



## DAVID STEVENSON RECEIVES APGAR AWARD

HOSPITAL ONE OF FEW WITH TWO PRACTICING APGAR RECIPIENTS

David Stevenson, MD, chief of neonatology at Lucile Packard Children's Hospital, has been named the 2006 recipient of the Virginia Apgar Award in Perinatal Pediatrics. The prestigious lifetime achievement award is given by the American Academy of Pediatrics in recognition of an individual whose career has had a continuing effect on the well-being of newborn infants. It was presented to Stevenson at the Academy's annual meeting in October.

"This is a great honor," said Stevenson, the Harold K. Faber Professor of Pediatrics and professor, by courtesy, of obstetrics and gynecology at Stanford's School of Medicine. "But it is really an acknowledgment of all that Packard Children's and Stanford have done to advance neonatology during the past several decades."

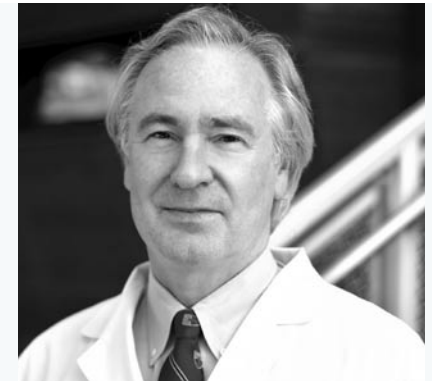
The award, which was established in 1975, has an illustrious namesake. In 1949, Virginia Apgar was the first woman to become a full professor at the Columbia

University College of Physicians and Surgeons. Four years later she published the first standardized method for evaluating a newborn's transition to life after birth; the Apgar score is now widely used worldwide.

Packard Children's is one of only a few institutions with two practicing Apgar awardees. Hospital neonatologist Philip Sunshine, MD, received the award in 2001. Sunshine was the Harold K. Faber Professor of Pediatrics from 1980 to 1989 and is now an emeritus professor of pediatrics in the school of medicine. In addition to Stevenson's lifelong research interest in bilirubin metabolism and heme-oxygenase, he and other Stanford neonatologists and researchers joined forces over the years to develop many new therapies for premature infants.

One of Stevenson's most significant accomplishments at the hospital has been the formation of the Charles B. and Ann L. Johnson Center for Pregnancy and Newborn Services, which delivers about 5,000 babies each year. The center knits together the care of expectant mothers and their babies into one seamless experience comprising obstetrics, perinatal diagnostics, neonatal and intermediate intensive care, transitional care, well-baby care and the infant development clinic. The center also includes the Mary L. Johnson Developmental and Behavioral Unit — a special clinic that helps infants and young children who are at high risk for developmental problems.

In addition to the Apgar Award, Stevenson's administrative abilities have been recognized at Stanford's medical school, where he is Vice Dean and Senior Associate Dean for Academic Affairs. He has been the president of the Western



**David Stevenson, MD**, is the hospital's chief of neonatology and its second practicing Apgar Award winner.

Society for Pediatric Research, the California Association of Neonatologists, and the American Pediatric Society.

"Despite his numerous commitments, David continues as an attending physician in the neonatal intensive care unit," said Sunshine, who nominated Stevenson for the Apgar Award. "He is an unbelievable role model for students, house staff and fellows. He stimulates them to think using biochemical and physiological principles as they relate to the problems of the neonate."

Stevenson prefers to stress the group effort behind his award. "The award names an individual, but it's not really a singular distinction. To do what we do in the neonatal intensive care unit — clinical practice, research, teaching and administration — requires the contributions of many people focused on improving the care of pregnant women and babies. When I look at the list of previous recipients — who they are and what they have done — I'm very humbled."

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## PACKARD'S CENTER FOR CHILDREN'S BRAIN TUMORS OFFERS WIDE ARRAY OF TREATMENT OPTIONS

COMPLEMENTS EXTENSIVE PEDIATRIC NEUROSURGICAL SERVICES FOR ALL CONDITIONS

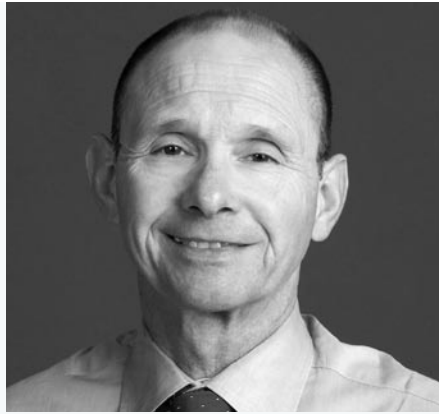
Packard Children's is proud to announce a \$1 million gift to the hospital's Center for Children's Brain Tumors. The hospital was selected by the Listwin Family Foundation because of its tradition of research and clinical care for children with brain tumors. This multidisciplinary expertise extends to the treatment of all aspects of many neurological and neurosurgical disorders.

