice president of strategy and advocacy, Second Harvest of Silicon Valley, a food bank that serves more than 450,000 people every month.

Vision for Large-Scale Change

While the Office of Child Health Equity’s efforts during the height of the pandemic were focused on the local community, the impact of its work will be felt around the state and nation—mostly by way of research. The office plans to take its own as well as other Stanford research findings on child health inequities and translate them into better health policy.

“This is the type of work we want to continue to do, to expand on the model we’ve developed,” explains Bruce. “We want to continue to be responsive to the community as an office at-large. And we want to conduct equity research and be part of the research work that translates from community service to policy many times over.”
the Fontan procedure had prolonged her life by two decades, but now cardiac failure and associated liver dysfunction put her on the transplant wait list.

Heart-liver transplant surgery is a complex, eight- to 12-hour procedure requiring phenomenal surgical expertise and precise choreography between the liver and heart teams, who operate at the same time.

“The liver team is trying to make sure that the liver does well, and we’re trying to make sure the heart does well, so we have to find the right balance points,” says cardiologist David Rosenthal, MD, who was an integral member of Amanda’s care team for most of her life.

Because heart-liver transplants are so complex, most children’s hospitals are unable to perform them. Fortunately for Amanda and patients like her, Packard Children’s Hospital has performed more than 15 heart-liver transplants over the past three decades. It is a national leader for pediatric organ transplantation and has been recognized for its outstanding combination transplant outcomes.

Forming Special Connections

Like the surgery itself, recovery from a heart-liver transplant is complex. So Amanda met weekly with her multidisciplinary medical team, who understood her needs, provided support, and became like family. They lifted her spirits when she faced setbacks and spent most of the next two years in the hospital, watching some other patients return home to resume normal activities while she faced a long recovery. The team was determined to get Amanda strong, back to good health, and enjoying life.

“Amanda formed a special connection with her nurses and doctors,” says Lisa Hofmann Morgan, Amanda’s mom. “I do not think it would have been such a positive outcome without their care and love, commitment, and passion for their important work.”

During her stay, Amanda attended the Hospital School prom, a special night for patients of all ages and their families. She also found comfort in our hospital’s Forever Young Zone, a playroom where she could interact with child life specialists, who provided fun activities to help her express herself and find joy in the midst of hospitalization. That’s where she connected with Sierra, Lindsey, and Gage Bingham—siblings who also had heart transplants.

“They were just the sweetest family and included me in everything,” Amanda says.

Today, Amanda, 30, lives in Idaho and is counting down the days to another milestone: her wedding! She loves hiking with her fiancé, Danny, and still exchanges messages with members of her care team and the Binghams. “I am excited for that next life chapter,” she says, “and hopefully having kids.”

Because they appreciated the care that Amanda received, her family made a gift to support pediatric transplant research at Packard Children’s Hospital. Now on the 10th anniversary of Amanda’s transplant, Lisa hopes other donors will join them.

“As we reach this milestone,” Lisa says, “the future is indeed bright!”

Amanda Sechrest dropped onto her bed, exhausted after a late night of studying for finals at Saint Mary’s College of California. For some reason, on this particular night in May 2012, the first-year student felt compelled to keep her phone’s ringer on, instead of turning it on silent.

That night she received a call from Lucile Packard Children’s Hospital Stanford that would save her life. A donor heart and liver were available for the transplant she desperately needed.

“I was speechless,” she says of that moment, 10 years ago. “They said, ‘Get to Packard Children’s as fast as you can.’”

Amanda was born with one heart ventricle, rather than two. A type of open-heart surgery called New Heart, New Start

Ten years after her double transplant, Amanda Sechrest is living life to the fullest.

BY KIMBERLY OLSON

Amanda Sechrest has many plans for the future, including her upcoming marriage to her fiancé, Danny.
When her water broke just 24 weeks into her pregnancy, Shirley was distraught and confused. With her husband, Jason, by her side, she rushed from their Bay Area home to Lucile Packard Children’s Hospital Stanford. “We’d always planned to go to Stanford because we trusted the people—we knew the doctors were really talented,” Shirley says.

Shirley stayed in a room for high-risk moms in the maternity unit, where her care team tried to keep her baby in the womb for as long as possible. Nearly two years later, she vividly remembers the nurses who looked after her family during that time. “The first three nights, we had the same wonderful nurse checking in on us and calming us down,” she says. “And we had a day nurse whose style was very different—she was direct—but super helpful and reassuring.”

