



## LPCH'S CHILDREN'S HEART CENTER ADVANCES THE STANDARD OF CARE FOR CHILDREN WITH FAILING HEARTS

Fewer children than adults suffer from heart failure. Those who do are more likely than adult patients to have been born with heart disease and are less likely to experience problems related to blocked or narrowed arteries. That's part of the reason why it's been difficult for experts to come to a consensus about how best to define, stage and treat heart failure in children.

"There hasn't been a cohesive approach to managing children with heart failure," said Lucile Packard Children's Hospital pediatric cardiologist David Rosenthal, MD. "Until recently, small numbers of children were treated at many different hospitals, each with their own preferred approaches. The state of the medical science was rudimentary, and there were not many effective therapies."

**"There hasn't been a cohesive approach to managing children with heart failure."**

Rosenthal, an associate professor of pediatrics at Stanford's School of Medicine, directs LPCH's pediatric heart failure program — one of the first in the country. Recently he spearheaded an effort to bring together members of the pediatric heart failure and transplant community from around the country to

review the scientific literature and generate the first-ever set of guidelines for managing heart failure in children. The guidelines were published in the December 2004 issue of the *Journal of Heart and Lung Transplantation*.

"Most pediatric heart failure doctors in the country are represented on the paper," said Rosenthal.

The authors summarize the recent literature and propose a new method of staging heart failure in infants and children. They also provide a comprehensive set of management recommendations for heart failure in children with normal and structurally malformed hearts. They discuss the weight of evidence for or against specific drug treatments and the appropriateness of surgical intervention or total or partial mechanical support, as well as the management of arrhythmias.

"In addition to providing critical clinical guidance, we're hoping the guidelines will influence the pediatric heart failure research agenda," said Rosenthal. "We tried to structure the guidelines in such a way to make it clear where our practices are well supported by data and where they are not."

The guidelines are just the latest example of the impact LPCH's Children's Heart Center has on the lives of children whose hearts are failing. Begun two and a half years ago, the goal of the pediatric heart failure program is to intervene early, before a child's problem is so far along that nothing can be done. The program has mushroomed from two patients a week to about a dozen now, says Dan Bernstein,



**DAVID ROSENTHAL, MD**  
Director, Pediatric Heart  
Failure Program

MD, the hospital's chief of cardiology, co-director of the Children's Heart Center and a professor of pediatrics.

Camila Gonzales and Miles Coulson are living examples of the heart failure program's commitment to capitalize on new technologies and surgeries to treat dangerously ill children. In February 2004, at only 22 months of age, Camila was diagnosed with restrictive cardiomyopathy, leading to extremely high blood pressure in the pulmonary artery. By September, the pressure in her lungs was five times normal, too high for a donor heart to remain functional after transplant.

Rosenthal and cardiothoracic surgeon Bruce Reitz, MD, decided the best solution for Camila was a heterotopic heart transplant, in which a donor heart supplements, rather than replaces, the patient's own heart. Previously only eight children had received heterotopic heart transplants in the United States. Although heart-lung transplants are

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**DANIEL BERNSTEIN, MD,**  
Chief, Pediatric Cardiology,  
Co-Director Children's  
Heart Center

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usually favored for children with conditions like Camila's the wait for a donor is usually longer than for a heart alone, and long-term survival is better for heart-only transplants.

In September, Camila became the youngest patient in the United States to undergo a heterotopic heart transplant. Four weeks after surgery the blood pressure in her lungs had dropped to near normal levels, and her two hearts were growing and working together. Although Camila still faces all the risks of a traditional heart transplant recipient — including immune suppression problems and a chance of chronic rejection — her long-term prognosis is as good as a patient's whose own heart has been replaced by a single heart, Bernstein said.

"In the last five to ten years, there's been a marked improvement in long-term survival," Bernstein said. "Of 17 heart transplants performed at Lucile Packard Children's Hospital last year, there have been no early deaths. Many of our heart transplant patients are doing very well 10 or 25 years post-transplant. There's no reason to think Camila won't do the same."

