



Lucile Packard Children's Hospital

STANFORD UNIVERSITY MEDICAL CENTER

ANNUAL REPORT 2003



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Researchers and clinicians at Lucile Packard Children's Hospital are at the forefront of pediatric research in obstetrics, developmental medicine, 21st Century medicine, and therapeutic interventions for childhood and prevention.



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Harvey Cohen, MD, PhD, Chief of Staff, Lucile Packard Children's Hospital,
Arline and Pete Harman Professor, Chair of the Department of Pediatrics,
Stanford University School of Medicine

MISSION STATEMENT

To serve our communities as an internationally recognized pediatric and obstetric hospital that:

- advances family-centered care
- fosters innovation
- translates discoveries
- educates healthcare providers and leaders
- and advocates on behalf of children and expectant mothers

Values Statement

Lucile Packard Children's Hospital CARES through:

Collaborating to reach goals

Advancing a family-centered approach to treatment

Respecting our patients, their families and our co-workers

Educating, innovating and translating discoveries in pediatrics and obstetrics

Serving our community through outreach and advocacy



Dear Friends,

We are pleased to report on the progress of Lucile Packard Children's Hospital at Stanford during fiscal year 2003.

In 2003, LPCH served 12,460 children and expectant mothers as inpatients, over 100,000 as outpatients, delivered 5,137 babies and responded to more than 100,000 calls from the community through our consumer call center. While continuing our commitment to the local community, LPCH has evolved as a regional and national referral center for specialized pediatric care. We treated patients from 36 states and 10 countries in 2003.

We now care for the most acutely ill children of any hospital in California. The story of Madison Kitz, presented herein, attests to the complexity of the care being delivered at LPCH and the medical and surgical leadership our faculty has provided in treating highly complex cases.

We continue to embrace our responsibility as a safety net provider for pediatric and obstetric care in San Mateo and Santa Clara counties. In FY '03, LPCH provided \$40 million in unreimbursed health care to our patients.

We launched our facility expansion program that will add six state-of-the-art pediatric surgical suites on the ground floor of LPCH with a lead gift provided by Susan Ford Dorsey; the 30,000-square-foot Mary L. Johnson Center for Ambulatory Care across the street; and the 27-bed Cancer Center that has been endowed by a gift from Anne T. and Robert M. Bass.

Translational research in pediatrics at the Stanford University School of Medicine contributes to the innovative care delivered at LPCH. Funding from governmental and non-governmental sources for pediatric-related research increased to \$35.5 million in FY '03, an 86% increase since 2000.

LPCH and the School of Medicine recruited faculty leaders for clinical and research positions in the areas of cardiovascular intensive care, general surgery, ophthalmology, otorhinolaryngology and biotechnology.

Our Inpatient Eating Disorders program was relocated to El Camino Hospital, ten miles south, and we are celebrating its 25th anniversary. This program, focusing on the psychiatric as well as medical needs of patients, is the only program of its kind in Northern California. We salute our caregivers for the compassionate treatment they provide to adolescent patients and their families.

We wish to thank our generous donors who contributed \$35 million to LPCH and pediatric programs at the School of Medicine in FY '03. As of September 2003, the Lucile Packard Foundation for Children's Health, which, in 2001, launched a five-year campaign for Lucile Packard Children's Hospital, had achieved \$470 million toward its \$500 million fundraising goal. At the same time, the number of individual donors increased by over one thousand.

Our 795 volunteers provided over 30,000 hours of service to LPCH in the past year and give invaluable support to our patients, families and staff.

Finally, we wish to recognize our employees for their dedication to our patients and to our mission. Without their hard work and inspiration, this would not be Lucile Packard Children's Hospital.

Sincerely,

Christopher Dawes
President and
Chief Executive Officer

John Freidenrich
Chairman of the Board



Christopher Dawes (left) and John Freidenrich (right)

MAKING THE SMALLEST CUTS



Craig Albanese, MD, meets with the Leonard family

Minimal access surgery is commonly being used for appendectomy, cholecystectomy and splenectomy, but a recent case at Lucile Packard Children's Hospital demonstrates how much can be accomplished inside the chest of a small baby.

It happened with Justin Leonard, born July 7 with a rare and complex problem, esophageal atresia. His esophagus was disconnected in the middle and did not extend all the way to his stomach. If unaddressed, this condition can prove fatal.

Justin was taken to Packard, where pediatric surgeon Karl Sylvester, MD, corrected the problem by lengthening the two ends of the esophagus, and the child was sent home now able to eat.

