



PHYSICIAN UPDATE

A PUBLICATION FOR REFERRING PHYSICIANS

FALL 2004

LPCH WELCOMES MICHAEL S. B. EDWARDS, MD, AS NEW DIRECTOR OF PEDIATRIC NEUROSURGERY EDWARDS TO BUILD RELATIONSHIPS WITH REFERRING PHYSICIANS NATIONWIDE

Lucile Packard Children's Hospital at Stanford (LPCH) is proud to announce the arrival of Michael S. B. Edwards, MD, to serve as the director of regional pediatric neurosurgery at LPCH and as a professor of neurosurgery and pediatrics at Stanford University's School of Medicine. Dr. Edwards most recently served as the director of the Sutter Neuroscience Institute in Sacramento.

"Dr. Edwards' recruitment represents a significant addition to our pediatric neurosurgery program at Packard. He is an outstanding pediatric surgeon with a national and international reputation for excellence," said Christopher Dawes, LPCH president and chief executive officer. "His commitment to the clinical care of children with complex disorders or tumors of the central nervous system is extraordinary, and he has made remarkable contributions to clinical research and medical education. Together he and our outstanding pediatric neurosurgery team will offer an unparalleled breadth and range of care for our patients and their families."

Edwards will join Lucile Packard Children's Hospital pediatric neurosurgeons Stephen Huhn, MD; Lawrence Shuer, MD, and Michael Taekman, MD, caring for children at the hospital. Gary Steinberg, MD, PhD, chair of the Department of Neurosurgery at Stanford University School

of Medicine, also operates on children with cerebrovascular disorders.

"We are all delighted Dr. Edwards will be joining our neurosurgery faculty," concurred Steinberg. "Dr. Edwards is one of the most distinguished and pre-eminent neurosurgeons in the country. He is a gifted surgeon, a compassionate physician and wonderful teacher. He has been an international leader in developing innovative treatments for patients with pediatric brain tumors, intracranial vascular malformations and congenital disorders. His recruitment will enable us to significantly expand our pediatric neuroscience program."

"I am excited to join one of the top pediatric neurosurgery programs at one of the leading children's hospitals in the country," said Edwards. "My focus will be to continue to provide care to children from infants to teenagers with complex brain tumors."

At LPCH, Edwards will work to broaden relationships with referring physicians throughout the country, advance clinical protocols, and grow both the research and teaching components of pediatric neurosurgery. As a result, hospital officials expect to see a significant increase in pediatric neurosurgery cases within the next five years.

Edwards' recruitment also reflects the medical school's commitment, in the form of the emerging Institutes of Medicine, to bench-to-bedside medicine as a way to improve patient care.

"Dr. Edwards' array of talents is essential to the efforts of the Neuroscience Institute at Stanford and Lucile Packard Children's Hospital to improve the diagnosis, treatment and prevention of serious neurological and neurosurgical



MICHAEL S. B. EDWARDS, MD
Director of Regional Pediatric
Neurosurgery at LPCH and professor
of neurosurgery and pediatrics

disorders in children and adults," said Philip Pizzo, MD, dean of Stanford University School of Medicine. "He will join colleagues across the medical center and the university in developing technologies and innovations that will foster the rapid transfer of knowledge from the laboratory to the patient."

"By coupling world-class neurosurgical techniques at Lucile Packard Children's Hospital with the latest advances in clinical research at Stanford University School of Medicine, we plan to become the top referral site for pediatric neurosurgery on the West Coast," said Edwards. "The incidence of pediatric brain tumors is increasing, and they are now the leading cause of nontraumatic death in childhood. Over the past few years, surgical and imaging techniques have improved, and we're seeing better long-term outcomes for these children.

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LPCH WELCOMES MICHAEL S. B. EDWARDS, MD, AS NEW DIRECTOR OF PEDIATRIC NEUROSURGERY

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The key issue right now is that our expertise in molecular biology will allow us to develop therapies that are less toxic for patients and offer better cure rates.”

“This is a great opportunity,” said Edwards. “Lucile Packard Children’s Hospital and Stanford have incredible facilities for molecular biology research and an astounding commitment to translational medicine. I’m looking forward to working alongside highly recognized pediatric and adult neurosurgeons, as well as having access to the remarkable research and science community at the university.”

