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James Lock, MD, PhD, Psychiatric Director, Lucile Packard Children's Hospital Comprehensive Eating Disorders Program

Packard Children's Eating Disorders Program

DECADES OF EXPERIENCE COUPLED WITH THE LATEST TREATMENT PROTOCOLS

Thirty years ago, a young woman seeking treatment for anorexia could expect a months-long stay at Stanford Hospital. Now many patients of Lucile Packard Children's Hospital's Comprehensive Eating Disorders Program—from young adolescents to those up to 21 years old—are cared for as outpatients. This allows them to maintain vital social and academic relationships, and permits parents to assume an active role in their child's recovery.

"Lengthy hospitalization was necessary

at the time," said child psychiatrist James Lock, MD, PhD, "because we had no effective, research-based treatments. Now we know that it's much more developmentally healthy to keep these kids in the community if at all possible and to involve their family in the re-feeding and recovery process."

Lock, who is the psychiatric director of the hospital's Eating Disorders Program for Children and Adolescents, is no stranger to evidence-based treatments for anorexia nervosa and bulimia nervosa.

He pioneered the family-based approach, known as the Maudsley method, in this country, and he is the principal investigator of a soon-to-be-completed \$2 million NIH-funded trial conducted with researchers from the University of Chicago comparing family-based treatment with ego-oriented individual psychotherapy in 120 adolescents with anorexia nervosa.

"We provide the most advanced, most effective treatments available," said Lock. "We're very family and developmentally oriented, and we're uniquely able to

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understand and address the differences between what a 9- versus a 14- versus a 21-year-old patient will need. We offer a blame-free, solution-focused approach.”

Seamless Medical and Psychiatric Treatment

“The Comprehensive Eating Disorders Program is a major component of the Center for Adolescent Health at Packard Children’s Hospital, where children, adolescents and young adults receive the most sophisticated medical and psychiatric care in a developmentally appropriate setting,” said Neville Golden, MD, chief of adolescent medicine at the hospital and leader of the Center. The program is staffed by pediatricians specializing in adolescent medicine, child psychologists and psychiatrists, nutritionists, social workers, and psychiatrically and medically trained nurses. Like Lock, many of the physicians are nationally known for their clinical and research expertise in anorexia, bulimia, and eating disorders not otherwise specified.

“Our program has never stopped innovating,” said Lock. “What we do is absolutely cutting edge, and it’s led by leaders in the field of eating disorders. We offer our patients and their families a unique history of excellence.” The program couples the longest continuously running inpatient program with an evidence-based outpatient program that uniquely coordinates medical and psychiatric treatment.

“We’re known locally for our very strong inpatient program for the most medically fragile teens, but nationally and internationally we are best known for our outpatient treatments,” said Lock. “Our expertise in this area allows us to carefully monitor the medical status of our outpatients and respond quickly and appropriately to any subtle signs of a worsening condition. We are perfectly positioned to make sure our outpatients stay medically safe.”

Lock and his colleagues draw from decades of experience to plan the most effective course of treatment for each patient. They tailor their therapies to the specific family dilemmas, age and individual circumstances of each patient. They’ve found that early intervention, before a patient’s medical condition becomes dire, is the most effective way to break the eating disorder cycle.

“Referring physicians, parents or even adolescents shouldn’t hesitate to call us for help if an eating disorder is suspected,” said Lock. “We have the best chance to defeat this illness at the earliest possible stages.”

Adolescents or young adults referred to the eating disorders program will undergo a thorough diagnostic exam, including a medical and psychiatric evaluation, nutritional assessment, and growth and development evaluation. Signs of osteopenia or osteoporosis will also be assessed.

Physicians will work with the patient and his or her family to determine which of a variety of therapeutic approaches will be most helpful in combating the disorder. All therapies are eating disorder specific, developmentally focused and tailored to the problems of each patient. They include cognitive, behavioral, intrapersonal, psychodynamic and family-based therapy. “We are

Early Warning Signs of an Eating Disorder

- Dieting books or behavior
- Evidence of visiting Web sites that promote eating disorders
- Sudden decision to become a vegetarian
- Increased picky eating focusing on “healthy foods”
- Always going to the bathroom immediately after eating
- Multiple showers per day, particularly after eating
- Unusual numbers of stomach flu episodes
- Skipping meals
- Large amounts of food missing

Act-Now Signs and Symptoms

- Fasting and skipping meals regularly
- Refusing to eat with the family
- Two skipped menstrual periods in girls in conjunction with weight loss
- Any binge-eating or purging episodes
- Discovery of diet pills or laxatives
- More than an hour of exercise each day and weight loss
- Persistent refusal to eat nondiet foods
- Refusing to allow others to prepare foods
- Extreme calorie counting or portion control
- Refusing to eat with friends

revolutionizing the treatment of anorexia nervosa and other eating disorders,” said Lock. “We use objective, published data about our outcomes to inform our treatment protocols. In particular, we’re finding that early intervention that involves the parents can be efficient, effective and economical.”