Confident in her care but worried that premature labor could begin at any moment, Shirley found it difficult to be in the regular maternity unit, surrounded by moms and their healthy newborns. “Hearing babies crying was pretty emotionally triggering,” she recalls of the six weeks she spent there.

Fortunately, an ambitious new project will transform Packard Children’s Hospital’s original facility, known as the West building, to better meet the needs of expectant, laboring, and new moms like Shirley, along with newborns who need specialized care. One of the key enhancements is a dedicated antepartum unit with nine private rooms specifically for moms with high-risk pregnancies.

The building will also feature upgraded labor and delivery rooms, private neonatal intensive care unit (NICU) rooms, private postpartum maternity rooms, and three state-of-the-art C-section operating rooms. Increasing the size of the labor and delivery unit will allow for 20 percent more deliveries to better serve moms in our community.

“I’m so glad other families will have this space,” Shirley says. “When you’re in a situation like ours, the [physical environment] really makes a difference. You’re there day in and day out, and you need to feel comfortable. Especially for those families who have traveled to get to [Packard Children’s Hospital].”

The reconfigured West building will also offer a better experience for parents and newborns following delivery. Fifty-one private postpartum rooms will have...
ample space for a mom and her partner to room with their baby, facilitating bonding at this crucial time. “When we first opened 30 years ago, the facility was cutting-edge—but the infrastructure simply has not kept up with the modern and innovative care we provide today,” says Lance Prince, MD, the Philip Sunshine, MD, Professor of Neonatology and division chief for Neonatal and Developmental Medicine at the Stanford University School of Medicine. “We are thrilled we will have a new space to foster the life-like never before,” says Yasser El-Sayed, MD, obstetrician-in-chief at Packard Children’s Hospital and co-director of the Johnson Center for Pregnancy and Newborn Services. “We care for the most medically and surgically complex pregnant women and are pioneering novel fetal therapies. There is so much potential on the horizon, and this world-class clinical space will help to unlock it.”

Another example is the work that the Prematurity Research Center does through two statewide outreach programs launched at Packard Children’s Hospital. “We have already successfully lowered the rate of C-sections among healthy moms throughout the state, as well as work on a simple blood test that could predict preterm birth—a breakthrough that he calls a game changer. “This new facility will support our incredible research program, which drives discoveries that impact patient care around the globe,” Stevenson says. This ambitious construction project will take place in phases; new units will open to patients as they are completed, allowing the hospital to continue serving the community without interruption. Packard Children’s is a critical safety net for moms and babies in the community. Roughly 40 percent of the hospital’s patients rely on public insurance. The NICU will be one of the earliest areas to start construction, with the hope that families will occupy the first new units beginning in 2024. Soon after, high-risk moms will have their own private space. By decade’s end, labor and delivery, a new postpartum maternity unit, and the fourth and final NICU will complete the space transformation.

The Role of Philanthropy

The ambitious project would be impossible without philanthropic support from community members. To date, the Dunlevie family and the David and Lucile Packard Foundation have made significant early gifts to support the project. Additional donor support at every level has the power to bring the project to the finish line, delivering the outstanding facilities, care, and health outcomes that all mothers and babies deserve. “I know how much these spaces will mean to moms and families,” Shirley says. “I’m encouraged to figure out ways that I can give back, too—maybe not large sums like these, but little by little over time.”

How You Can Help

Join us in reimagining our home for mothers and babies! Gifts of all sizes will help to bring these world-class facilities to life. For more information about naming opportunities, contact Sarah Collins at Sarah.Collins@lpfch.org or (650) 736-1243.

The Role of Philanthropy

The ambitious project would be impossible without philanthropic support from community members. To date, the Dunlevie family and the David and Lucile Packard Foundation have made significant early gifts to support the project. Additional donor support at every level has the power to bring the project to the finish line, delivering the outstanding facilities, care, and health outcomes that all mothers and babies deserve.

“I know how much these spaces will mean to moms and families,” Shirley says. “I’m encouraged to figure out ways that I can give back, too—maybe not large sums like these, but little by little over time.”

How You Can Help

Join us in reimagining our home for mothers and babies! Gifts of all sizes will help to bring these world-class facilities to life. For more information about naming opportunities, contact Sarah Collins at Sarah.Collins@lpfch.org or (650) 736-1243.

The Role of Philanthropy

The ambitious project would be impossible without philanthropic support from community members. To date, the Dunlevie family and the David and Lucile Packard Foundation have made significant early gifts to support the project. Additional donor support at every level has the power to bring the project to the finish line, delivering the outstanding facilities, care, and health outcomes that all mothers and babies deserve.