But 23 days later, as his mother was burping him after a feeding, Justin abruptly stopped breathing. "He turned literally blue and was making exhaling sounds, not inhaling anything," recalls Elizabeth Leonard.

This time, the problem was tracheomalacia, a softening of the cartilage of the trachea: it is not uncommon in children born with his condition, but it is rarely serious enough to warrant surgery. In Justin's case, however, his airway had literally shut down.

"You can go 20 or 30 years as a pediatric surgeon and never have to operate for something like this," notes Craig T. Albanese, MD. "This was one of those extremely rare instances where we needed to take action."

Dr. Albanese and his team of surgeons, residents, nurses and medical students put their heads together and decided to use a novel approach, entering Justin's chest just under the armpit.

Making three Band-Aid-sized openings, Dr. Albanese entered with three laparoscopic instruments, each one thinner than a birthday candle, then stitched the child's aorta to his sternum. By doing so, he relieved pressure on the airway and created space for the tracheal cartilage to grow and harden.

Five days later, Justin went home once more. His parents gave him a bath: "And then Justin just looked at me, opened his mouth and talked for about 30 seconds," relates Elizabeth Leonard. "It filled my heart."

Surgical Cases

	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
Inpatient	1,759	1,880	1,873	2,216	2,288
Outpatient	1,283	1,323	1,305	1,215	1,324
Total	3,042	3,203	3,178	3,431	3,612



Through the use of high tech instruments and computer imaging, minimal access surgery allows surgeons to make smaller incisions to perform complex surgeries

2003: Strengthening Our Surgery Team

Under the guidance of Tom Krummel, MD, Surgeon-in-Chief, LPCH has aggressively pursued innovative technology to support minimal access surgery for children. In 2003, major recruitments within Pediatric General Surgery have led to a significant increase in the volume and complexity of operations performed at the hospital. This new team, under the leadership of director of pediatric surgery, Craig Albanese, MD, is dedicated to advancing pediatric minimal access surgery in 2004.



Craig T. Albanese, MD (front), is a pioneer in minimal access surgery for infants, children and fetuses. His focus is to expand the use of minimal access surgery for children so that, “kids get out of the hospital more quickly, use less pain medication and are able to return to school sooner than if they had undergone traditional surgery.”

Stephen Kim, MD (left), who joined the Division of Pediatric General Surgery in 2003, is an accomplished and versatile minimal access surgeon with a primary clinical and research focus on the multidisciplinary care of children with intestinal disorders and short gut syndrome.

Tom Krummel, MD (not pictured), is an internationally recognized pioneer in surgical robotics and advanced technologies. He serves as the Chair of the Department of Surgery at Stanford as well as the Susan B. Ford Surgeon-in-Chief at LPCH.

H. Peter Lorenz, MD (back center), focuses his research on wound healing. His recent work includes the study of scarless wound healing as a way to reduce post-surgical scar formation and the use of stem cells isolated from human fat to engineer skin that could be used to accelerate healing.

Baird Smith, MD (not pictured), is a clinician who has focused on minimal access surgery for seven years. He has made important contributions to our surgical team.

Karl Sylvester, MD (right), is a clinician who also focuses on minimal access surgery. His research interests include fetal tissue engineering and the isolation of human stem cells from adult tissue.

“Minimal access surgery is approaching the gold standard for many procedures.”

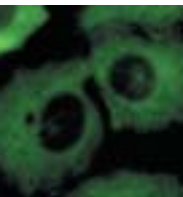
Thomas M. Krummel, MD, Susan B. Ford Surgeon-in-Chief at LPCH, Emile Holman Professor and Chair of the Department of Surgery at the Stanford University School of Medicine

Research with Heart

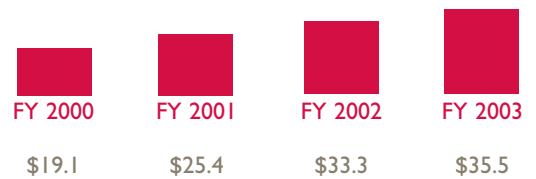
Marlene Rabinovitch, MD, The Dwight and Vera Dunlevie Professorship in Pediatric Cardiology, takes the concept of bench-to-bedside medicine personally. As director of cardiovascular research at the Vera Moulton Wall Center for Pulmonary Vascular Disease, she tends to patients and conducts research. In 2002, she received the Paul Dudley White International Lectureship, an award honoring a non-US physician-scientist who has made a major contribution to cardiovascular research. She is also this year's recipient of the pediatric-focused Gill Heart Institute Award for Outstanding Contributions to Cardiovascular Research.