Focus on Families

Involving family members in a child’s recovery has been a key component of Packard Children’s Comprehensive Eating Disorders Program for years. The practice represents a significant change from previously accepted treatments.

“We’ve gone from laying the blame for eating disorders at the feet of the parents to really seeing these conditions as diseases,” said Lock, who introduced the treatment to the United States in 2001 when he and colleagues published the first treatment manual using the approach. “Family-based therapy has gone from being basically unknown to being listed as a treatment of choice for adolescents with anorexia nervosa.”

Lock estimates that he and his colleagues have trained more than 1,000 eating disorder specialists around the country to



incorporate family-based therapy into their treatment protocols. Lock has also co-authored a book for parents about the therapy called *Help Your Teenager Beat an Eating Disorder*.

Ongoing Research Advances Treatment

Ongoing research has been a component of the eating disorders program since its inception in the mid-1970s. In addition to the large-scale comparison of family-based and individually oriented treatment, Lock and his colleagues are involved in a comparison of two types of family therapy—one focused on symptoms and weight restoration and one on family processes—and a recently funded NIH study investigating the effectiveness of a treatment that targets the thinking style of patients with eating disorders called cognitive remediation therapy. “We have no known effective treatments for late adolescents and adults with eating disorders, period,” said Lock. “Older patients are usually chronically ill and more resistant to treatment. Interventions like cognitive remediation therapy may help to engage them better in treatment and improve their outcomes.”

Rather than focusing on the disorder and its symptoms, cognitive remediation therapy addresses the high degree of inflexibility and rigidity and the hyperfocus on detail often shared by people with anorexia. An inability to see the “big picture” can make these people less receptive to new ideas and even impede psychotherapies meant to treat the disorder. Participants perform guided thinking exercises to help them recognize and change these tendencies. The technique has been shown to be useful for people with schizophrenia, obsessive compulsive disorder and brain injuries.

Other research projects focus on brain imaging in eating disordered patients, the management of osteoporosis in anorexia nervosa, how adolescent sufferers utilize Internet sites promoting eating disorders, and how differences in gender and ethnicity affect eating disorder symptoms. The program is also hosting an effort known as the “Voices of Anorexia Nervosa,” which brings together former patients, now adults, to talk about their treatment experiences and identify what approaches did or did not work well for them.

“We’ve got to get a handle on how best to help these people,” said Lock. “It’s a huge dilemma. The societal cost of these disorders is staggering, and the morbidity and mortality rates rival those of schizophrenia. And yet until recently very little research was done on treatment options. Our program has never, and will never, stand still. We are committed to helping these kids, and we won’t stop looking for the best ways to do this.”

To refer a child to the Comprehensive Eating Disorders Program, call the program’s intake coordinator at (650) 498-4468. For more information about the program, visit eatingdisorders.lpch.org. Outpatient evaluation will take place on the same day at the hospital’s Psychiatry and Behavioral Science Building at 401 Quarry Road in Palo Alto and the Center for Adolescent Health at 1174 Castro Street, Suite 250A, in Mountain View.

Raphael Guzman joins Neurosurgery Team

Packard Children’s announces the arrival of pediatric neurosurgeon Raphael Guzman, MD. Guzman joined the hospital in October 2007.

“I’m thrilled to be at an institution like Packard Children’s,” said Guzman. “It offers a wonderful working environment coupled with lots of resources to improve children’s health. I’m excited to be part of such a growing, vibrant place.”



Raphael Guzman, MD

Guzman has extensive experience in microsurgical techniques and complex neurosurgical pathologies in children. He has trained extensively in the past two years with Packard Children’s neurosurgery chair, Gary Steinberg, MD, PhD, and the hospital’s director of regional pediatric neurosurgery, Michael Edwards, MD. Areas of particular interest include the surgical

correction of cerebrovascular disorders such as arteriovenous malformations and Moyamoya disease, as well as craniofacial pathologies and minimally invasive endoscopic neurosurgery.