“I know how much these spaces will mean to moms and families,” Shirley says. “I’m encouraged to figure out ways that I can give back, too—maybe not large sums like these, but little by little over time.”

How You Can Help

Join us in reimagining our home for mothers and babies! Gifts of all sizes will help to bring these world-class facilities to life. For more information about naming opportunities, contact Sarah Collins at Sarah.Collins@lpfch.org or (650) 736-1243.

The Role of Philanthropy

The ambitious project would be impossible without philanthropic support from community members. To date, the Dunlevie family and the David and Lucile Packard Foundation have made significant early gifts to support the project. Additional donor support at every level has the power to bring the project to the finish line, delivering the outstanding facilities, care, and health outcomes that all mothers and babies deserve.

“I know how much these spaces will mean to moms and families,” Shirley says. “I’m encouraged to figure out ways that I can give back, too—maybe not large sums like these, but little by little over time.”

How You Can Help

Join us in reimagining our home for mothers and babies! Gifts of all sizes will help to bring these world-class facilities to life. For more information about naming opportunities, contact Sarah Collins at Sarah.Collins@lpfch.org or (650) 736-1243.
New immunotherapy shows promise for patients with deadly brain tumor.

BY ERIN DIGITALE

When Jace Ward came to Lucile Packard Children's Hospital Stanford in September 2020 to join a clinical trial for a novel therapy, he had been fighting a deadly brainstem tumor for more than a year. His diagnosis was diffuse intrinsic pontine glioma, or DIPG, which conventional cancer treatments can’t cure. The disease has a five-year survival rate of less than 1 percent.

There was no hope for patients like Jace—until recently, when he became one of the first four patients with DIPG, or another closely related cancer affecting the spinal cord, to receive immune cells engineered to fight the disease. Though all the trial patients died of their disease or its complications, three of them experienced significant clinical benefits from the engineered cells.

“These four patients are heroes,” says the study’s principal investigator, pediatric neuro-oncologist Michelle Monje, MD, PhD. “They taught us so much, and that knowledge is already being applied to help other kids.”

The FDA approved the use of engineered immune cells, also known as chimeric antigen receptor T-cells, or CAR-T cells, to treat blood cancers in 2017, but the technology has never before succeeded against solid tumors. Although the research team has yet to achieve a cure for this type of glioma, they consider their findings a milestone.

“We see significant anti-tumor activity with these CAR-T cell therapies in this dreaded disease,” says Crystal Mackall, MD, who partnered in the new research with Monje. Mackall is a cancer immunotherapy expert and the Ernest and Amelia Gallo Family Professor of Pediatrics and Internal Medicine. “The findings are a hopeful sign for many types of brain tumors, not just this one,” she adds.

Mackall and Monje’s work was made possible through generous philanthropic support from donors—many of whom are parents fueled by the loss of their child due to this disease and dedicated to finding a cure.

The Case of Jace Ward

Jace was 20 when he was diagnosed with the glioma in early 2019, after a few weeks of disturbance in his peripheral vision. He and his family were shocked by the prognosis. Jace’s neurologist in Kansas predicted he had six to nine months to live. He received an experimental chemotherapy agent on a compassionate-use basis and lived with the disease for almost 14 months before the opportunity to join the Stanford trial arose.

By the time he and his mom, Lisa, arrived at Stanford, the tumor was progressing. Jace knew the trial was unlikely to save his life. “He said, ‘I know that I’m going to die, and I know this therapy will one day be the thing that cures other kids,’” Monje recalls. “This tough, football-playing 21-year-old said to me, ‘I don’t want it to be a 5-year-old who has to go first.’”

“I can’t die. I’m busy.”

When Jace joined the CAR-T cell trial, he was a junior at Kansas State University, studying entrepreneurship and prelaw. After his diagnosis, Jace became an advocate for kids with DIPG.

“Jace spoke at Congress, the National Institutes of Health, and in rare-cancer virtual forums,” Lisa says.

Jace worked on campaigns that raised more than $2.5 million to expand cancer research and treatment access. He also worked to launch a nonprofit that helps kids with brain tumors get expert opinions on clinical trials they can join.

“Jace would comfort his friends and family by saying, ‘I can’t die, I’m busy.’” Lisa says. “That became a mantra for him.”

A week after Jace received his first infusion of CAR-T cells, he had fever and low blood pressure, signs of cytokine elevation, and his neurological symptoms worsened.

But by two weeks, he was experiencing a remission of symptoms and feeling more sensation on his face. His previously awkward walking gait became almost normal. Within a month, his neurological exam was nearly normal, too.