Like Camila, five-month-old Miles' heart was failing, in his case most likely due to a viral infection during his first weeks of life. Because the wait for a donor heart from an infant can be long, his doctors began looking for other ways to keep Miles alive in the interim. Miles was failing on extracorporeal membrane oxygenation when a last ditch

effort by LPCH physicians and administrators convinced the FDA to allow emergency importation of a Berlin heart pump. The device, which had been used only three other times in this country, sustained Miles for seven weeks until a compatible donor heart became available. Since Miles' successful transplant, the same physicians used the device to keep Modesto toddler Serafina Akard alive for nearly eight weeks until a donor heart became available in late June.

The doctors in the LPCH Heart Failure Program have also developed other novel treatments for children to delay or avoid heart transplantation. Based upon work previously performed in adults, Rosenthal and Anne Dubin, MD, have used cardiac pacemakers to resynchronize the motion of failing hearts in children. Although the unique types of problems faced by children with heart failure have led to many technical

challenges, the results of their efforts have been very worthwhile for both left and right ventricular disease.

"Many of the children we have treated would have deteriorated or died otherwise," says Rosenthal.

**To read more** about Miles' and Camila's stories, visit <http://mednews.stanford.edu/stanmed/2005winter/baby-hearts.html>. For more information about heterotopic heart transplant visit [heterotopic.lpch.org](http://heterotopic.lpch.org).

To read the news reports about Miles' wait and transplant, visit <http://news-service.stanford.edu/news/2004/september1/med-baby-91.html> and <http://news-service.stanford.edu/news/2004/september22/med-coulson-922.html>.

**To get more information** about the Pediatric Heart Failure Program and heart transplantation at LPCH visit [hearttransplant.lpch.org](http://hearttransplant.lpch.org) or call (650) 497-8830.

### CAR SEAT FITTING STATION: LPCH'S "SAFELY HOME" CAR SEAT FITTING STATION PROGRAM PROVIDES ACCESS TO CERTIFIED INSTALLATION TECHNICIANS

Installing a thousand car seats is a daunting task, but Lucile Packard Children's Hospital technicians accomplished the feat in less than nine months. The "Safely Home" car seat fitting station — one of the only such programs in California based at a children's hospital — was initiated after a pilot study at LPCH showed that parents who watch a trained technician install their child's car seat are more likely to remember how to do it safely themselves. The process is surprisingly complicated.

"When I first started training for the 'Safely Home' project, I thought 'How hard could it be?'" said LPCH's community outreach liaison Benjamin Arias. But after about 32 hours of intense training provided by the National Highway Traffic Safety Administration, Arias, who is now a certified child passenger safety technician, changed his tune.

"It was like taking a drink of water from a fire hose," he admitted. "Not all car seats are compatible with every vehicle, and the written instructions are often not clear. There are certain tricks to learn for each model, like how to apply pressure to specific points on the seat."

"Close to 90 percent of all car seats are not installed correctly," said community relations manager Nancy Sanchez. "Ben walks the parents through methodically and gently, showing them how to put the car seat in the car, and how to fasten the restraints around the child."

"Parents love this service," said Arias. "They're very grateful."

Parents interested in the service, which is stationed in the hospital's parking garage at 725 Welch Road in Palo Alto, should make an appointment by calling (650) 736-2981. Sessions usually take about 30 to 40 minutes.

## WEB SITES PROMOTING EATING DISORDERS ARE POPULAR

TEENS LEARN TIPS, TRICKS FROM THE INTERNET, SAY LPCH RESEARCHERS

Web sites that actively promote anorexia and bulimia are used by a significant number of adolescents with eating disorders, according to researchers at Lucile Packard Children's Hospital and Stanford's School of Medicine.

Visitors to these sites obtain tips on losing weight and hiding their food-avoidance tactics from friends and family members, the researchers found. They also spend less time on schoolwork than their peers, and more time in the hospital than those who do not use the sites.

"These Web sites are founded on the mistaken belief that eating disorders are not a disease, but a way of life," said co-author Rebecka Peebles, MD, an instructor in pediatric medicine and a member of LPCH's Division of Adolescent Medicine. "They are well designed and alluring, often with a gateway emphasizing the danger of the site that can be attractive to teens."

Peebles, who studies both eating disorders and obesity, and medical student Jenny Wilson, collaborated on the research which was presented in May at the annual meeting of the Pediatric Academic Societies in Washington, D.C. Iris Litt, MD, the Marron and Mary Elizabeth Kendrick Professor in Pediatrics and an LPCH specialist in adolescent medicine, was the senior advisor for the work. Litt is also former editor-in-chief of the *Journal of Adolescent Health*.