Edwards earned his medical degree from Tulane University School of Medicine in Louisiana and completed residencies in neurosurgery and general surgery at Oschner Foundation Hospital in New Orleans. He served as chief resident in neurosurgery at Tulane University’s VA Hospital and at Charity Hospital in New Orleans. From 1977 to 1999 he served as a faculty member at the University of California, San Francisco, in the Department of Neurological Surgery and Pediatrics, and since 1999 he has served as a clinical professor in the Department of Neurological Surgery at the University of California, Davis. From 1995 to 1997 he was the director of pediatric neurosurgery at Sutter Medical Center in Sacramento; in 1997 he became the director of pediatric neurosciences there. In 1998 he was named director of the Sutter Gamma Knife Radiosurgery Center, and in 2002 he became director of the Sutter Neuroscience Institute.

Edwards sits on the editorial board of the *Journal of Radiosurgery and Surgical Neurology*. He has authored 50 book chapters and nearly 200 peer-reviewed articles during his career.

For more information, visit <http://neurosurgery.lpch.org> or call 650.497.8775 (academic office) or 650.724.4270 (clinic).

STUDY TO COMPARE STRATEGIES FOR TREATING ANOREXIA NERVOSA

VOLUNTEERS NEEDED FOR LARGEST-EVER CONTROLLED STUDY OF ANOREXIA NERVOSA TREATMENTS IN ADOLESCENTS

Anorexia nervosa has the highest mortality rate of all psychiatric disorders, yet prospective treatments have not been well studied. James Lock, MD, PhD, recently received a \$2 million grant from the National Institutes of Health to compare the effectiveness of two common types of psychological treatment for the eating disorder.

The study, a collaboration with the University of Chicago, will enroll 60 patients at each site, making it the largest controlled study ever of anorexia nervosa treatments among adolescents. Patients will be randomly assigned to one of two groups that tout very different approaches to the illness.

The first—the “individual-based” treatment—works directly with the patient and focuses on what some believe is the root cause of the disorder. It strives to teach ways to combat the negative thinking associated with a reluctance to eat by helping the adolescent become more aware of her feelings and more assertive, confident and productive. Currently it is the most common form of treatment for the disorder in this country.

The second approach—“family-based” treatment—tackles the physical issues of anorexia head-on, without assuming an underlying psychological cause. Parents are put in charge of re-feeding their child—taking control of their eating and weight gain in an effort to break the downward spiral of food refusal, over-exercise and weight preoccupation.

“The notion is that if you are able to sufficiently disrupt the anorexia behaviors for long enough, you can then gradually turn control back over to the child,” said Lock.

Both approaches have been shown to be effective, but the two methods have never been directly compared in a large study.

“These two treatments approach the same disorder in diametrically opposite manners,” said Lock. “They are very different strategies, and proponents of each could debate each other endlessly, so we need a controlled study to compare outcomes.”

Study participants can be boys or girls between the ages of 12 and 18 with a diagnosis of anorexia nervosa. They must be medically stable, but they must have a body mass index of below 17.5 or weight less than 85 percent of the ideal for their height. They must speak English and cannot currently be substance dependent.

Participants in each group will receive about 20 hours of free treatment over the course of a year and will be followed for one subsequent year. To obtain more information or volunteer for the study, contact Judy Beenhakker at 650-723-7885 or visit <http://eatingdisorders.lpch.org>.



CRANIOFACIAL ANOMALIES CLINIC OFFERS RANGE OF SERVICES AND ADVANCED SURGERIES FOR KIDS

INTERNATIONALLY RECOGNIZED LPCH TEAM DESIGNS NEW GENERATION OF DEVICES



STEPHEN SCHENDEL, MD, DDS

Seven percent of infants in this country are born with birth defects of the head and face. Most of these abnormalities are visible at or before birth, and many tend to worsen as the child ages. Although multiple surgeries are often necessary—the first usually within three months of birth—to allow the infant to grow and function normally, pediatric reconstructive surgery presents a special set of challenges.

“It’s important not to ‘burn any bridges’ with the first surgery,” says pediatric plastic and craniofacial surgeon Stephen Schendel, MD, DDS. “Children are still growing, so you have to take that fourth dimension into consideration when setting the groundwork for future operations. Because we’re influencing how the child is developing, pediatric surgery can be more complex than adult surgery.”