“To see a young man with rapidly progressive DIPG regain an almost normal neurological exam is unheard of,” Monje says. “I felt for the first time that we were going to cure this disease someday.”

Jace was able to fulfill a dream of going to the Super Bowl in February 2021 with his dad, Roger, to watch their beloved hometown team, the Kansas City Chiefs.

“It was so freeing for him, such a good glimmer of hope,” Lisa says.

On June 30, 2021, Jace was hospitalized in St. Louis and died July 3, leaving behind his grieving parents, brother, sister, sister-in-law, and nephew.

“Do I wish he were here, never knowing what DIPG was? Of course,” says his mother. But she has gained a sense of peace and purpose from their work as advocates for patients. “Jace’s desire to help children, his real need to speak for them, gave me such a glimpse of the man he had become.”

Jace Ward became an advocate for children with DIPG, even speaking in front of Congress in February 2020.
Fact vs. Fiction: Living with Celiac Disease or IBD

BY MARYGRACE TAYLOR

Having a child with celiac disease or inflammatory bowel disease (IBD) can be an emotional roller coaster, but it is possible for your child to live well. Here are the facts you need to successfully manage these lifelong conditions.

Celiac Disease

Gluten-free diets may be trendy these days. But for the 3 million Americans with celiac disease, avoiding gluten—a protein found in wheat, barley, and rye— is a must for protecting their health and reducing the risk for serious complications. The autoimmune disorder causes the body to attack itself, and when people with celiac disease consume gluten, their small intestine becomes inflamed.

Celiac disease can lead to gastrointestinal symptoms, weight loss, and changes in mood, energy, and bone health. Though there is no cure, it can be managed with a gluten-free diet and lifestyle changes. And with the right treatments, it is possible to live a full life.

Myth: Celiac disease just means that a person gets a stomachache from eating wheat.
Fact: Celiac disease can affect the body in different ways. While gastrointestinal (GI) upset is common, children can also experience symptoms such as anemia, low energy, headaches, liver inflammation, and poor growth.

Gluten—found in wheat, barley, and rye—is a protein that can cause adverse reactions for people with celiac disease. The autoimmune disorder, which attacks the lining of the small intestine, can prevent certain nutrients from being absorbed, leading to anemia, low energy, headaches, liver inflammation, and poor growth.

Myth: Celiac disease is hard to control.
Fact: Eating a gluten-free diet is the best way to manage symptoms. A registered dietitian who specializes in celiac disease can help your child develop an eating plan that’s delicious and nutritious.

Inflammatory Bowel Disease

More than 1.6 million Americans, including 80,000 children, have IBDs such as Crohn’s disease and ulcerative colitis. A chronic inflammation of the intestines that’s not caused by an infection, IBD can cause diarrhea, blood in the stool, nausea or vomiting, and stomach pain. It can also lead to fever, joint pain, and fatigue and result in poor growth and anemia.

If inadequately treated, IBD can lead to serious complications. Thankfully, effective medication and attention to nutrition can limit inflammation and help prevent flare-ups for most patients.

Myth: Celiac disease can be diagnosed by symptoms alone.
Fact: Testing is needed to confirm a celiac diagnosis, because other GI disorders may cause similar symptoms. An upper endoscopy with a biopsy is considered the gold standard. Some children may also be eligible for a blood test.

Myth: IBD can be managed with medication alone.
Fact: While prescription medications are a first-line defense against IBD, nutritional therapy also plays an important role. Avoiding or limiting certain foods can prevent or manage flares. In some cases, surgery to remove the part of the intestine that is inflamed may also be an option, putting the condition into remission.

IBD can be managed with medication alone.
Fact: While prescription medications are a first-line defense against IBD, nutritional therapy also plays an important role. Avoiding or limiting certain foods can prevent or manage flares. In some cases, surgery to remove the part of the intestine that is inflamed may also be an option, putting the condition into remission.

Myth: People with IBD shouldn’t eat fiber.
Fact: High-fiber diets are often recommended for IBD. Fiber can increase the number and variety of good bacteria in the gut, which may reduce inflammation. A GI doctor and registered dietitian can recommend the best diet changes for your child.

Myth: IBD flares can be managed at home.
Fact: New or worsening symptoms should be reported to your child’s doctor as soon as possible. Early treatment may help get flares under control sooner and reduce the chance for serious complications.

For more information on celiac disease and IBD, visit ibdceliac.stanfordchildrens.org.