Guzman received his medical degree at the University of Bern, in Bern, Switzerland, in 1998. He completed his residency in neurosurgery at the same institution, and completed cerebrovascular and pediatrics fellowships at Stanford and Packard Children’s in 2007. Most recently, he completed a fellowship in pediatric neurosurgery at the Hospital Necker in Paris. Guzman also has an extensive research background focused on stem cell therapy for stroke and noninvasive monitoring of stem cell migration patterns in the injured adult and neonatal brain.

“Kids are wonderful and very gratifying patients,” said Guzman. “I really enjoy the opportunity to communicate with the family as a whole. In addition, the child-friendly facilities and the availability of child life specialists ensure that we have the most supportive and helpful environment for these children.”

Radiology Department Welcomes New Members

STATE-OF-THE-ART TECHNOLOGY IN A CHILD-FRIENDLY ATMOSPHERE

Much of medicine is becoming increasingly specialized, and radiology is no exception. The pediatric radiology program at Packard Children's is evolving from a generalist approach to a specialist model utilizing pediatric radiologists with organ system expertise.

"As with all of medicine, the fundamental quantities of information in radiology have become enormous," said the hospital's director of pediatric radiology, Richard Barth, MD. "Patients with complex medical problems are best cared for by physicians with specialty expertise. Our goal is to enhance patient care by recruiting pediatric radiologists with imaging expertise aligned with the Centers of Excellence at Packard."

Three new recruits to Packard Children's Radiology Department exemplify this trend. Beverley Newman, MD; Shreyas Vasanawala, MD, PhD; and John MacKenzie, MD, have joined the department in the past year, broadening the knowledge base in cardiac, pulmonary, abdominal and musculoskeletal imaging. Other members of the department have expertise in perinatal and fetal imaging, neuroradiology, interventional radiology and more. Such specialization ensures a productive dialog among physicians.

"For example, an orthopedic specialist treating a child for a problem involving his or her shoulder joint will want to consult with a radiologist specializing in musculoskeletal imaging to ensure the best possible care for the patient," said Barth.

Radiologists at Packard Children's have access to state-of-the-art imaging equipment, including MRI, MR spectroscopy, CT, ultrasound, fluoroscopy, computed radiography and three-dimensional imaging in a facility designed especially for children. All technicians and physicians are pediatric specialists, and care is taken to minimize the child's exposure to radiation.

"We use pediatric-specific protocols for all imaging modalities," said Barth, "and tailor the radiation dose to the size of the child while also obtaining the necessary high-resolution diagnostic images." The department also offers comprehensive imaging-related services, including radiologist consultation regarding what studies to order, as well as sedation and general anesthesia supervised by pediatric anesthesiologists. Members of the department also work closely with child life specialists at the hospital

Meet the New Radiologists

Beverley Newman, MD, came to Packard Children's from the University of Pittsburgh's School of Medicine, where she was a professor of radiology. She received her medical degree from the University of Witwatersrand, South Africa, in 1976. Prior to completing a fellowship in pediatric radiology at Children's Hospital Medical Center in Boston, she completed residencies in pediatrics and radiology at Boston City Hospital and Boston University Medical Center, respectively. She is the associate chief of pediatric radiology at Packard Children's, where she specializes in **pulmonary and cardiac imaging**. She is also an associate professor of radiology at Stanford's School of Medicine.

John DeWolfe MacKenzie, MD, received his medical degree from the Albert Einstein College of Medicine in 2000. He completed his residency in radiology at Brigham and Women's Hospital in Boston, a fellowship in **combined musculoskeletal and body MRI** at the Hospital

of the University of Pennsylvania and a fellowship in **pediatric radiology** at the Children's Hospital of Philadelphia. He is a member of the Radiology Society of North America, the American Roentgen Ray Society, and the Society of Pediatric Radiology. He is the chief of musculoskeletal imaging at Packard Children's.

Shreyas Vasanawala, MD, PhD, received his joint medical and doctoral degrees as part of Stanford's Medical Scientist Training Program in 2001. As part of his doctoral degree in biophysics, he developed a wireless cardiac triggering system for motion compensation in magnetic resonance imaging and worked to develop novel fast MRI techniques. After an internship in Stanford's Department of Surgery, he completed his residency in radiology and a fellowship in pediatric radiology at Stanford and Packard Children's. He specializes in **body, musculoskeletal and cardiac imaging**. He serves as co-director of MRI with Pat Barnes, MD.

to prepare children for procedures that may be frightening or stressful, such as VCUGs, MRIs and CT scans.