"Our program offers a depth and breadth of pediatric expertise that is unparalleled in the Bay Area," said Michael S. B. Edwards, MD, the hospital's director of regional pediatric neurosurgery. "We not only have teams of doctors — neurosurgeons, neurologists, anesthesiologists, neuro-oncologists and neuroradiologists, for example — exclusively trained in pediatrics and focused on kids, we also have unique support services like child psychiatry and social workers available to help families through this critical and very complex time in their child's life."

"Packard Children's is a very unique institution," agreed Stephen Huhn, MD, the hospital's chief of pediatric neurosurgery. "We are an independent children's hospital — not just a floor or a ward within a larger adult hospital — with the resources to treat complex diseases. We also benefit from the proximity of Stanford's basic scientific research and the clinical collaborations it makes possible."

Specific courses of treatment and referrals for appropriate support services are recommended by the hospital's pediatric neuro-oncology tumor board — the only exclusively pediatric tumor board in Northern California. The multidisciplinary team meets weekly to discuss individual patients.

The pediatric neurosurgical team's specialized training is complemented by Packard Children's trademark kid-centric facility, which extends beyond the brightly colored waiting rooms and cheerful fountain and into the exam and treatment areas. The hospital's just-launched pediatric Cyberknife® program offers targeted radiosurgery not



**Michael S. B. Edwards, MD**, director of regional pediatric neurosurgery (left), and **Stephen Huhn, MD**, chief of pediatric neurosurgery (right), are dedicated to providing the best neurosurgical care for children with disorders from brain tumors to epilepsy.

just to the head, neck and spinal cord but to the entire body. The pediatric-dedicated area was designed and built to treat children under anesthesia, unlike its 'adults only' predecessor. Together the pediatric Cyberknife and the Gamma Knife® give doctors and parents a welcome non-invasive option for treating many types of pediatric cancers. In addition, the hospital's newly constructed MRI and CT suite was designed to accommodate the special imaging and sedation requirements of children with brain and spinal cord problems.

### CENTER FOR CHILDREN'S BRAIN TUMORS COMBINES RESEARCH AND CLINICAL STRENGTHS

The Packard Children's neurosurgical team has a vested interest in the treatments available to children and their families. Many were developed right next door at Stanford University and Medical School. The tradition continues: In September, the Listwin Family Foundation gave \$1 million to the hospital's Center for Children's Brain Tumors. Together with a matching gift by Price Charities, the funds will allow the Center's research team to use bioluminescent technology pioneered at Stanford to develop imaging techniques for early, non-invasive

detection of medulloblastoma growth, as well as to develop new chemotherapies and radiosurgical techniques.

Edwards and Matthew Scott, PhD, a professor of developmental biology, genetics and bioengineering at Stanford's School of Medicine, co-direct the center, which brings together more than 15 faculty members from a dozen Stanford departments. Pediatric neurologist Paul Fisher, MD, is the medical director of the center.

"Packard Children's clinical expertise, together with Stanford's incredible facilities for molecular biology research, will allow us to continue to develop therapies that are less toxic for patients and offer better cure rates," said Edwards, whose 2004 recruitment from Sutter Neurosciences Institute in Sacramento reflects a focus by Packard Children's and Stanford Medical School to rapidly translate laboratory discoveries into patient care advances.

"We chose the Center for Children's Brain Tumors because it combines Packard Hospital's strong clinical experience in treating brain tumors with Stanford's groundbreaking basic science research," Don Listwin said about the gift.

Continued on next page



In addition, members of the pediatric neurosurgical team continue to participate in the basic and clinical research that will shape the next generation of therapies for children with many types of neurological problems — cranial or spinal trauma, hydrocephalus, tethered cord, spina bifida, craniosynostosis.

“Having the university right here creates opportunities for really imaginative relationships between basic scientists and clinicians,” said Huhn.

### ADVANCED TECHNOLOGIES INCLUDE FETAL DIAGNOSTICS, NEUROENDOSCOPY

Although the current gift shines the spotlight on children with brain tumors, the team treats kids with many neurological conditions with the same intensity of purpose. They have an active and ongoing collaboration with their colleagues at the Charles B. and Ann L. Johnson Center for Pregnancy and Newborn Services to provide prenatal diagnosis and management of spina bifida, hydrocephalus, and other intrauterine complications.