Rabinovitch, a professor of pediatrics and (by courtesy) developmental biology at the Stanford University School of Medicine, is devoted to understanding and treating the causes of pulmonary hypertension. She has found that high blood pressure or other damage to the blood vessel wall sets off a lethal cascade of events that causes further destruction. Rabinovitch is also investigating mechanisms that control heart development, as well as developing small peptides that can be used to deliver therapeutic proteins directly to a target vessel, lessening the side-effects of systemically administered medication. Rabinovitch's work at LPCH may one day lead to better therapies for congenital heart disease, pulmonary hypertension, atherosclerosis, restenosis and post-cardiac coronary artery disease and rejection. Some of the genes she studies have also been implicated in cancer.



Research Funding



Total research dollars (in millions) received from both governmental and non-governmental sources by the Stanford University School of Medicine to support pediatric research.

New Understanding of Genetic Frugality

Gregory Barsh's study of cell signaling in laboratory mice may one day lead to new treatments for a wide range of diseases affecting both children and adults, including obesity and brain degeneration. In 2003, Barsh, MD, PhD, a professor of pediatrics and genetics at Stanford University School of Medicine, was honored with the E. Mead Johnson Award for Research in Pediatrics—widely considered to be the most prestigious award in pediatric academic research.

Barsh's research capitalizes on the fact that evolution is frugal. Many proteins have more than one function. He's found that three genes affecting hair color in mice—a trait that is easily tracked visually—also play critical roles in the regulation of body weight and in brain degeneration. The protein products of these genes represent new signaling pathways involved in appetite regulation and brain maintenance.

Barsh's work represents the first time spongy brain degeneration has been linked to defects in protein destruction. Further study may reveal innovative new ways to interrupt the progression of these and other neurodegenerative diseases. His ongoing work at Lucile Packard Children's Hospital in understanding obesity may also lead to the development of new therapies for severely overweight children.





RESEARCH HIGHLIGHTS

LPCH and Stanford University School of Medicine Researchers in Academic Societies:

Institute of Medicine: Ann Arvin, MD; Sarah Donaldson, MD; Uta Francke, MD; Iris Litt, MD; Mary Lake Polan, MD, PhD; Philip Pizzo, MD

American Society of Clinical Investigators: Harvey Cohen, MD, PhD; Mark Kay, MD, PhD; Paul Khavari, MD, PhD; Alan Krensky, MD; Joseph McGuire, MD; Philip Pizzo, MD; Jack Remington, MD; Dale Umetsu, MD, PhD

During 2003, research conducted by **our physicians appeared in top journals:**

New England Journal of Medicine, Nature, Science, Nature Genetics, Journal of the American Medical Association, Neuron, Pediatrics, Pediatric Research and Journal of Pediatrics

Notable Research Grants in the past year:

Ann Arvin, MD, \$15 million from the National Institute of Allergy and Infectious Diseases to study influenza as a possible bioterrorism agent

Christy Sandborg, MD, \$10 million from the National Institute of Arthritis and Musculoskeletal and Skin Diseases to study effectiveness of a cholesterol-lowering drug at preventing heart disease in lupus patients

Carol Clayberger, PhD, and Alan Krensky, MD, \$7 million from the National Institute of Allergy and Infectious Diseases to study the immune molecule granulysin as a possible bioterrorism agent

Oscar Salvatierra, MD, and Minnie Sarwal, MD, PhD, \$5.5 million from the National Institute of Allergy and Infectious Diseases to compare a steroid-free protocol for pediatric transplant patients with conventional treatment

Research Honors in the past year:

Greg Barsh, MD, PhD, 2003 E. Mead Johnson Award. Previous LPCH recipients of this prestigious award for excellence in pediatric research include Ann Arvin, MD; Alan Krensky, MD; Mark Kay, MD, PhD

Marlene Rabinovitch, MD, 2003 Gill Heart Institute Award for Outstanding Contributions to Cardiovascular Research

Leadership Roles in the scientific community:

Craig Albanese, MD, president, International Pediatric Endosurgery Group

Daniel Bernstein, MD, past-president, Society for Pediatric Research

Alan Krensky, MD, secretary-treasurer, American Society of Nephrology; steering committee member, Immune Tolerance Network