Schendel has been the director of the Craniofacial Anomalies Clinic at Lucile Packard Children’s Hospital since its inception in 1989. Formerly known as the Cleft Palate Clinic, the range of the service has been broadened tremendously over the years to include children with craniosynostosis, cleft palate, hemifacial microsomia, hemangioma and other vascular malformations, and obstructive sleep apnea caused by mandibular defects. The clinic is a designated referral center for children covered by California Children’s Services.

Schendel and his colleagues, David

Kahn, MD, and H. Peter Lorenz, MD, along with orthodontists, neurosurgeons, ophthalmologists, audiologists and speech pathologists evaluate and treat patients from newborns to teens from throughout the Bay Area and beyond. The multidisciplinary team works together with the family to devise a treatment program tailored to each patient. Social workers and child psychiatrists can also help children deal with the strain of looking or speaking differently than their peers.

Schendel and his colleagues at the Center have also developed new surgical techniques to speed healing and restore a more normal appearance to their young patients. For example, the mandibular defects that cause a child’s tongue to obstruct the airway during sleep would have previously been treated with a tracheostomy. Now a technique called distraction osteogenesis—cutting the bones that are too short and separating the ends with a device that allows the bones to slowly grow to the correct length is more common.

Schendel is an internationally recognized expert in the technique, and Packard Children’s Hospital is one of the main centers in the country for the procedure. He and his colleagues have designed the next generation of these devices, which are smaller, and more easily implantable. They’ve also devised ways to customize the device for each patient to accommodate the specific natural curve of the growing mandible.

Schendel’s research team of fellows and students has also designed advanced software to teach surgeons how to repair cleft lips, which occur in about one of every 700 births. The software not only challenges the user to pick out anatomical points on a three-dimensional scan of a cleft lip, but it also allows the surgeon to perform virtual surgery, cutting and manipulating the lip in an accurate representation of a real operation.

Finally, Schendel and his colleagues are

involved in Interplast, a non-profit organization that performs free reconstructive and plastic surgery on children in developing nations. Schendel makes regular trips to Cuba to teach the physicians the newest treatments for a variety of craniofacial defects, and to perform surgeries on Cuban children.

Through it all, Schendel appreciates the fact that the repeated rounds of surgeries, both at home and abroad, afford the opportunity to forge strong and lasting bonds with his patients and their families. “It’s one of the many joys of the work,” he says.

For more information about the clinic, visit <http://craniofacial.lpch.org>. To refer a patient, call 650.497.8201.

CALL FOR VOLUNTEERS

Needed: Fifty volunteers for a study of eczema in young children

The Stanford University Department of Dermatology is conducting an investigational clinical trial of an FDA-approved medication for the treatment of eczema. The purpose of this study is to see if early treatment of atopic dermatitis with Elidel Cream decreases the number of patients who go on to develop asthma. Previous research has shown that asthma later develops in 50% of infants who have eczema and a close relative who has eczema, asthma or allergies.

Participants must be between 3 and 18 months old and have a diagnosis of atopic dermatitis for less than 3 months. Patients must also have at least one parent or sibling with at least one of the following: atopic dermatitis, hayfever, or asthma. Study medication will be provided, and patients will be compensated for participation. The study may last up to 6 years. The researchers need fifty more volunteers by December, 2004.

Please contact 650-725-4302 or email the study coordinator at DermStudies@yahoo.com if interested. You can also gain additional information at www.atopicmarchstudy.com.

PETER KOLTAI, MD, JOINS PEDIATRIC OTOLARYNGOLOGY-HEAD AND NECK SURGERY AS NEW CHIEF

DEPARTMENT EXPECTS TO TREAT LARGER VOLUME OF PATIENTS

The Department of Otolaryngology–Head and Neck Surgery is pleased to announce the arrival of Peter Koltai, MD. Koltai, the former head of pediatric otolaryngology at the Cleveland Clinic Foundation, will serve as chief of the division of pediatric otolaryngology at Lucile Packard Children's Hospital (LPCH) and the Stanford University School of Medicine.

Otolaryngology and audiology services are especially important for young children. Early diagnosis and treatment of possible problems are essential to minimizing their long-term impact on speech and language. With Koltai's arrival, the department can see a larger volume of patients with complicated problems—especially airway difficulties and head and neck lesions.