“The teams work together to make the right medical decisions for the mother and the baby,” said Edwards. “Fetal MRIs and other advanced imaging techniques are used to monitor the progress of the pregnancy, and when appropriate, we are prepared to offer immediate and ongoing long-term care as soon as the child is born.”

Packard Children’s is also one of the few places in Northern California with the capability to perform neuroendoscopy. Although surgical treatment of hydrocephalus often involves placing a ventriculoperitoneal shunt to drain spinal fluid into the abdomen, it is sometimes possible to use neuroendoscopy to perform a third ventriculostomy. This technique allows the CSF fluid to drain from the blocked area into the area surrounding the brain and sometimes avoids the placement of a permanent shunt. Some causes of hydrocephalus, such as aqueductal stenosis, are particularly

amenable to third ventriculostomy, and the procedure is successful 90% of the time in selected patients.

Tethered cord is another neurological condition with multiple causes. It is particularly important to diagnose tethered cord early before neurological damage becomes irreversible. Early symptoms include loss of strength or function in legs and possible loss of bowel or bladder control. Neurosurgical assessment should occur as soon as possible after the onset of symptoms; if surgery is warranted, it is often effective in stopping any further deterioration of neurological function. Treatment of tethered cord is very complex and demands an experienced pediatric neurosurgeon.

### VASCULAR MALFORMATIONS

Children with vascular disorders of the brain end up under the care of Edwards or Gary Steinberg, MD, PhD. Steinberg, who is chief of neurosurgery at Stanford Hospital & Clinics, is internationally known for his surgical expertise in the treatment of Moya Moya disease, and families around the country seek him out to care for their children.

“Our team has more experience with pediatric Moya Moya cases than anyone in North America,” said Steinberg, “and we are seeing about two new cases a week.” He and Edwards, who, in addition to brain tumors, treats arteriovenous malformations, fusiform aneurysms and fistulas, collaborate with interventional radiologists Huy Do, MD, and Michael Marks, MD, to make a diagnosis and develop a treatment plan for patients. It may be possible in some cases to avoid surgery with the use of the neuroradiology or radiosurgical techniques.

In addition to their clinical and research efforts, the neurosurgical program at Packard Children’s is actively engaged in educational outreach, lecturing to medical students, hospitalists and community pediatricians about the unique needs of their young patients.

“We’re providing a high-tech, high-touch environment,” said Edwards.

Apparently it’s appreciated. The number of pediatric neurosurgical cases referred to the hospital has nearly quadrupled in the past three years. Patients come from Reno, Las Vegas, and points beyond; the hospital is now gearing up to open a satellite service at Children’s Hospital Central California in Fresno.

**For more information** about pediatric neurosurgery at Packard Children’s, call (650) 724-5344 Monday through Friday from 8 a.m. to 5 p.m. or visit [neurosurgery.lpch.org](http://neurosurgery.lpch.org).

### ANNOUNCING INSIDE PACKARD CHILDREN’S MONTHLY VIDEO NEWS RELEASE

Inside Packard Children’s is a new monthly video news release highlighting recent happenings at Lucile Packard Children’s Hospital. Check out the most recent edition by visiting [lpch.org](http://lpch.org) and click on the **Inside Packard Children’s** link.

### CHILD PSYCHIATRY CLINICS NOW PART OF LPCH OFFERINGS

Effective September 2006, the Child Psychiatry Outpatient Clinics are now an LPCH-based service. Formerly, the Child & Adolescent Psychiatry Clinics were part of the ambulatory program at Stanford Hospital & Clinics. The location of the Child Psychiatry Clinics will remain at 401 Quarry Road, and the wide range of psychiatric care for children and adolescents with medical conditions and specific disorders will continue.

## PACKARD CHILDREN'S EPILEPSY PROGRAM IDENTIFIES CANDIDATES FOR SURGERY, OTHER INTERVENTIONS



Neurologist **Donald Olson, MD**, uses advanced brain mapping techniques and neuropsychological testing to identify good candidates for surgical treatment for their epilepsy.

Early surgery may be the best option for children with medically refractory epilepsy, say neurologists at Lucile Packard Children's Hospital's Epilepsy Program. Not only do young children tend to have a better long-term medical outcome, they also can benefit psychologically from timely intervention.