The research is the culmination of a preliminary study conducted through an anonymous survey of medical histories and Internet use sent to the families of adolescents diagnosed with an eating disorder at the hospital since 1997. Patients and parents were asked to fill out separate forms documenting their struggles with the condition; 52 adolescents and 77 parents responded.

Wilson and Peebles found that 40 percent of the adolescents who responded had visited Web sites promoting eating disorders and 34 percent had visited sites

dedicated to recovery from the condition. About one-quarter frequented both types of sites, and half the respondents had visited neither.

Although adolescents who visited the pro-eating disorder sites reported spending less time on schoolwork and more time in the hospital, they did not differ from those who didn't visit these sites in a number of other health measures: how their weight compared with their ideal body weight, duration of the eating disorder, number of missed menses and presence or absence of osteoporosis.

While the sites provide "thinspiration" in the form of pictures, body weight goal charts, exercises and low-calorie recipes, they don't uniformly tout the perceived advantages of eating disorders.

"There is a profound ambivalence that embodies the pro-eating disorder sites," said Peebles. "There are discussions in chat rooms and on bulletin boards about how much the disorder pains sufferers and cautioning others against trying too hard to lose weight."

The researchers also found that about one-quarter of those visiting Web sites intended to help teens recover from eating disorders actually learned about and tried new weight loss techniques or diet aids as a result of their visit. Of course, teens learned similar tactics from sites promoting eating disorders: more than 60 percent of adolescents visiting those sites tried new techniques as a result.

The researchers' study underscores how dependent teens are on the Internet for health information and peer support. Adolescents typically use sites promoting eating disorders as a forum to express their innermost thoughts and feelings, the researchers said. Perhaps as a result, teens visiting the pro-eating disorder sites were more likely to describe themselves as recovering from the disorder than were peers who did not visit the sites.



**REBECKA PEEBLES, MD**  
Adolescent Medicine Specialist

"It's such a dichotomy," said Peebles. "Teens enter the sites promoting eating disorders possibly to gain solidarity and to express their pride in and publicize what they see as a life-style choice. At the same time they are cautioning others not to follow in their footsteps."

The researchers cautioned that the results of this study are preliminary. They plan a larger, prospective study designed to more closely follow health outcomes in newly diagnosed eating disorder patients who visit the sites. But in the meantime, they hope their results will serve as a wake-up call for physicians treating adolescents with eating disorders, who may underestimate the influence the Web sites may be having on their patients.

"Medical professionals need to recognize the important role the Internet is playing in the education and miseducation of their patients," said Litt. "These Web sites offer peer group support, which can be used for good or for evil."

**For more information** about LPCH's Adolescent Medicine Division visit [adolescentmedicine.lpch.org](http://adolescentmedicine.lpch.org). To refer a patient, call (650) 694-0600.



## PHYSICIAN SURVEY:

LPCH CONTINUES TO IMPROVE SERVICES TO REFERRING PHYSICIANS IN THREE MAIN AREAS: COMMUNICATION, REFERRALS AND OUTPATIENT APPOINTMENTS.

LPCH recently surveyed 700 pediatricians and obstetricians and gynecologists from Santa Clara, San Mateo, Southern Alameda, Monterey and Santa Cruz counties. Sixteen percent of those polled responded. Here's what they had to say:

Overall satisfaction is high — 73 percent of respondents were extremely or very satisfied with the services LPCH provides. However, 27 percent are somewhat, not very or not at all satisfied. Better communication and follow-up with referring physicians was cited by 36 percent of the respondents as an area that needed improvement. Ten percent also felt LPCH needed to make setting up an appointment for a patient at the hospital easier. Other areas for improvement include getting an appointment in a timely manner, improving the referral process, and providing more beds and more private rooms.

On average, respondents were very satisfied with the accuracy, clarity and usefulness of patient information, but only somewhat satisfied with the timeliness in which they received that information. The referring physicians were very satisfied with the courtesy and helpfulness of faculty members, but only somewhat satisfied with their accessibility.

Scheduling admissions, tests and outpatient clinic visits can be difficult, said the respondents. On average, respondents were only somewhat satisfied with scheduling services.