The department's new director of radiology, Lori Hart, is working to improve patient access to MRI and other advanced imaging techniques. Most procedures can now be scheduled within 24 to 48 hours.

Barth and his colleagues also have an active research program that leverages the basic science strengths of Stanford University with the clinical expertise of department members, advancing the care of children via new imaging techniques and image-guided therapy. Pediatric radiology faculty members are also active participants in the department's broad range of postgraduate educational meetings.

"The blend of generalist and specialist expertise combined with state-of-the-art imaging technology at Packard is unique in pediatric radiology and positions the hospital to become an innovative leader in pediatric imaging," said Barth.

For more information about pediatric radiology at Packard Children's, call (650) 497-8376 or visit radiology.lpch.org. To refer a patient to Packard for an imaging study, please fill out an imaging request (available at the Web site above) and fax it to (650) 724-2663. To consult with a radiologist, call (650) 497-8376.



A Team Effort

CONJOINED TWINS SEPARATED AT PACKARD CHILDREN'S

Surgeons at Lucile Packard Children's Hospital recently separated 2-year-old conjoined twins from Costa Rica. Yurelia and Fiorella Rocha-Arias had been joined at the abdomen and chest. They shared a liver, and the right atriums of their hearts were connected.

"The separation was the culmination of months of planning by several multidisciplinary teams," said lead surgeon Gary Hartman, MD, of the nine-hour procedure on November 12. "It was very risky and complicated." Hartman had estimated the chance of both girls surviving the initial surgery at 50 percent.

The separation was complicated by the fact that the twins shared a blood supply. In addition to the fusion of the hearts and the shared liver, Yurelia also had a double outlet right ventricle (DORV) cardiac defect, and Fiorella had pulmonary artery stenosis and high blood pressure. Many of the presurgical concerns about these issues were allayed during surgery, when the girls' cardiac function actually improved upon separation.

Each child had her own medical team during the procedure, and they were moved to separate rooms for reconstructive surgery after they were separated. Two comprehensive care teams—one for each girl, with representatives from nursing, anesthesia, cardiothoracic surgery, pediatric general surgery, plastic surgery, cardiac bypass and others—were in the operating rooms throughout the entire procedure. "It was an extraordinary team effort," said Hartman, adding that one on-looker compared the activity in the operating room to a symphony.

In addition to being conjoined, Yurelia, the smaller twin, had a congenital cardiac condition. On November 14, Packard Children's chief of pediatric cardiothoracic surgery, Frank Hanley, MD, corrected her double outlet right ventricle in a six-hour operation. After the correction, Hartman and pediatric plastic surgeon H. Peter Lorenz, MD, reconstructed Yurelia's chest wall. Fiorella returned to surgery on November 19 for a brief modification of her chest reconstruction and repair of her skin closure.

While hospitalized, the twins' progress was closely monitored by a multidisciplinary team of specialists in the hospital's cardiovascular intensive care and pediatric intensive care units. Physical and occupational therapists worked with Yurelia and Fiorella to help the girls strengthen their muscles, adjust to life apart and learn how to walk.

The girls were released from inpatient care on December 11, but remained as outpatients for several weeks to receive regular

The separation was the culmination of months of planning by several multidisciplinary teams



occupational and physical therapy and cardiovascular appointments. They returned to their native Costa Rica at the end of January.

"All in all, there were really very few surprises in this case," said Hartman. "Through preparation, surgery and recovery, basically every discipline in the hospital was involved with the girls and their care."

Mending Kids International, a volunteer organization dedicated to providing complex surgical care to children outside the United States, arranged for the girls to come to Packard Children's Hospital. Yurelia and Fiorella arrived in the United States on July 25. Their evaluation at Packard Children's Hospital started the next day.

For more information about the twins' care and the Packard Children's staff members involved in their separation, visit twins.lpch.org.