“Dr. Koltai will make a splendid addition to our rapidly growing faculty,” says department head Robert Jackler, MD, who is also the Edward C. and Amy H. Sewall Professor of Otolaryngology–

Head and Neck Surgery. “His high level of clinical expertise and leadership skills will enhance the national prominence of our already strong program in pediatric otolaryngology.”

“My goal,” says Koltai, “is to establish pediatric otolaryngology at LPCH as a national resource for the management of airway problems and pediatric head and neck problems.”

“There's nothing comparable to our team extending all the way down to San Diego and north to Portland, Oregon,” he continued. “This group has an extensive history of managing large clinical caseloads.”

Koltai joins two other surgeons at LPCH who deal with pediatric otolaryngology patients: Kay Chang, MD, and Anna Messner, MD. In addition, the new Lucile Packard Children's Hospital–Stanford cochlear implant program is directed by Nikolas Blevins, MD, formerly the director of

otology/neurotology at Tufts–New England Medical Center. Such implants provide an important option for children with hearing loss.

“Cochlear implants can be a miracle even for very young children,” says Jackler. “Kids in the past who would have had to go to a school for the hearing impaired can now attend regular school using oral skills.” The cochlear implant program plans to provide a specialist to serve as a liaison with the school and help the child make best use of the new device.

Jackler and Koltai are planning to expand the breadth of services they provide to children, with a focus on pediatric airway problems such as laryngomalacia, airway hemangiomas and subglottic and tracheal stenosis. They will also partner with faculty members from LPCH's new cancer center to treat children with tumors of the head and neck. Pediatric otolaryngologist and

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PETER KOLTAI, MD

Peter Koltai, MD, received his medical degree from Albany Medical College. He completed an internship at Albany Medical Center, and general surgery and otolaryngology residencies at the University of Texas Medical Branch in Galveston before becoming a pediatric otolaryngology fellow at the Great Ormond Street Hospital for Sick Children in London. Prior to serving as chief of pediatric otolaryngology at the Cleveland Clinic Foundation, he was a professor of surgery and pediatrics at Albany Medical College. He has over 20 years of experience in pediatric otolaryngology and a special interest in complicated airway problems.

PEDIATRIC CLINICAL SERVICES OFFERED BY THE DEPARTMENT OF OTOLARYNGOLOGY INCLUDE:

- Diagnosis and management of hearing loss
- Cochlear implants
- Management of all types of airway problems, including laryngomalacia, subglottic or tracheal stenosis, and hemangiomas
- Reconstruction of congenital malformations of the head and neck, including microtia and aural atresia, choanal atresia, branchial cleft cysts and thyroglossal duct cysts
- Surgical treatment of head and neck tumors
- Treatment of obstructive sleep apnea, chronic otitis media and cholesteatoma
- Treatment of chronic sinusitis or nasal obstruction
- Evaluation and treatment of children with velopharyngeal insufficiency

To make an appointment call (650) 498-2565. For more information visit www.audiology.lpch.org or www.ent.lpch.org.



PATIENTS SEE MULTIPLE SPECIALISTS IN A SINGLE VISIT AT THE LPCH NEUROMUSCULAR DISORDERS CLINIC

CLINIC'S RESEARCHERS SEEK VOLUNTEERS NEEDED FOR STUDY OF SPINAL MUSCULAR ATROPHY TREATMENT

Children with neuromuscular disorders such as muscular dystrophy, motor neuron diseases and inflammatory myopathies frequently suffer from mobility problems that can make outings very difficult. The Lucile Packard Children's Hospital's Neuromuscular Disorders Clinic packs evaluations by multiple medical specialists, including neurologists, pulmonologists, gastroenterologists, orthopedists and physical therapists into one busy visit—eliminating the need for repeated appearances at the hospital and allowing the specialists to confer while the patient is on site.

“Every patient is seen by every service during a visit,” says clinic director Ching Wang, MD, PhD. “They don't have to go to many different places at different times. This arrangement saves the families a lot of trouble because traveling with very sick children can be quite arduous. This multidisciplinary feature of our clinic is unique in the Bay Area, and means that we can better meet the family's needs.”

The clinic is also associated with and partially supported by the Muscular Dystrophy Association, and a representative from the association is on hand during the every other Friday that

the clinic is open. The association offers parent support groups and provides educational materials to families. A social worker is also available to provide case management and address any financial concerns the family may have.