### WE'RE LISTENING

Community physicians consistently asked for better communication and follow-up with LPCH staff and for more streamlined ways to refer patients. They'd like more efficient scheduling of outpatient visits, and better, speedier access to their patients' laboratory results and medical records. LPCH is addressing these concerns in a variety of ways:

#### Better communication:

MD Portal is a Web-based access point for referring physicians to obtain near real-time information about patients they've referred to the hospital, including admission records, lab results, transcriptions and face sheets. Community physicians are now able to register online for the service.

#### Smoother referrals:

Referring physicians can refer patients through either the MD Portal or the Physicians Referral and Consultation Hotline at (800) 995-LPCH (5724). The hotline is available 24 hours a day, seven days a week to facilitate admissions, help

contact LPCH physicians and staff, and provide any other type of assistance to referring physicians.

#### Decreased wait for outpatient appointments:

Ongoing efforts, including increased clinic hours, additional staff and new appointment types facilitating urgent referrals, decreased the average wait time for the third-next-available specialist appointment (a commonly used benchmark of accessibility) from two to three months a year ago to fewer than ten days today. Clinics with improved access include neurology, diabetes, gastroenterology, pulmonology and rheumatology. Clinic phone trees have an option for referring physicians that will place them at the head of the scheduling line. Referring physicians are encouraged to call an LPCH physician's office directly if they have additional concerns.

We are working to continually improve service to our referring physicians and will keep you informed of our progress. Also, we will continue to provide updates on the changes we are making to address our referring physicians' needs over the months ahead. If you have questions or concerns, please email Terry O'Grady, RN, MS, the director of Community and Physician Relations at [togrady@lpch.org](mailto:togrady@lpch.org).

## PEDIATRIC SURGEON GARY HARTMAN JOINS LPCH

HARTMAN WILL PROVIDE SERVICES AT BOTH LPCH & GOOD SAMARITAN

Lucile Packard Children's Hospital and Good Samaritan Hospital in San Jose recently announced the expansion of pediatric general surgery services in the South Bay. LPCH pediatric surgeon Gary Hartman, MD, will be providing pediatric surgical services at Good Samaritan. His expertise will complement that of pediatric surgeon Abe Piramoon, MD, who has been with Good Samaritan for over 23 years and has performed over 5,000 surgeries to date.

"I am very excited about joining the pediatric surgery program established at Good Samaritan Hospital by Dr. Piramoon," said Hartman. "My colleagues at Lucile Packard Children's Hospital and Stanford School of Medicine and I look forward to providing full-time services on-site at Good Sam and in our new South Bay office as well."

Hartman, who arrived at LPCH from Children's National Medical Center and Georgetown University, is LPCH's director of regional pediatric services and a professor of surgery at Stanford's School of Medicine. He recently achieved national recognition as the lead surgeon

in the successful separation of conjoined twins at Children's National Medical Center in June 2004.

"We are most pleased to have Dr. Hartman join our medical staff," said William Piché, CEO of Good Samaritan Hospital. "He is an exceptional pediatric surgeon with a national reputation for leading-edge medicine. The addition of Dr. Hartman to our pediatric medical staff will enable us to provide additional medical care to children across the Bay Area."

"The children and families in the South Bay are very fortunate to have such a nationally recognized, highly skilled and experienced pediatric surgeon join the staff at Good Samaritan Hospital as a provider of full-time pediatric surgical services," concurred Craig Albanese, MD, chief of pediatric surgery at LPCH and professor of surgery at the Stanford School of Medicine.

Dr. Hartman's South Bay office and children's specialty clinic will be located at 14651 Bascom Ave., Room 150, in Los Gatos; phone (408) 879-9153.

### CASTRO COMMONS — WHO, WHAT AND WHERE

As part of LPCH's current expansion, many of the hospital's clinics and diagnostic services have moved to new locations. The Castro Commons facility in Mountain View is the new home for several clinics:

- Adolescent Medicine — (650) 694-0600
- Eating Disorders — (650) 694-0600
- Pediatric Weight Clinic — (650) 736-2114
- Dermatology (in addition to 770 Welch Road in Palo Alto) — (650) 736-7642
- Neurology (in addition to 730 Welch Road) — (650) 723-6841

The clinics provide increased space, child-friendly exam rooms and adequate parking. For a complete list of the new locations of all clinics, visit [construction.lpch.org](http://construction.lpch.org) and click on the link 'list of new clinic and service locations'.

**From Highway 101 North or South:** Exit Shoreline Blvd. and head toward Mountain View. Turn left on El Camino. Turn right on Castro Street.