Hospital, Foundation Join Forces to Support School Nurses

FOUR SAN JOSE SCHOOLS RETURN TO FULL-TIME COVERAGE

Lucile Packard Children's Hospital and the Lucile Packard Foundation for Children's Health recently made a joint grant of \$2.65 million over five years to the San Jose Unified School District. The grant was made to restore full-time school nursing programs in four schools—Hoover and Burnett Academy middle schools, and Empire Gardens and Anne Darling elementary schools—located in neighborhoods where many children lack access to regular health care services.

“Children who come to school with poorly managed asthma or diabetes, dental pain, or behavioral issues are not able to perform at their best level academically,” said Don Iglesias, superintendent of the San Jose Unified School District. Prior to the change, the district had only one nurse to 2,055 students, about one-third the federally recommended ratio of 1 to 750.

“Our nurses are overwhelmed,” said Iglesias. Almost 5,000 students in the San Jose Unified District—18 percent—are diagnosed with chronic health problems. Nurses are typically responsible for three or four

schools, and the increasing caseloads of chronic medical problems have reduced time for routine health screenings and health education.

In addition to four school nurses, the grant also includes funding for a nurse practitioner based at School Health Clinics of Santa Clara County. The nurse practitioner will consult with the school nurses, assist in creating care plans for children with chronic problems, offer primary care, and refer patients to other health care professionals.

“As the children's hospital for Santa Clara County, we currently see many children from San Jose,” said Christopher Dawes, president and CEO at Packard Children's. “Our goal is to help these children be well and stay well. By improving access to primary care and prevention, we're taking steps to help kids stay in school and lessen the chance they'll need our services in the future. School nurses in the San Jose Unified School District are on the front line of this care, and we're proud to support them.”

“Children who come to school with poorly managed asthma or diabetes, or behavioral issues, are not able to perform at their best academically.”

Packard Children's Quality Data Publicly Available

Lucile Packard Children's Hospital has launched a new Web site that will allow potential patients and referring physicians to access a variety of data about the hospital's performance. This move toward greater data transparency is another milestone in the hospital's ongoing campaign to improve and communicate patient safety and quality of care.

“Several studies have shown that data transparency is associated with improved clinical outcomes for patients,” said Paul Sharek, MD, the hospital's chief clinical patient safety officer. “Our philosophy has always been ‘You can't improve it if you don't measure it,’ and we feel it's important to pass this information along to our patients and their families.”

“We're taking ownership of and accepting accountability for the quality

Transparency is shown to improve patient safety and quality of care

of care we provide to our patients and expectant mothers,” said Packard Children's president and CEO, Christopher Dawes. “These data provide a true understanding of that level of care and our commitment to delivering it.” Packard Children's is the first children's hospital in California, and one of only a few in the country, to voluntarily report clinical quality outcomes.

The Web site (<http://quality.lpch.org>) currently lists six primary quality measures. These include mortality rates, 31-day readmission rates, catheter-associated bloodstream infection rates in the Pediatric Intensive Care Unit, and the likelihood that pediatric inpatients, obstetric inpatients and clinic patients would recommend Packard Children's to other families. The hospital plans to add additional data in the future.

Packard Children's has an award-winning history of performing very well in a variety of patient safety measures. The hospital won the Child Health Corporation of America's Race for Results award in both 2005 and 2007 for enhancing medication safety and implementing a Rapid Response Team to proactively address clinical deterioration in severely ill children before they require intensive care unit intervention. In 2006, Packard Children's received a perfect score from the Leapfrog Group based on its adherence to 24 recommended quality and safety measures.

“This is all about continuous improvement,” said Sharek. “Our first goal is to improve the quality of care we provide. Our second is to empower members of the community to make educated choices about their family's health care. Transparency is good for the community, good for the institution, and good for our patients.”



Faculty Update

Bariatric surgeon **JOHN MORTON, MD**, has been named SAGES Young Investigator of the Year 2008. Morton is a surgeon at the Packard Children's Center for Healthy Weight and an associate professor of surgery in the School of Medicine. This prestigious award from the Society of American Gastrointestinal and Endoscopic Surgeons, the world's largest minimal access surgery society, is for demonstrated excellence in endoscopic surgical research by a SAGES member who has completed training within the past five years. The award will be presented at the SAGES Annual Meeting in Philadelphia on April 10, 2008. Previous recipients have included noted minimal access surgeons Steve Eubanks, Phil Schauer, and Ninh Nguyuen.