Setting New Standards for IBD and Celiac Care

Driven to improve the lives of children with IBD and celiac disease, Stanford welcomes families to the new Center for Pediatric Inflammatory Bowel Disease and Celiac Disease. The center aims to become a destination in pediatric IBD and celiac disease care, as well as a major research hub.

The launch of the new center is thanks to a transformational $70 million gift from an anonymous donor. This is one of the largest gifts ever made to combat pediatric IBD and celiac disease in the nation. It will help bring together a team of pediatric specialists including clinicians, researchers, nurses, nutritionists, psychologists, and social workers. They will provide care to children with the least severe to the most complex cases of IBD and celiac disease.

The gift also funds researchers working to unravel the root causes of IBD and celiac disease, and develop the treatments of tomorrow. Led by Michael J. Rosen, MD, MSCI, a dedicated IBD and celiac disease research team will leverage Stanford’s expertise across a variety of fields.

“Our close, collaborative work with expert clinical immunologists and geneticists will lead to safer and more effective treatments personalized to each child,” says Rosen, who is also the Stanford University Endowed Professor for Pediatric IBD and Celiac Disease. “For families and children suffering from IBD and celiac disease—conditions that require comprehensive, long-term care—the center provides hope for a brighter future.”

To learn how you can support IBD and celiac disease care and research, contact Michael Tomura at Michael.Tomura@lpch.org or (650) 721-9347.
2021 Report on Giving

Thank you for your indispensable support of patients and their families!

In 2021, you and 11,116 other donors gave over $181 million to Lucile Packard Children’s Hospital Stanford and the child and maternal health programs at the Stanford University School of Medicine. Here are just a few highlights of the impact you made possible:

- **Summer Scamper-ers** raised more than $388,000 for our hospital.
- **Care-A-Van for Kids** provided rides to and from appointments for 234 individuals.
- **The Teen Health Van** served 1,500 individuals in our community.
- **The CHARIOT program** conducted 2,500 virtual reality sessions to reduce anxiety in young patients before procedures.
- **We advanced research through 150+ clinical trials in the Bass Cancer Center.**
- **The Packard Paws’ dog team** made 545 visits.
- **28 patients received life-saving heart transplants.**
- **1,338 students attended the Hospital School during the 2020/2021 school year.**
- **Patients explored their creativity in 2,751 art therapy sessions.**
- **Chaplains provided spiritual comfort and care through 11,463 visits.**
- **Music therapists held 5,472 sessions.**

We welcomed 4,509 babies.
Trailblazing Couple Names Professorship

SARAH DONALDSON, MD, is grateful for the opportunities she has received in life. She has spent her entire career as an academic radiation oncologist at Stanford, providing extraordinary care to her patients and helping physicians grow in their careers. In fact, Sarah was pivotal in the development and growth of the oncology program at Lucile Packard Children’s Hospital. Most recently, Sarah decided to further support the program through her estate plans by endowing a professorship in pediatric radiation oncology.

Sarah’s career in medicine goes back more than 50 years. She enjoyed her role as chair of the Department of Radiation Oncology. The strength of the institution comes from the people leading the institution,” Sarah says. “We must recruit and retain the very best faculty. I cannot think of a more important gift one can give than creating an endowed chair.”

Thank you, Sarah and Jake, for using your estate plans to bring the brightest faculty in radiation oncology to Stanford and advanced care to children with cancer!

Donors Help Teen Van Mobilize Care During the Pandemic

FOR MORE THAN TWO DECADES, the Stanford Children’s Health Teen Van has been a vital resource for youth in communities across the Bay Area. During the COVID-19 pandemic, the Teen Van has stepped up in an even bigger way—providing COVID-19 testing, food, face masks, and other supplies for local families. This wouldn’t have been possible without generous support from donors, including the Westly Foundation and Chan Zuckerberg Initiative (CZI).

The Westly Foundation is a longtime supporter of the Teen Van. In 2020, at the start of the pandemic, the foundation more than doubled its annual commitment to $100,000 to facilitate mobile COVID-19 testing using the Teen Van. The Chan Zuckerberg Initiative Community Fund recently gave the Teen Van a $100,000 grant to provide San Mateo County’s residents with resources and services to support their basic needs.

The Teen Van travels to nine sites in Santa Clara and San Mateo counties, including local high schools and youth centers, providing no-cost vaccines, mental health care, contraceptives, physical exams, nutritional counseling, and more to patients ages 12 to 25. Since its inception, there have been more than 15,000 visits to the Teen Van, with more than 4,500 unique patients served, about 40 percent of whom are homeless or have been homeless in the past year.