Al Lane, MD, board of directors, Association of Professors of Dermatology

Michael Link, MD, board of scientific advisors for extramural programs, National Cancer Institute

Richard Moss, MD, chair, protocol review committee, Cystic Fibrosis Therapeutics Development Network

Philip Pizzo, MD, chair, Health Science Policy Board, Institute of Medicine

Charles Prober, MD, scientific director, Glaser Pediatric Research Network; member of the committee on infectious diseases, American Academy of Pediatrics

Oscar Salvatierra, MD, council member, International Transplantation Society

Linda Shortliffe, MD, president-elect, Society for University Urologists; trustee, American Board of Urologists

David Stevenson, MD, board of directors, American Board of Pediatrics





Multidisciplinary Magic



When Madison Kitz was diagnosed with Wilms tumor at four and a half months of age,

she received the standard treatment: she underwent months of chemotherapy, her left kidney was removed and then she underwent more chemotherapy.

But unlike most children with Wilms, a rare kidney cancer that represents only 8 percent of all pediatric cancer, Madison didn't respond to the standard treatment.

Shortly after her fifth birthday, an ultrasound detected two distinct tumors on her remaining kidney and doctors at Lucile Packard Children's Hospital knew they had run out of standard options.

Yes, they could take it out, put her on dialysis and wait for a donor organ to become available. But they quickly dismissed that idea, knowing that the immuno-suppressants required to prevent rejection could also facilitate recurrence of the cancer.

Instead, Oscar Salvatierra, MD, one of the world's foremost kidney surgeons, performed a procedure attempted only twice before—each time by him. He removed the kidney, flushed it with a high-potassium preservative and placed it in a container of cold slush, where he meticulously excised the two tumors, one 3 cm, the other 1.5 cm.

When this was done, Sarah Donaldson, MD, a radiation oncologist, directed a collimator—a powerful instrument that allows specialists to zero in on tumors and bombard them with radiation—while sparing the surrounding healthy tissue, over the walnut-sized organ.

Using a 2.5-cm cone, she targeted radiation beams on each of the raw margins where the tumors had been removed. By the time the kidney was replaced back inside the abdomen and the incision closed, a good 10 hours had passed.

"The important thing is not to hurry," explains Dr. Salvatierra. "But the beauty of this operation is that there is essentially no blood loss because the critical parts are done all outside the body. You keep cutting away until the pathologist confirms that the margin of resection is free of tumor."

For six months following surgery, oncologist Neyssa Marina, MD, supervised the child's weekly chemotherapy regime—just to be on the safe side. Now, nearly one year later, Madison is in remission and attending first grade.

She loves school, but more than anything she loves to dance. She takes ballet lessons, studies catechism and is a proud Brownie.

"This is truly a multidisciplinary approach," stresses Dr. Salvatierra, **who pioneered this rare and life-saving procedure** nearly 10 years ago. "Yes, one person can do the surgery. But in terms of what's best for the patient, you need the oncologists, the pediatric surgeons and the radiologists working together toward the same goal."

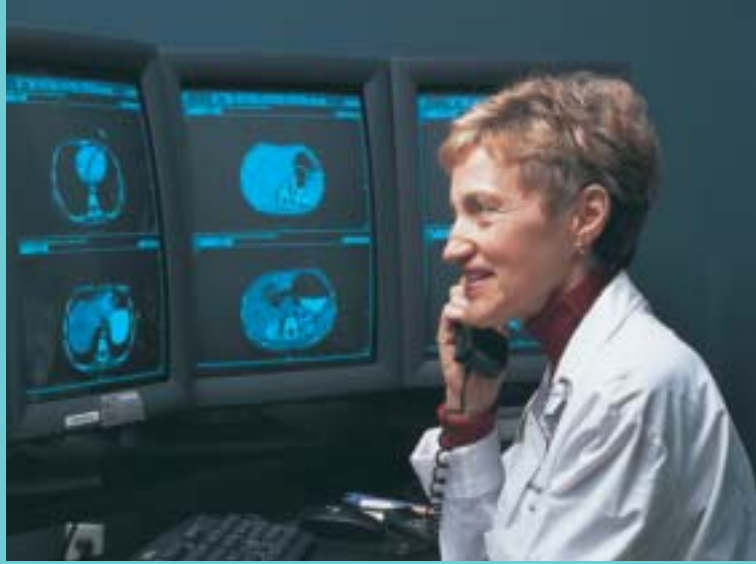
Because Wilms is so rare—and because it typically responds to chemotherapy—Dr. Salvatierra found no need to repeat the procedure until this year when, in a fluke of coincidence, he was called to perform it on three separate occasions. All of the children are doing well.