Physicians and therapists at the clinic see about 8 to 10 patients per half day, and are currently following about 200 patients from birth to 18 years of age who have a variety of medical problems.

In addition to evaluating patients, Wang and his colleagues conduct basic laboratory and clinical research. They've focused on finding the gene responsible for spinal muscular atrophy (SMA), discovering how it works, and then finding potential treatments. It turns out that kids with spinal muscular atrophy are missing a functioning copy of a gene called SMN1, but have a back-up gene, SMN2, that is deficient in its function. So Wang is trying to make the spare copy work better by boosting its expression with medication.

Wang and his colleagues are currently recruiting patients with SMA for two ongoing FDA-approved clinical trials of just such a treatment. One trial is open to

children from 6 months to 2 years old with SMA Type I—the most severe form of the disorder. The other is open to Type II and severely affected Type III patients between 2 and 10 years of age. Eligible patients are those who either were never able to walk independently or needed some type of assistive device before the age of 6.

Stanford and Packard Children's Hospital are also part of the American Spinal Muscular Atrophy Randomized Trials project (AmSMART), a coalition of SMA researchers at 15 different centers in the United States and Canada. As AmSMART participants, Wang and his colleagues are also conducting a drug trial for infants less than 2 years of age who cannot sit without assistance, as well as a quality of life study of SMA-affected children from ages 2 to 18.

For more information about the trials, visit sma.stanford.edu, or call study coordinator Tony Trela at 650-498-7658. For more information about the Neuromuscular Disorders Clinic, call 650-724-4192 or visit <http://neurology.lpch.org>.

PETER KOLTAI, MD, JOINS PEDIATRIC OTOLARYNGOLOGY-HEAD AND NECK SURGERY AS NEW CHIEF

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vice chair of the department Anna Messner, MD, collaborates with the speech department to conduct a monthly clinic for evaluating and treating children with voice disorders, specifically velopharyngeal insufficiency.

Dr. Chang is one of only a few surgeons in the country trained to perform the total reconstruction of the outer ear and ear canal in children with congenital defects such as microtia and aural atresia, a condition that affects about one out of every 3,000 newborns.

“This surgery is often split between a plastic surgeon and an otologic surgeon,” says Chang. “But when one person is very familiar with every step of the operation,

the reconstruction is optimized.”

Chang is also working to develop a new, less painful tonsillectomy technique that uses bipolar radiofrequency energy. Preliminary results indicate greater levels of patient comfort and oral intake after the procedure.

In addition to offering specialized head and neck surgical services, physicians in the department are skilled in performing more routine surgical procedures in medically complex children, such as very young or premature infants and children with bleeding disorders or diabetes.

“For some children, even relatively common procedures, such as tonsillectomy or the insertion of tympanostomy tubes,

are best performed at a children's hospital where there is access to pediatric anesthesiologists and a pediatric intensive care unit,” says Messner.

Pediatric audiologists at LPCH also provide basic hearing evaluations, treat permanent hearing loss, and dispense hearing aids. Such services are essential because about one in 500 children is born with significant hearing loss, and older children can experience hearing impairment due to infection or trauma.

Formerly located on the first floor of the hospital, the division has moved to the new Mary L. Johnson Ambulatory Care Center at 730 Welch Road.

RESEARCHERS FIND SMALLER BRAIN SIZE IN EIGHT-YEAR-OLD BOYS BORN PREMATURELY

FINDING MAY SUGGEST WHY BOYS BORN PRETERM SOMETIMES HAVE LANGUAGE AND ATTENTION PROBLEMS

Kids born significantly preterm may be struggling with a hidden handicap: specific areas of the brain are smaller than normal, even years later.

A collaborative study between Stanford, Yale and Brown medical schools headed by Lucile Packard Children's Hospital child psychiatrist Allan Reiss, MD, compared the brain volumes of two types of 8-year-olds: those born prematurely and those born full-term. The researchers found significant, lingering reductions in the areas of the cerebral cortex responsible for reading, language, emotion and behavior in the premature children.

Even more surprising, the researchers discovered that the brains of preterm boys were more severely affected than were girls. "It's fascinating," said Reiss. "It's as though we're seeing echoes of the 'big bang' of preterm birth at 8 years of age." Reiss is the co-director of the Center for Brain and Behavior at Lucile Packard Children's Hospital and the director of the Stanford Psychiatry Neuroimaging Laboratory.