**From Highway 280:** Exit El Monte Avenue and head toward Mountain View. Turn right on El Camino. Turn right on Castro Street.



1174 Castro Street, Suite 250,  
Mountain View, CA 94040



**GARY HARTMAN, MD**  
Clinical Professor

Dr. Hartman returns to the Bay Area after 11 years. He left in 1993 after serving as an associate professor in pediatric surgery at the Stanford School of Medicine. He had been chairman of the department of pediatric surgery at Children's National Medical Center in Washington, D.C., since 1995 and chief of pediatric surgery at Georgetown University since 1999. Dr. Hartman holds leadership positions in a number of national surgical associations and is currently president of the Association of Pediatric Surgery Training Program Directors. His clinical interests include surgical oncology and neonatal and laparoscopic surgery. In addition to his new role at Good Samaritan, Dr. Hartman is also the director of regional pediatric services at LPCH and a professor of surgery at the Stanford School of Medicine.

### SAFETY AWARD:

#### 2005 RACE FOR RESULTS AWARD AWARDED TO LPCH

Lucile Packard Children's Hospital at Stanford has received the 2005 Race for Results Award from the Child Health Corporation of America — its fourth in 12 months for ongoing improvements in patient safety. The hospital won the award for a program that significantly reduced the already low number of adverse drug events at the hospital over a two-year period.

"We are extremely proud of our patient safety track record," said LPCH's CEO Christopher Dawes. "These awards reaffirm the commitment of the hospital's leadership and staff to provide the very best in patient care."

Patient safety emerged as a national priority after a 1999 Institute of Medicine report stated that 98,000 Americans die each year from preventable medical errors made in hospitals. As a result, hospitals around the country have been striving to implement new procedures to reduce mistakes. LPCH's Board of Directors made improvements in patient safety, the hospital's number-one priority in 2003.

The focus has paid off. During the past 12 months, LPCH not only bested 39 other children's hospitals for the Race for Results Award. It also received perfect scores on two other national surveys: the Leapfrog Group's ranking of 27 patient-safety practices, and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey, which heavily emphasizes patient safety. In a separate survey, LPCH's incidence of adverse drug events was also shown to be one of the lowest among children's hospitals across the nation.

"LPCH's leadership can be commended for promoting a world-class culture of safety," said chief clinical patient safety officer and medical director of quality management Paul Sharek, MD, MPH. "We've become thought leaders in pediatric patient safety, combining nationally respected research with effective techniques to integrate literature-based best practices as soon as they are developed."



## ASYMPTOMATIC HIV-INFECTED NEWBORNS MAY BENEFIT FROM EARLY DRUG TREATMENT, STANFORD STUDY SHOWS

Identifying and treating HIV-infected newborns is a race against the clock, according to a study from Lucile Packard Children's Hospital and the Stanford University School of Medicine. Researchers found that HIV-infected infants treated with one or two antiretroviral drugs within two months of birth were less likely to develop AIDS by their third birthday than were infants who were 3 or 4 months old when treatment began. Infants who received a combination of three antiretroviral drugs did even better.

"This is an important finding because there's been a lot of controversy in the literature as to whether infected but asymptomatic infants should be started on therapy right away," said the study's senior author Yvonne Maldonado, MD, a pediatric infectious disease expert at LPCH and associate professor of pediatrics at Stanford's School of Medicine.

Without any kind of treatment, about 20 to 30 percent of HIV-infected infants will develop AIDS by around 4 months of age. The rest will not have advanced symptoms until they are about 6 years old. The study, published May 11 in the *Journal of the American Medical Association*, suggests that early treatment might be appropriate for at least some apparently healthy infected infants.

"There is a significant difference in the likelihood of disease progression [with earlier treatment], even though there is only about a month separating the initiation of therapy in the two groups," Maldonado said. "And none of the children who received triple therapy progressed to AIDS before their third birthday, regardless of the age at which they began therapy." (Therapy with a combination of three drugs, known as highly active antiretroviral therapy, or HAART, was not available when the study began in 1988.)

Current guidelines for treating HIV-infected infants leave the decision of when to begin treatment to the child's

physician — in part because the long-term effects of ongoing antiretroviral treatment are unknown. Concerns about the drugs' possible toxic side-effects and the development of viral resistance to available treatments must be balanced against a desire to do everything possible to keep infected children healthy.

