

Packard Children's

Lucile Packard Foundation for Children's Health

NEWS

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at Packard

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in Pediatrics

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Dear New Friends,

Having recently joined the Lucile Packard Foundation for Children's Health as President and CEO, I am both honored and delighted to become part of a community that so enthusiastically supports our goal of providing the finest in health care for children.

As a pediatrician and a former CEO and medical director of children's hospitals, I know that philanthropy is essential to the success of any hospital, and Lucile Packard Children's Hospital has benefited enormously from your generosity. Having worked also in academic medicine, I am well aware of the critical role that donors play in furthering the research and training programs that advance care for children.

I'm particularly pleased to be joining the Foundation at this key moment when we are launching a \$300 million *Breaking New Ground* campaign for Packard Children's and the pediatric programs of the Stanford School of Medicine. The Campaign, which includes a goal of raising \$150 million for facilities expansion, will mark a great leap forward in the Hospital's capacity to serve the increasing numbers of children and families in the community who need care.

As we take on this major initiative, it is heartening to see so many names in the enclosed annual donor roll. I value your ongoing generosity and look forward to working with such dedicated donors who care passionately about children's health.

Sincerely,



David Alexander, MD
President and Chief Executive Officer



David Alexander, MD

Education:

BS, Yale University
MD, Columbia University

Professional Training and Experience:

Pediatric residency, Columbia Presbyterian Medical Center, 1979-1982

Robert Wood Johnson Fellow, Children's Hospital, Philadelphia, 1982-1984

Clinical Assistant Professor of Pediatrics, Thomas Jefferson University, 1984-1987

Assistant Professor of Pediatrics, University of Pennsylvania School of Medicine, 1987-1993

Clinical Professor of Pediatrics, University of Iowa College of Medicine, 1994-2002

Medical Director and Administrator, Blank Children's Hospital, Des Moines, IA, 1994-2002

President, Devos Children's Hospital, Grand Rapids, MI, 2002-2005

Medical Advisor for Public Policy, National Association of Children's Hospitals, 2005-2006

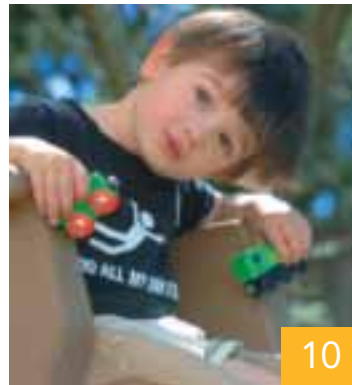
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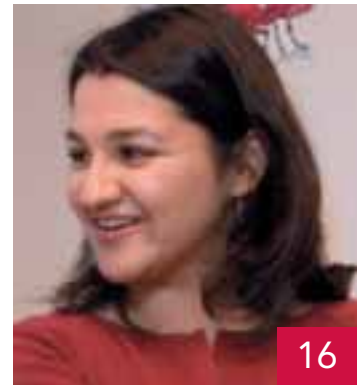
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Cover: 4-year-old Vidya Patel

Breaking New Ground

at Lucile Packard
Children's Hospital

On May 2, 2007, the Lucile Packard Foundation for Children's Health launched an exciting initiative for Lucile Packard Children's Hospital and the pediatric programs at the Stanford University School of Medicine. **Breaking New Ground**, a five-year, \$300 million campaign, will raise critical funding to address the new opportunities and needs facing Packard Children's and our community, including plans for a major expansion of the hospital to better serve children who need its care.

Thanks to generous donor support in recent years, Packard Children's has become an internationally recognized children's hospital. Yet, the hospital faces a critical shortage of beds as more children and families come to Packard for its expert care. With one of the best teams of pediatric specialists in the world, Packard and Stanford also will play a vital role in training the next generation of pediatric leaders and developing new treatments for childhood diseases.

This campaign is an important next step for Packard Children's. Its success will depend on a partnership with community leaders and friends who share our vision for providing the best care to the region's children, both now and in the future.

“ Together we have built a top children's hospital. Now we must ensure that our community's children have access to our care today, while we advance the level of care available to all children for years to come.”

SUSAN PACKARD ORR,
CAMPAIGN CO-CHAIR





“Thanks to the world-class physicians and researchers recruited in recent years, Packard and Stanford are uniquely positioned to be the premier training ground for tomorrow’s leaders in pediatrics.”