Then Sarah came to Stanford University for residency training in radiation therapy. She went on to become internationally renowned for her research, which has led to a greater understanding of the long-term effects of treatment for pediatric cancers and to the development of safe and effective treatment regimens for children.

Sarah served as chief of radiation oncology at Packard Children’s Hospital from 1981 to 2018 and retired in 2021 as the Catharine and Howard Avery Professor Emerita at the Stanford University School of Medicine. She continues to be involved with the radiation oncology department’s mentorship program.

Sarah and her partner, Jacob “Jake” Haimson, both have careers in radiation therapy. Jake is a pioneer in the development of medical microwave electron linear accelerators—the same machines that Sarah used in radiation therapy treatments. Jake was appointed head of the Massachusetts Institute of Technology’s accelerator physics program, prior to starting his own company.

Recently, as part of their long-range planning, the couple committed funding to endow the Sarah S. Donaldson and Jacob Haimson Professorship within the Department of Radiation Oncology.

“Baxter’s support gives this program the momentum to provide the skills for our health care team to identify how bias and structural racism impact patient care. Baxter Healthcare, a company based in Deerfield, Illinois, made this gift as part of its Activating Change Initiative to advance racial justice. "Baxter’s support gives this program the momentum to provide the skills for our health care team to identify how bias and structural racism impact patient care," says Floyd. Thank you, Baxter Healthcare, for advancing racial justice and supporting our health care providers in their continuous learning and growth.

Thank you NOTES

Every day, donors like you make gifts of all sizes to build a healthier future for children and expectant mothers. Your support makes our hospital a special place for our patients and families, and we are tremendously grateful.

Jacob ”Jake” Haimson and Sarah Donaldson, MD, are giving back to our hospital through their estate plans.
Supporting Families Following an Autism Diagnosis

FOR MANY YEARS, the John and Marcia Goldman Foundation has made gifts to fund the Early Support Program for Autism (ESPA). Led by Stanford pediatric psychiatrist Antonio Hardan, MD, ESPA provides free bilingual support and guidance to families whose child has been newly diagnosed with autism. The program’s two-pronged approach helps parents navigate a complicated web of community services and educates parents and caregivers on the best ways to interact with their child. Since it launched in 2014, ESPA has served almost 4,000 families.

“I spent 25 years as an autism educator, so I have seen firsthand the challenges it places on children and their parents, especially immediately after they receive a diagnosis,” says Marcia. “John and I wanted to support these families by funding ESPA.”

Research has shown that early intervention makes a profound difference for children with autism. Building on the success of ESPA, the Preschool Autism Lab (PAL) program was created in 2019, thanks again to funding from the John and Marcia Goldman Foundation. The program creates an early intervention classroom environment that integrates autism research and clinical activities to develop and evaluate therapies.

Thank you, John and Marcia, for helping families find and access quality services and advancing research that will lead to more effective therapies for children with autism.

Teen Raises Funds for Music Therapy Instead of Receiving Gifts

FROM PLAYING PIANO AND DRUMS to composing songs, music has been a big part of Anton Popowitz’s life. It was only natural that the 13-year-old would raise money to support the music therapy program at Lucile Packard Children’s Hospital for his bar mitzvah project.

“When I play music, I feel free from all of the difficult things that are happening in the world,” Anton says. “I believe that music can help people get through hard times as it has for me many times in the past.”

At Packard Children’s Hospital, trained music therapists use music to help patients and families cope with hospitalization. Anton became aware of our hospital’s music therapy program when a family friend was diagnosed with cancer and treated at our hospital. “He would dance and sing with his mom as he went through chemotherapy and other treatments,” Anton says.

Anton’s passion for music and his connection to Packard Children’s Hospital led him to support the Special Instrument Fund for his bar mitzvah project. Anton raised nearly $23,000—enough to maintain, repair, and replace shared instruments for an entire year, as well as provide longer-stay patients with instruments that they can keep.

Thank you, Anton, for bringing the healing benefits of music to our patients.

Increasing Access to Spiritual Care for Spanish-Speaking Families

THANKS TO GENEROUS SUPPORT from Linda and Patrick Gelsinger, Lucile Packard Children’s Hospital Stanford recently expanded its chaplaincy program and palliative care services to better serve Spanish-speaking families. Nearly 45 percent of the families who receive care at Lucile Packard Children’s Hospital speak Spanish.