Maldonado and her colleagues collected data from hospitals throughout Northern California over a 17-year period. Statistical calculations indicate that their sample of 205 children represents nearly every HIV-infected child born in the area during that time — an unbiased sample that allowed them to analyze all infected babies, not just the sickest.

"We were able to analyze children with the full spectrum of disease across many years, rather than using mathematical models to predict the development of illness in the children," said Maldonado. "We were able to see the real distribution of illness, what kinds of treatment the children were given and the ages when they started treatment."

The researchers divided the HIV-infected newborns into three groups — those born from 1988 to 1991, from 1992 to 1995 and from 1996 to 2001 — based on the types of therapy available in those years. Members of the early group were usually evaluated for infection by their first birthday; those in the middle and late groups were assessed within the first month. Those in the late group benefited from the introduction of a special type of antiretroviral drug called a protease inhibitor. The researchers followed the children for the first three years of life, tracking the age at which they developed AIDS and the rate of survival through the third birthday.

As might be expected, infants born later in the study period were more likely to receive triple therapy and less likely to experience AIDS-related complications or death. In fact, none of the 23 children who received triple therapy died or developed AIDS before their third



**YVONNE MALDONADO, MD,**  
Pediatric Infectious Disease Expert

birthday. In contrast, about 55 percent of the children in the first two groups died of AIDS. When the researchers compared the outcomes in the first two groups, they found that any type of antiretroviral therapy delayed disease progression and enhanced survival.

"We've clearly shown that early treatment of asymptomatic infants — no matter what it is — makes a big difference in preventing or delaying the progression of the disease," said Maldonado. "Now we have to move forward to figure out if this treatment is going to be appropriate for everyone."

Clinical trials are needed to determine if every infected newborn should be treated or if some subsets of infants will benefit more than others, Maldonado explained. In the meantime, the findings emphasize the importance of testing pregnant women for HIV and watching for signs of infection in the newborns of women who have tested positive for HIV.

**For more information** about LPCH's Infectious Diseases Program, visit [id.lpch.org](http://id.lpch.org). To refer a patient, call (650) 723-5682.

## FACULTY UPDATE

### FACULTY UPDATES



**ERIC SIBLEY, MD, PHD**, assistant professor of pediatrics, has been selected to become the editor-in-chief of the *Journal of Pediatric Gastroenterology and Nutrition*. The School of Medicine will be the home of this prestigious international publication for a five-year term beginning Jan. 1, 2006.

Sibley is the associate director (research) of the Stanford Pediatric Gastroenterology Fellowship training program and a research base investigator in the National Institutes of Health-sponsored Stanford Digestive Disease Center. His research interests focus on molecular regulation of gene expression in the developing intestine, with a particular interest in transcriptional regulation of the intestinal lactase gene.

In addition to Sibley, six of the new associate editors and a biostatistical consultant are faculty from the School of Medicine and Lucile Packard Children's Hospital. They include Dorsey Bass,

MD; William Berquist, MD; Ricardo Castillo, MD; Kenneth Cox, MD; Tyson Holmes, PhD; Melissa Hurwitz, MD and John Kerner, MD. The appointments were approved by the executive council of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition.



Pediatric pulmonologist **JOHN D. MARK, MD**, joined LPCH on July 1st as clinical associate professor of pediatrics, pediatric

pulmonary division at LPCH. Formerly an assistant professor of clinical pediatrics at the University of Arizona, Tucson, Mark has a dual interest in pulmonology and integrative medicine. Mark will be responsible for several aspects of the Division's program including care at the LPCH unit at El Camino Hospital in Mountain View, outreach clinics in Santa Cruz and Monterey, and LPCH clinics. He will also play a major role in the teaching program.

### PUBLICATIONS

Factitious disorder and malingering in adolescent girls: case series and literature review. Peebles, Sabella, Franco, and Goldfarb. *Clinical Pediatrics*. 2005 Apr;44(3):237-43.

A pulmonary score for assessing the severity of neonatal chronic lung disease. Madan, Brozanski, Cole, Oden, Cohen, and Phelps. *Pediatrics*. 2005 Apr;115(4):e450-7.