"Ideally we'd like to identify those kids who are good candidates for surgical intervention before they reach adolescence," said program director Donald Olson, MD. Olson pointed out that it's better to address uncontrolled seizures early, before a child begins to feel permanently impaired by the condition.

In addition to surgery, the Epilepsy Program manages a vigorous, comprehensive clinic to diagnose and treat newborns to late teens. The clinic offers, among other approaches, vagus nerve stimulation, ketogenic diets, and access to investigational drug studies. A close working relationship with colleagues at Stanford Hospital & Clinics ensures a smooth transition to adult care.

Although children with clear focal abnormalities on brain MRI or CT scans are obvious candidates for surgery, the presence of focal seizures can indicate an abnormality even in a child

with clean scans. "We can often find subtle abnormalities in children whose previous MRI looked normal by doing high-resolution or PET scanning of an area with suspect EEGs," said Olson.

"We use advanced brain mapping techniques to first confirm the diagnosis and then to map the affected regions of the brain," said Olson. "We look for converging lines of evidence to indicate that surgery will likely be effective for that child. We don't go down the surgical path because the treatment might help but because we're quite confident that it will. There must be a reasonable expectation of benefit."

A child referred to the epilepsy program for consideration for surgery will likely undergo a one- to five-day inpatient

**"Most patients see their seizures either cease or significantly reduce in frequency after surgery."**

**Dr. Donald Olson**

stay. Anti-seizure medication will be reduced or discontinued during this time to allow successful brain mapping and detailed imaging of the region. They may also use neuropsychological testing to identify areas of the brain that may be functioning abnormally.

"For example," said Olson, "a child whose seizures originate in the temporal lobe may have deficits in his or her verbal memory if the left lobe is involved, or poor spatial processing if the right lobe is affected."

A subset of children may also have a grid of EEG electrodes implanted under the skull about a week before surgery to more precisely identify the area to be removed and to steer Packard Hospital's pediatric neurosurgeons away from critically

important areas of brain function. EEG monitoring continues during the surgery to further guide the procedure; patients are usually discharged within four to eight days.

"Most patients see their seizures either cease or significantly reduce in frequency after surgery," said Olson. "Although not everyone gets better, it's very rare that surgery makes the seizures worse." In addition to traditional surgery, Packard Children's also has a new, dedicated pediatric Cyberknife® available for certain epilepsy cases.

"We're investigating state-of-the-art, innovative approaches to epilepsy, like non-invasive radiosurgery and new imaging techniques," said Michael S. B. Edwards, MD, the hospital's regional director of pediatric neurosurgery. "We use a team approach; pediatric neurologists, neurosurgeons, interventional radiologists and neuropsychologists all play a role."

Even if a child doesn't seem like a candidate for surgery, Olson and his colleagues recommend referring a child with epilepsy-like symptoms to the clinic to obtain a definitive diagnosis.

"It's quite common for children to be misdiagnosed," said Olson. Medically fragile children, for example, often have psychological reactions to stress or fatigue that can look and sound like seizures. Clinic neurologists record the child's episodes with EEGs that can be obtained on an outpatient basis during the child's visit or with an overnight monitor that the child can wear home.

"This type of testing is relatively easy," said Olson, "and it's much better to be certain rather than to saddle a child for life with a diagnosis of epilepsy."

**For more information** about the Epilepsy Program or to schedule an appointment, please call (866) 213-2727 or visit [neurology.lpch.org](http://neurology.lpch.org). The neurology clinic is open Monday through Friday from 8 a.m. to 5 p.m.



## ADVERSE EVENTS IN NORTH AMERICAN NICUs IDENTIFIED OCCUR MORE FREQUENTLY THAN PREVIOUSLY REPORTED



**Paul Sharek, MD**, designed a chart-based trigger tool to identify adverse events in North American NICUs.

A study led by Paul Sharek, MD, chief clinical patient safety officer for Lucile Packard Children's Hospital, indicates that adverse events in neonatal intensive care units across North America occur more frequently and are more severe than previously reported. The authors reviewed records from 15 NICUs across North America. The intent of the study — the largest of its kind — was not to cast blame but rather to identify ways in which the naturally high-risk NICU environment can be made safer for patients through research and changes in clinical practice.

"Many of the harmful events we identified are not currently preventable," said Sharek, citing as an example a life-saving medicine with unavoidable adverse side effects. "But it's still vitally important to document these events so we can establish future priorities." In Sharek's example, a lengthy rap sheet for a particular treatment or drug may spark physicians and drug developers to look for alternatives.