The Gelsingers’ $400,000 gift provided funds for Edgar Burgara, MDiv, a Spanish-speaking chaplain, to join our hospital’s team. Burgara works alongside chaplains Hugo Gonzalez, MDiv, MA, BCC, who has provided spiritual care to our Spanish-speaking families for 10 years, and Valeria Faraci Sindra, MA, who is fluent in not only English and Spanish, but Portuguese as well.

Hospital chaplains are an important spiritual- and emotional-care resource for our families and care team members. They come from a variety of spiritual backgrounds, but they support people of all faiths. Our Spanish-speaking chaplains play an invaluable role in ensuring families receive holistic care that supports their values and spiritual preferences.

“At Packard Children’s Hospital, chaplains see families in their most hopeful, joyful, grief-filled, and complicated moments,” says Linda. “We are pleased to help chaplains connect with many of these families in their primary language.”

Thank you, Linda and Patrick, for your commitment to providing spiritual care to children and their families.
Micro-Preemie Overcomes Huge Health Obstacles

EMMETT WATANABE has come so far since the odds were stacked against him. He was born with a heart defect and weighed less than 1.5 pounds. Lucille Packard Children’s Hospital provided the collaborative care that Emmett and his mom, Yatine, needed before, during, and after his birth.

At 19 weeks in pregnancy, Emmett’s parents learned that he had a congenital heart defect and weighed less than 1.5 pounds. Lucile Packard Children’s Hospital—one that has never been performed elsewhere—provided the collaborative care that Emmett and his mom, Yatine, needed before, during, and after his birth.

Doctors had to keep him in the womb for as long as possible. The pregnancy lasted 27 weeks, and Emmett was born prematurely by cesarean section. Within his first two weeks of life, Emmett underwent surgery to correct intestinal and bowel problems. In addition, doctors put a stent across his heart, rather than two, making it difficult for blood to flow from her heart to the lungs. Her stenosis—a narrowing of the pulmonary artery—further decreased blood flow.

Doctors believed that performing two surgeries at once—both a heart transplant and a pulmonary artery reconstruction (PAR)—was her best option. “A deep expertise in heart transplant and PAR, coupled with an incredible spirit of collaboration, allows us to think outside the box,” says Chia-Yu Chen, MD, a pediatric cardiologist.

The big day came on August 19, 2021, after a three-month hospital stay for Santana. The two-in-one procedure or “PARplant” went smoothly, performed by Elisabeth Martin, MD, pediatric cardiovascular surgeon.

Santana recovered well and follow-up studies showed no narrowing of her pulmonary arteries. Eventually, the family returned home to Dallas. Today, Santana plays games with her family, snuggles with mom, Tamela, and dances around the house. “It is like night and day. She has so much energy now,” says Sebron, her dad.

Girls and Boys with Autism Have Brain Differences

Depending on their gender, children with autism have distinct brain patterns that underlie differences in their symptoms, according to research from the Stanford University School of Medicine.

The study, which used artificial intelligence techniques on 773 MRI brain scans of children with autism, helps explain why symptoms differ between the sexes and may pave the way to better diagnostics and treatments for girls. Girls with autism are often overlooked because the condition is diagnosed in boys four times more than in girls, and most autism research has focused on males.

“When a condition is described in a biased way, the diagnostic methods are biased,” says the study’s lead author, Kaustubh Supekar, PhD, clinical assistant professor of psychiatry and behavioral sciences. “This study suggests we need to think differently.”

Girls with autism generally have fewer overt repetitive behaviors than boys, which may contribute to diagnostic delays. Females had different patterns of connectivity than males did in several brain centers, including motor, language, and visuospatial attention systems.

“If the treatments can be done at the right time, it makes a big, big difference. For instance, children on the autism spectrum receiving early language intervention will have a better chance of developing language like everyone else and won’t have to keep playing catch-up as they grow up,” says Lawrence Fung, MD, PhD, assistant professor of psychiatry and behavioral sciences, who was not an author of the study.

In case you missed it …

From left: Emmett Watanabe (second from left) is home with his family after spending the first eight months of his life in the hospital; Emmett at 2.5 months old.

When Emmett was 8 pounds and 4 months old, he was ready for open-heart surgery. The operation required customized methods for removing the stent and rebuilding areas of Emmett’s heart. Four months later, Emmett was finally able to go home. In total, he had spent his first eight months in the hospital. Emmett recently turned 1 and is now caught up on developmental milestones. “Everyone was so invested in Emmett. We are so grateful for their bravery and willingness to give Emmett a fighting chance,” says Yatine of our hospital’s staff.