Single-dose, sustained-release epidural morphine in the management of postoperative pain after elective cesarean delivery: results of a multicenter randomized controlled study. Carvalho, Riley, Cohen, Gambling, Palmer, Huffnagle, Polley, Muir, Segal, Lihou, Manvelian; DepoS Study Group. *Anesthesia and Analgesia*. 2005 Apr;100(4):1150-8.

Postoperative analgesia after spinal blockade in infants and children undergoing cardiac surgery. Hammer, Ramamoorthy, Cao, Williams, Boltz, Kamra, and Drover. *Anesthesia and Analgesia*. 2005 May;100(5):1283-8.

Temporal trends in early clinical manifestations of perinatal HIV infection in a population-based cohort. Berk, Falkovitz-Halpern, Hill, Albin, Arrieta, Bork, Cohan, Nilson, Petru, Ruiz, Weinrub, Wenman, and Maldonado; California Pediatric HIV Study Group. *Journal of the American Medical Association*. 2005 May 11;293(18):2221-31.

Reduced amygdalar gray matter volume in familial pediatric bipolar disorder.

Mark received his medical degree from the University of Kansas School of Medicine. He completed his residency in pediatrics at the Children's Mercy Hospital in Kansas City, Missouri, and a fellowship in pediatric pulmonology at the University of Rochester School of Medicine and Dentistry. He joined UC Davis Medical School as a faculty member in 1984 where he led their cystic fibrosis center and pediatric pulmonary apnea clinic until joining a private practice in Santa Cruz in 1985. From 1988 to 1992 he served as the medical director of pediatrics and the level II nursery at Dominican Hospital in Santa Cruz; from 1993 to 1999 he filled the same position at Natividad Medical Center in Salinas. From 1996 to 2000 he also served as a clinical assistant professor in pediatrics at LPCH. In 2001 he completed a fellowship in pediatric integrative medicine at the University of Arizona in Tucson before joining the faculty there.

Chang, Karchemskiy, Barnea-Goraly, Garrett, Simeonova, and Reiss. *Journal of the American Academy of Adolescent and Child Psychiatry*. 2005 Jun;44(6):565-73.

Changes in neurodevelopmental outcomes at 18 to 22 months' corrected age among infants of less than 25 weeks' gestational age born in 1993-1999. Hintz SR, Kendrick DE, Vohr BR, Poole WK, Higgins RD; National Institute of Child Health and Human Development Neonatal Research Network. *Pediatrics*. 2005 Jun;115(6):1645-51.

Aging, immunity, and the varicella-zoster virus. Arvin. *New England Journal of Medicine*. 2005 Jun 2;352(22):2266-7.

# LUCILE PACKARD CHILDREN'S HOSPITAL

## IMPORTANT CONTACT INFORMATION

### Physician Hotline for Referral & Consultation

24-hour, immediate referral and consultation

Tel. (800) 995-5724  
Fax. (650) 843-0136  
referral@lpch.org

### Critical Care Consultation & Transport

24-hour, immediate consultation for neonatal, pediatric and maternal critical care and transport issues

(650) 723-7342  
(877) 464-5724

### Hospital Page Operator

24-hour access  
(650) 497-8000

## OTHER CONTACTS FOR REFERRING PHYSICIANS

### Admissions

(800) 995-5724 / (650) 497-8229

### Continuing Medical Education

(650) 497-8554

### Diagnostic Imaging

(650) 497-8376

### Radiologist Consult

(650) 497-8757

### Grand Rounds

(650) 723-5535

### Health Plan Services

(650) 736-0167

### Medical Group Services

(650) 736-0167

### Medical Staff Services

(650) 497-8566

### Professional Services Billing for Physicians

(650) 498-5850

## PHYSICIAN REFERRAL LIAISON SERVICE

Providing assistance and information to referring physicians and their staff.

Monday – Friday  
8 am – 5 pm  
Tel. (800) 756-5000  
Fax. (650) 498-2526  
referral@lpch.org

## CME COURSES

### Clinical Innovations in Pediatric Cardiovascular, Neurosurgical and Transplant Medicine

August 13, 2005  
Embassy Suites Hotel, Las Vegas, NV

### Autism Spectrum Disorders: A Guide for the Pediatric Primary Care Provider

September 23, 2005  
Crowne Plaza Cabana, Palo Alto, CA

### For More Information

Please call (650) 497-8554 or visit [www.cme.lpch.org](http://www.cme.lpch.org)

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Children's Hospital  
AT STANFORD



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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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