Sharek and his colleagues were able to identify previously unreported adverse events — defined as harmful results of hospital care — by using a recently developed method of chart review known as the trigger tool method. In this method, trained medical staff scan patients' charts

for key events, medications, or labs — called triggers — that often occur in conjunction with an adverse event.

Despite their name, triggers aren't necessarily the cause of the event; sometimes they are the result. For instance, documented use of naloxone triggered a more intensive review of the use of and response to narcotics in the patient.

Interest in the topic of neonatal patient safety is running high: An October 4 Webcast announcing the results of the study, which was published in the October issue of the journal *Pediatrics*, had more than 500 participants.

Participation in the study was voluntary. The researchers limited their search to infants who spent at least two days in the NICU between November 2004 and January 2005. They found that about half of all the adverse events were preventable, and about 40 percent resulted in substantial and sometimes permanent harm. Only 8 percent of the adverse events had been previously identified using traditional reporting methods. The frequency of adverse events in the NICU is similar to those found in recent studies of adult intensive care

units, but in general the repercussions of the events were more severe. The authors corrected the results for the infants' birth weights and gestational age in an effort to take into account that some institutions, such as Packard Children's, treat higher-acuity cases.

Each institution received a report tallying its results. Although nearly all struggled with similar issues, some inter-site variations were enlightening. For instance, although many physicians and NICU staff believe that hospital-borne infections are inevitable in their highly fragile population, a few institutions had no nosocomial infections during the time frame of the study.

"This doesn't mean that some hospitals are inherently safer than others," said Sharek, who cautions against any direct comparisons. "These data provide a starting point for local and national efforts to decrease those adverse events with the highest frequency and greatest risk through patient safety interventions in the NICU." A similar study among 21 pediatric intensive care units, spearheaded by Sharek and Packard Children's PICU fellow Swati Agarwal, MD, is presently under way.

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## VASCULAR ANOMALIES CLINIC TREATS COMPLEX CASES

MULTIDISCIPLINARY TEAM DESIGNS TREATMENT PLAN FOR EACH PATIENT

Children with hemangiomas, port wine stains and other vascular anomalies can be treated by a team of multidisciplinary experts at Lucile Packard Children's Hospital's vascular anomalies clinic.

"We work together to help infants, children and adolescents whose conditions require the expertise of more than one type of specialist," said pediatric dermatologist and clinic director Anna Bruckner, MD. Bruckner works with pediatric otolaryngologists, plastic surgeons, surgeons, radiologists, and interventional radiologists to determine the best therapy for each child. The team reviews any available imaging studies before seeing a patient, who is then examined by all relevant members of the team. The clinic visit concludes with a

mini-conference during which the group discusses recommendations and devises a plan of therapy while the patient is still in the clinic.

Early referral is important for some conditions, such as rapidly growing infantile hemangiomas that threaten a child's eyesight or airway. Facial lesions that may require surgery are another example of a condition that benefits from the expertise of a multidisciplinary team.

"In some cases, our recommendation is to watch and wait," said Bruckner, "while for others treatment options range from corticosteroids to laser ablation, sclerotherapy or surgery. Because vascular anomalies vary so much from patient to patient, we carefully consider the disability that the lesion is causing and

weigh it against the risks and benefits of potential treatments. For each patient, our goal is to improve physical function and reduce disfigurement, but we must do so while respecting the natural history of the lesion."

### Contact Information

The Vascular Anomalies clinic is open on the second Wednesday afternoon of every month. For more information or to make an appointment, call the clinic's nurse coordinator Lisa Taylor at (650) 725-9961.

For more information about Packard Children's dermatology services, visit [dermatology.lpch.org](http://dermatology.lpch.org)

## NEVILLE GOLDEN IS NEW CHIEF OF ADOLESCENT MEDICINE

SPECIALIZES IN THE TREATMENT OF EATING DISORDERS

Lucile Packard Children's Hospital is happy to announce the upcoming arrival of Neville H. Golden, MD. Golden will serve as Packard Children's new chief of adolescent medicine after his arrival in January. He is currently the director of the eating disorders center in the division of adolescent medicine at Schneider Children's Hospital of Long Island Jewish Medical Center in New York.

"I am really excited to join one of the top-ranked children's hospitals in the country," said Golden. "I am happy to be part of a division that has garnered national recognition, and I hope to help further develop the program over the next decade." Golden is nationally renowned for his expertise in the medical complications of eating disorders, with a special focus on the development of osteopenia in anorexia. He is currently studying the use of hormone replacement therapies and bisphosphonates to improve bone mineral density in anorexia nervosa.