In the NEWS
Unlocking Philanthropy in Child and Maternal Health

CYNTHIA J. BRANDT, PhD, president and CEO of the Lucile Packard Foundation for Children’s Health, was recently featured on “The Big Unlock,” a podcast on digital transformation in health care. In her interview with host Paddy Padmanabhan, Brandt shared her passion for giving back and leading the Foundation in unlocking philanthropy to transform health for children and families everywhere.

“It’s my life’s work,” said Brandt, “to bring science to help humanity.”

Listen to the podcast at supportLPCH.org/bigunlock.

New Surgeon-in-Chief Appointed at Packard Children’s Hospital

RENOWNED PEDIATRIC OTOLARYNGOLOGIST KARTHIK BALAKRISHNAN, MD, MPH, was appointed as the new surgeon-in-chief at Lucile Packard Children’s Hospital as of February 1. Balakrishnan specializes in caring for children with complex disorders of the voice, breathing, and swallowing. He is an expert on surgical reconstruction of the voice box, windpipe, and other airway structures.

Balakrishnan joined the Stanford Department of Otolaryngology – Head and Neck Surgery and Packard Children’s Hospital faculty as associate professor in early 2020. In addition, he took on the role of medical director for surgical performance improvement—a key indicator in our hospital’s front of the line for surgical care. Balakrishnan follows James Dunn, MD, PhD, after five successful years in the surgeon-in-chief position.

Speediest DNA Sequencing Finds Answers in Mere Hours

THE FIRST GUINNESS WORLD RECORD for the fastest DNA sequencing has been set by Stanford Medicine scientists and collaborators, through a method that is already helping some pediatric patients. The team developed a way to use DNA sequencing to diagnose rare genetic diseases in an average of eight hours—nearly unheard of in standard clinical care where results typically take weeks.

Over less than six months, the team sequenced the genomes of 12 patients, using new technologies for simultaneous sequencing and dataset crunching. “It really felt like we were approaching a new frontier,” says Euan Ashley, MB ChB, DPhil, professor of medicine, of genetics, and of biomedical data science at Stanford.

Sequencing is vital for diagnosing patients with diseases rooted in their DNA. Once doctors know the specific genetic mutation, they can tailor treatments accordingly. Fast diagnoses mean patients may need less time in critical care, require fewer tests, and recover more quickly.

The accelerated sequencing of blood was offered to patients at Stanford with undiagnosed illnesses. One beneficiary was Matthew Kunzman, a 13-year-old with inflammation of the heart. “In a matter of hours, sequencing data showed the condition was rooted in genetics,” adds Ashley.

With that information, Matthew was immediately put on a heart transplant list. He received his new heart 21 days later.

Investment Executive Jonathan Coslet Joins Foundation Board

JONATHAN COSLET HAS BECOME A MEMBER OF THE BOARD OF DIRECTORS of the Lucile Packard Foundation for Children’s Health. Coslet joined the Foundation’s board on January 1 as an ex officio member, reflecting his leadership position as board chair of Lucile Packard Children’s Hospital and Stanford Children’s Health, which also began on January 1.

Coslet is vice chairman and senior partner of TPG Global. He brings decades of experience in private equity management to the Foundation, which raises funds for child and maternal health at Packard Children’s Hospital and the Stanford University School of Medicine.

Check out our new podcast!

Listen to our latest episodes to discover the future of children’s health care as it unfolds. You’ll hear an anesthesiologist share how virtual reality is transforming the way kids experience surgery, and a psychiatrist discuss how we can support teen mental health.

Visit CarePlusCures.org, or follow us on Spotify or wherever you listen to your podcasts.
“During my stay at Packard Children’s Hospital, being away from my family and 5-year-old daughter was the most difficult part. Our family loves costumes and fun, so my husband brought my cat ears to the hospital, which lifted my spirits. I developed friendships during my 11-week stay with the nurses, doctors, other patients, housekeeping, food staff, and more. Leo and I couldn’t have gotten where we are today without their support.”
—TINA TISCHLER

Tina’s water broke just 22 weeks into her pregnancy. She was rushed to our hospital, where she stayed for 11 weeks until her baby was born. Leo, weighing just over 4 pounds at birth, spent four weeks in our neonatal intensive care unit and intermediate care nursery.

Thanks to your support, today Tina and Leo are home and doing great!
Beneiting
Lucile Packard
Children’s Hospital
Stanford

summer scamper

PRESENTED BY GARDNER CAPITAL

Anson, NICU graduate

5k and kids’ fun run | June 18, 2022 | Stanford | SummerScamper.org