OSCAR SALVATIERRA, JR., MD, Packard Children's director of pediatric kidney transplantation, professor of surgery and pediatrics, active emeritus and advising dean for the School of Medicine, was honored as the 2007 recipient of the Albion Walter Hewlett Award at Medical Grand Rounds on Wednesday, October 17 in the Braun Auditorium. He presented a lecture titled "Reflections on an Academic Career."

Pediatric craniofacial surgeon **MICHAEL LONGAKER, MD**, the Deane P. and Louise Mitchell Professor of Surgery, was elected a member of the Institute of Medicine of the National Academies in October. The Institute is a nonprofit organization that provides unbiased advice on matters of biomedical science, medicine and health to policy-makers, professionals, leaders in every sector of society, and the public at large.

HARVEY COHEN, MD, PHD, was installed as the Deborah E. Addicott-John A. Kriewall and Elizabeth A. Haehl Family Professor on October 24. Cohen served as the past chair of pediatrics and is now conducting research in proteomics related to the diagnosis and prognosis of a number of childhood diseases. This new professorship was created to acknowledge his enormous contributions to Packard Children's and Stanford and to help support him in his new role as a professor of pediatrics.

JAMES CHANG, MD, professor and chief of plastic and reconstructive surgery, has been appointed research director for the American Society for Surgery of the Hand (ASSH). In this national leadership position, Chang will direct the multi-million-dollar research funding portfolio of the ASSH. His responsibilities are to provide grants and mentorship to young investigators, to partner with the National Institutes of Health for new funding opportunities, and to develop prospective multi-center trials for clinical outcomes related to hand and upper extremity problems.

Clinical Trials Web Site Now Available

A single, comprehensive, publicly accessible database of the clinical trials at Stanford and its affiliated facilities, including Lucile Packard Children's Hospital, is now available at <http://clinicaltrials.stanford.edu>.

"To date, finding comprehensive information about studies at Stanford has been extremely difficult," said Harry Greenberg, MD, senior associate dean for research at Stanford's School of Medicine. "By providing a single, easy-to-use Web site, this system helps the public to more easily discover Stanford's studies."

At any one time, about 1,000 clinical trials are going on at Stanford. Current Stanford studies range from testing a new drug for leukemia, to assessing the impact of meditation on depression, to exploring a novel treatment plan for Hodgkin's disease.

The registry will contain all "interventional" clinical studies conducted at Stanford. Studies that are purely "observational" in nature—for instance, tracking the health and dietary habits of adolescents—do not have to be registered. Web site visitors can search the Stanford database by condition or disease, by investigator, by department or through a free-text search.

Publications

■ Neural progenitor cells transplanted into the uninjured brain undergo targeted migration after stroke onset. Guzman, Bliss, De Los Angeles, Moseley, Palmer and Steinberg. *Journal of Neuroscience Research* 2007 Nov 1 [Epub ahead of print].

■ Effect of a rapid response team on hospital-wide mortality and code rates outside the ICU in a Children's Hospital. Sharek, Parast, Leong, Coombs, Earnest, Sullivan, Frankel, and Roth. *Journal of the American Medical Association* 2007 Nov 21;298(19):2267-74.

■ The future pediatrician: the challenge of chronic illness. Wise. *Journal of Pediatrics* 2007 Nov;151(5 Suppl):S6-10.

■ The evolution of nonimmune histological injury and its clinical relevance in adult-sized kidney grafts in pediatric recipients. Naesens, Kambham, Concepcion, Salvatierra Jr., and Sarwal. *American Journal of Transplantation* 2007 Nov;7(11):2504-14. Epub 2007 Aug 24.

■ The relationship of immigrant status with access, utilization, and health status for children with asthma. Javier, Wise and Mendoza. *Ambulatory Pediatrics*

2007 Nov-Dec;7(6):421-30.

■ Magnetic resonance imaging detected renal volume reduction in refluxing and nonrefluxing kidneys. Chang, Caruso, and Shortliffe. *Journal of Urology* 2007 Dec;178(6):2550-4. Epub 2007 Oct 15.

■ Update on new treatments and developments in childhood brain tumors. Partap and Fisher. *Current Opinion in Pediatrics* 2007 Dec;19(6):670-4.

■ Integrative medicine and asthma. Mark. *Pediatric Clinics of North America* 2007 Dec;54(6):1007-23.

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) 721-2884
referral@lpch.org

E-mail LPCH Faculty

pedsfaculty@lpch.org

Voice Mail LPCH Faculty

(888) 358-6245

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UPCOMING CME COURSE

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March 28–29, 2008

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