"The recruitment of Dr. Neville Golden, a nationally renowned leader in both adolescent medicine and eating disorders, gives us the opportunity to further develop programs that have been

so ably led by Dr. Iris Litt over the past two decades," said Packard Children's chief of staff Harvey Cohen, MD, PhD. "Dr. Golden will bring a unique academic approach to health issues facing adolescents and to improving the outcome for children with anorexia nervosa and bulimia. He also plans to develop a training program to attract the brightest young pediatricians to further enhance the health and well-being of adolescents."

"Adolescents today are faced with very different issues...there is pressure to excel academically, artistically or on the sports field."

Dr. Neville Golden

In addition to his long-standing interest in eating disorders, Golden will be exploring the possibility of opening a center for adolescent health at the hospital. "Adolescents today are faced with very different issues than my generation was," said Golden. "There is pressure to excel academically, artistically or on the sports

field. Most teens are able to navigate the adolescent years successfully, but some cannot and resort to other coping mechanisms. Depression, substance abuse, eating disorders and high-risk behaviors are prevalent among adolescents. The proposed center for adolescent health will provide a state-of-the-art facility where adolescents can receive comprehensive age-appropriate care that focuses on health promotion and risk reduction."

Golden received his medical degree from the University of Cape Town Medical School in Cape Town, South Africa. He completed his pediatrics residency at the Kaplan Hospital, Rehovot at Hadassah Medical School in Israel and his fellowship in adolescent medicine at the Brookdale Hospital Medical Center in Brooklyn. He is the immediate past president of the Nassau Pediatric Society and past chairman of the American Academy of Pediatrics New York Chapter 2 Committee on Youth and Adolescence. He is currently a Professor of Clinical Pediatrics at the Albert Einstein College of Medicine in the Bronx, and the Director of the Eating Disorders Center at Schneider Children's Hospital.



# FACULTY UPDATE

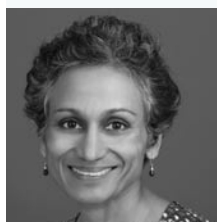
## FACULTY UPDATES



Pharmacy director **ROBERT POOLE, PHARM.D.**, is the 2007 recipient of the Richard A. Helms Award for Excellence in Pediatric Pharmacy Practice. The prestigious award was established to recognize pharmacists who have made sustained and significant contributions to the pharmaceutical care of children. The award was announced in September at the 15th Annual Pediatric Pharmacy Advocacy Meeting in San Francisco. Poole will receive the award and present a formal lecture at the next annual meeting in September 2007.



**CHARLES PROBER, MD.**, has been named the new Senior Associate Dean for Medical Education for Stanford's School of Medicine. "Dr. Prober is highly regarded for his passion and commitment to education," said the school's dean, Philip Pizzo, MD. "I am extremely pleased he has agreed to lead this important effort." Prober, a professor of pediatrics, microbiology and immunology, will succeed Julie Parsonnet, MD, on January 1, 2007.



**CHANDRA RAMAMOORTHY, MD.**, has been appointed vice president of the Congenital Cardiac Anesthesia Society. The organization is a new society within the Society for Pediatric Anesthesia. Ramamoorthy, who was recently promoted to a professor of anesthesia at Stanford Medical School, will serve as the program director for the new society's inaugural meeting in March 2007.



Pediatric rheumatologist **CHRISTY SANDBORG, MD.**, has been elected to the board of directors of the American College of Rheumatology. Sandborg, who was also recently appointed professor of pediatrics (rheumatology) at Stanford Medical School, is the chief of pediatric rheumatology at Packard Children's. She is also actively involved in the implementation of a pediatric/obstetric faculty practice organization at the hospital.



Pediatric nephrologist **MINNIE SARWAL, MD.**, has been invited to be a visiting professor by the department of medicine at Cambridge University in the United Kingdom. Cambridge has been a world leader in organ transplantation for decades. Sarwal, who is an associate professor of pediatrics (nephrology), helped to develop the first steroid-free immunosuppression protocol for pediatric kidney transplant patients. Her research focuses on understanding the molecular and immunological basis for transplant dysfunction.

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# LUCILE PACKARD CHILDREN'S HOSPITAL

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Physician Update is published as part of an ongoing effort to serve the needs of physicians who refer to Lucile Packard Children's Hospital at Stanford. To share comments or secure more information, contact:

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