"The world's about people," says Dr. Salvatierra, a physician renowned for making his young charges believe they are the most important people in the world.

And to him, they are.



Oscar Salvatierra, MD, performed life saving kidney surgery on Madison



Sarah Donaldson, MD, is Madison's radiation oncologist

“The beauty of this operation is that there is essentially no blood loss, because the critical parts are done all outside the body.”

Oscar Salvatierra, MD



Neyssa Marina, MD, meets with Madison on a clinic visit



Patricia Glusco, RN, and Heather Sanderson, RN, are LPCH nurses who are involved in Madison's care



TRANSPLANT FACTS

The LPCH Transplant Program's five-year graft survival rate for pediatric kidney transplants is better than the average one-year survival rate for all other pediatric centers nationally.

The LPCH Transplant Program's one-year survival rate for pediatric kidney transplants is #1 among transplant centers nationally.

—Scientific Registry of Transplant Recipients
(www.ustransplant.org)

“Packard has become a second home to us—a place where we as a family feel safe and confident about the decisions made for our daughter.”

Lisa Kitz, Madison's Mom





Artwork created by a patient of LPCH's Comprehensive Eating Disorders Program



Cynthia Kappahn, MD, MPH (left)



With a new school room (above), patient facilities (below right) and treatment environment (above right), the Comprehensive Eating Disorders Program expanded its ability to treat more teens by moving to El Camino Hospital in 2003

A NEW HOME FOR TREATMENT

In the spring of 2003, the Comprehensive Eating Disorders Program became the first LPCH program to move into El Camino Hospital in Mountain View. The change was more than geographic: the new, expanded facility included a school room for hospitalized patients to continue their studies, a group eating room and a room devoted to physical and occupational therapy.

“Throughout the years, we have been constrained by space limitations,” says director of the division of adolescent medicine, Cynthia Kappahn, MD, MPH. “We now have the opportunity to grow the program and better meet the needs of a wider range of teens.” The program has been helping teens and their parents meet the unique physical and emotional challenges of adolescence for 25 years.

The expanded program continues to specialize in the treatment of adolescents with anorexia nervosa, bulimia and other eating disorders in a customized space that includes 15 beds for inpatients—nearly twice the number that existed at LPCH. The program continues to treat patients on an outpatient basis.

Although the program’s location has changed, acutely ill eating disorders patients continue to receive the same uniquely coordinated medical and psychiatric treatment from LPCH physicians and staff members that has made the program stand out during the past quarter century. Jointly directed by the divisions of adolescent medicine and child and adolescent psychiatry, it is the only comprehensive eating disorders treatment program of its kind in Northern California.

“We are a seamless program staffed by pediatricians specializing in adolescent medicine, child psychologists and psychiatrists, nutritionists, nurses and social workers,” says James Lock, MD, associate professor in the department of psychiatry and behavioral sciences.



Training Future Physicians to be Advocates for the Community

Lucile Packard Children's Hospital and Stanford University School of Medicine have long believed that the 21st Century pediatrician is an advocate for community health. That's why in 2003, our advocacy training program for pediatric residents began a partnership with the Ravenswood School District to implement an asthma treatment plan for school children.

"We're using the power of the pediatrician to make the school a healthier place to be," says Lisa Chamberlain, MD, MPH, clinical instructor in general pediatrics and director of a required course in advocacy training for residents. Dr. Chamberlain and 20 interns, or first-year residents, tackled the asthma project after discovering that 10 percent or more of the 5000 district students in East Palo Alto and Menlo Park had the disease, a higher rate than in any other school system in the region.

Together with Laurie Bauer, the Ravenswood School District nurse, Dr. Chamberlain and the interns designed a plan for the first phase of the program. First the interns began talking with East Palo Alto physicians, providers and pharmacists to create a symptom checklist and patient database, along with sharing treatment guidelines from the Centers for Disease Control.

Next up was the empowerment of the schools as a liaison in the treatment plan. The interns began meeting with administrators, teachers and staff to educate them on asthma triggers and warning signs, the proper use of inhalers and what to do in case of a student's asthma attack. And on the horizon are intern-led asthma "teach-ins" for parents and school providers in the district.