Doctors have known for years that preterm newborn boys fare more poorly than girls, but it's not been clear why. The differences persist even after the early medical hurdles have been cleared:

preterm boys struggle more than preterm girls with speech and language and have a harder time in academic and social situations as they grow older.

Although it stands to reason that newborns making an unreasonably early appearance have smaller brain volumes than full-term babies, it wasn't known that boys' brains are more severely affected or that the disparity persists for so long.

"Smaller brain volume has never been specifically related to increased risk of adverse outcome in males as opposed to females," Reiss said. "This is a striking and significant developmental abnormality in males who were born preterm."

Reiss and his colleagues compared brain-imaging data of 65 preterm children to 31 healthy, full-term children. Preterm babies were born at around 28 weeks of gestation and weighed about two pounds at birth. The study was published in the August issue of the *Journal of Pediatrics*.

They found that the volume of white matter was reduced only in boys. Specifically, the temporal lobe—one of the seats of language—and the deep cerebral region of the brain are smaller. This could explain why preterm boys often have particular problems with language. These areas are also involved in many other important functions, including emotion, attention and reading—classic Achilles' heels for many kids born preterm.

Reiss said the study indicates that researchers should consider trying to develop a way to stimulate white matter growth in the brains of preterm babies. He said they could also explore developing an agent that would help protect infants' brains from the effects of premature birth.

For more information on Dr. Reiss's research, visit <http://psychiatry.lpch.org> or call 723-5511.



ALLAN REISS, MD
Howard C. Robbins Professor of
Psychiatry and Behavioral Sciences

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FACULTY UPDATE



FERNANDO MENDOZA, MD, professor of pediatrics and Chief of the Division of General Pediatrics, was honored with the Juan Villagomez, MD, Humanitarian Award. The California Latino Medical Association selected him for achievements in drawing attention to the health-care needs of minority groups nationwide and for giving back to his community. As dean for minority advising and programs during the past 20 years, he has worked to increase the number of underrepresented minorities, particularly Latinos, enrolled in medical schools. He and his colleague, Ronald Garcia, PhD, helped establish the school's Center of Excellence in Diversity, a federally funded educational center designed to enhance its capacity to recruit and train minority medical students as well as to expand curricular and research opportunities in minority health.

The recipient of numerous honors, Mendoza is the former Co-Director of the Stanford University Center for Chicano Research and former Co-Director of the Inter-University Program for Chicano Research.



DANIEL BERNSTEIN, MD, professor of pediatrics (cardiology), has been named the first Alfred Woodley Salter and Mabel Smith Salter Endowed Professor in Pediatrics. Bernstein, a pioneer in pediatric heart transplantation, is chief of the division of pediatric cardiology at the Stanford University School of Medicine and co-director of the Children's Heart Center at Lucile Packard Children's Hospital.

Bernstein earned his undergraduate degree from the Massachusetts Institute of Technology and his medical degree from New York University. Before joining the Stanford Faculty in 1986, he trained in pediatrics at Montefiore Medical Center, served as a fellow at Albert Einstein College of Medicine, and completed a research fellowship at the Cardiovascular Research Institute of UC-San Francisco.

The professorship was established through gifts to the School of Medicine from the Lucile Packard Foundation for Children's Health and the David and Lucile Packard Foundation. It honors the parents of Lucile Salter Packard, founder of Packard Children's Hospital.



OSCAR SALVATIERRA JR., MD, Director of the Kidney Transplant Program at Lucile Packard Children's Hospital and professor of surgery (transplantation) and of pediatrics (nephrology) at the Stanford University Medical School, was named a "Transplant Pioneer" by the National Kidney Foundation at a ceremony in August.

Salvatierra broke new ground in the 1970's by transfusing kidney transplant recipients with the donor's blood prior to transplantation—allowing physicians to determine beforehand whether the kidney would be accepted or rejected. This practice opened the door to current procedures using bone marrow cell transfusions from donors. Salvatierra also refined procedures for transplanting adult-sized kidneys into infants, and has been instrumental in improving patient survival from transplant operations.

In addition, he worked closely with Vice President Al Gore to draft legislation establishing a national system for distributing organs.

LUCILE PACKARD CHILDREN'S HOSPITAL

IMPORTANT CONTACT INFORMATION

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