The result is that a community disproportionately hit by a chronic disease is now receiving more timely and consistent access to treatment. It's another innovative way that LPCH is **training tomorrow's healthcare leaders by partnering with the community to improve children's health.**



Lisa Chamberlain, MD, MPH, and a team of LPCH pediatric residents work with school officials to implement an asthma treatment plan for local school children

“We're using the power of the pediatrician to make the school a healthier place to be.”

Lisa Chamberlain, MD, MPH

BUILDING COMMUNITY SUPPORT

The Campaign for Lucile Packard Children's Hospital, launched in 2001, concluded the year on a high note, thanks to the generosity of thousands of donors in the community. By the end of fiscal year 2003, the Lucile Packard Foundation for Children's Health had raised more than \$470 million for the hospital and for the pediatric programs of the Stanford University School of Medicine, toward a campaign goal of \$500 million. This dollar goal includes a \$100 million grant and matching funds from the David and Lucile Packard Foundation to double the value of gifts raised from the philanthropic community.

Virtually every hospital area has benefited from the campaign, from Packard's six centers of excellence, to subspecialties such as rheumatology and immunology, to patient support programs and community services. Campaign funding has also strengthened LPCH's financial viability by adding more than \$75 million to the hospital's endowment. Moreover, campaign efforts have attracted more than 1,000 new donors to the hospital. An expanded base of community support will further secure LPCH's ability to address future challenges and to invest in new opportunities to advance children's health.




Lucile Packard
FOUNDATION *for Children's Health*

Campaign Highlights

The Campaign for Lucile Packard Children's Hospital has enhanced the care of children and expectant mothers in programs throughout the hospital. Examples of new initiatives funded by Campaign gifts include:

The **Children's Heart Center**, including the recruitment of more than 10 pediatric surgeons, cardiologists and researchers

A comprehensive **cancer center** offering all pediatric cancer services in one central hospital location

The **Susan B. Ford Surgeon-in-Chief** to direct the hospital's growing surgical programs

A **Distinguished Packard Fellows program** to support medical and surgical subspecialists in areas that traditionally are poorly reimbursed

A **palliative care program** to care for children with life-limiting illnesses

The **Vera Moulton Wall Center for Pulmonary Vascular Disease**, including the recruitment of one of the world's leading vascular biologists

The **Children's Surgical Research program**, focusing on regenerative medicine and tissue engineering



FY 2003 Facts and Figures

Statement of Operations

(Thousands)

Revenue

	2003	2002
Net patient service revenue	\$356,108	\$279,249
Other revenue	19,966	28,484
Contributions used for operations	9,777	8,156
Total revenues, gains and other support	\$385,851	\$315,889

Expenses

Salaries and benefits	\$165,469	\$137,010
Other operating expenses	160,174	140,195
Total expenses	\$325,643	\$277,205
Excess of revenues over expenses	\$60,208	\$38,684
Increase to operating reserves	5,208	38,684
Designated by LPCH Board for investment in Facilities, Programs and Services	55,000	—
	\$60,208	\$38,684

Balance Sheet

(Thousands)

Assets

	2003	2002
Total current assets	\$213,505	\$186,684
Bond proceeds and donor restricted funds	252,952	92,411
Funds designated by Board for investment in facilities, programs and services	55,000	—
Property and equipment (net)	122,871	114,762
Other assets	27,732	20,396
Total assets	\$672,060	\$414,253

Liabilities and Net Assets

Total current liabilities	\$55,368	\$42,980
Total long term liabilities	178,303	55,246
Total liabilities	\$233,671	\$98,226
Net assets	438,389	316,027
Total liabilities and net assets	\$672,060	\$414,253



Hospital Statistics

Medical Staff 669

Employees 2,094

Volunteers 795

Auxiliary Members 1,800

Licensed Beds 248

Obstetrics: 52

Pediatrics: 196

Patients

Pediatric: 53% come from Santa Clara and San Mateo counties

Obstetric: 90% come from Santa Clara and San Mateo counties

Inpatient Days 73,187

Clinic Visits 107,334

Discharges 12,460

Uncompensated Care \$40 million

Charity and unreimbursed Medi-Cal costs



Lucile Packard Children's Hospital

STANFORD UNIVERSITY MEDICAL CENTER

LUCILE PACKARD CHILDREN'S HOSPITAL

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LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH

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“The hard work and dedication of our staff and faculty truly makes LPCH a place where breakthrough medicine meets bedside manner.”

Christopher Dawes, CEO and President



Lucile Salter Packard Children's Hospital