ANNE T. BASS,
CAMPAIGN CO-CHAIR

“Packard Children’s is bursting at the seams. We’re looking forward to a larger facility with the latest medical technology and family-centered care design, so we can provide the best care to all children who need it.”

ELIZABETH DUNLEVIE,
CAMPAIGN CO-CHAIR



Investing in the future.

The \$300 million Campaign goal will break new ground in children’s health by investing in a children’s hospital expansion, the next generation of pediatric experts, new treatments for pediatric diseases, and ongoing excellence in care.

Building More Beds	\$150 million
Serving the community Expanding and enhancing facilities	
Training the Next Generation	\$60 million
Fellowships Faculty scholars	
Making Discoveries, Finding Cures	\$50 million
Research programs Translational medicine	
Supporting Everyday Miracles	\$40 million
Lucile Packard Children’s Fund Auxiliaries Community Outreach	
TOTAL	\$300 million

Building more beds

Today, Packard Children's is serving far more patients than ever before. Unfortunately, the hospital has outgrown its current building. Last year alone, Packard had to refer more than 200 critically ill children to other care facilities because of a shortage of patient beds. In addition, as medical technology rapidly advances, more space and modern facilities are needed to host sophisticated equipment.



In the coming years, Packard Children's plans to undergo a major expansion, eventually doubling in size so that no child in the community is turned away for lack of space. The construction will add more than 100 beds, including more individual patient rooms that provide privacy for family members to take part in their child's healing process. The new facilities will also house new surgical, diagnostic, and treatment rooms, as well as nursing and support offices. Like the original Packard building, the new addition will surround patients with a child-friendly environment in which to heal and grow.

To fund this major expansion, Packard Children's will draw on three sources: philanthropy, operating reserves, and bonds.

Training the next generation

Children who are ill need the care of experts who understand their young patients' unique needs. Yet there is an acute shortage of pediatric specialists throughout the nation. With one of the best pediatric teams in the world today, Packard Children's, together with the Stanford School of Medicine, now has the capability—and the responsibility—to shape the future of pediatric care.

Packard and Stanford aim to build the nation's most prestigious training program in the pediatric specialties by establishing endowed fellowships for talented individuals who, after medical school and residency training, want to pursue careers in areas such as pediatric oncology or pediatric cardiology. The program will fill the pipeline with the next generation of pediatric leaders who will ensure continued advances in children's health care. In order to recruit and retain the best young minds in pediatric specialties, Stanford also will establish faculty scholar awards to support the work of exceptional junior faculty.



Making discoveries, finding cures

Illnesses such as cancer, asthma, and diabetes pose serious threats to the well being of children and require ever more effective treatments. Packard's location at the center of a leading research university is an ideal environment for pediatric discovery, virtually unmatched at other academic medical centers or stand-alone children's hospitals. The integration of Packard Children's with Stanford University gives the best minds in pediatrics the opportunity to pursue promising scientific investigations and translate their discoveries quickly into life-saving care for sick children.

Philanthropy that supports research is a crucial form of seed funding, which enables investigators to launch new initiatives and establish the initial results needed to pursue longer-term support. As government funding for research becomes scarcer each year, private donor investment will play an increasingly important role in enhancing the level of care available for all children.



Supporting everyday miracles

Each day at Packard Hospital, children with complex illnesses beat the odds and thrive in the face of incredible challenges. These miracles would not be possible without broad community support at all levels.



An important part of this Campaign is the ongoing generosity of donors who make annual contributions to the *Lucile Packard Children's Fund*. These donors help fund invaluable services not covered by insurance, including uncompensated care, new research, and community programs.

Packard's seven volunteer-run auxiliaries operate businesses and stage annual benefit events that collectively raise funding for uncompensated care and other special projects. Additional support comes from annual contributions by auxiliary members, and from the Auxiliaries Endowment funded by unrestricted bequests to the hospital from auxiliary members and their families.

Together, donors and volunteers help keep an open door for all children in our community who need the care of Packard Children's.

Kayla's story: An everyday miracle at

By Grace Hammerstrom

One-pound infant survives heart surgery.

Doctors fix flaw in grape-sized heart.

Baby awaiting transplant kept alive by mechanical heart.

Today's medical headlines from Lucile Packard Children's Hospital sometimes read like science fiction, highlighting cases that defy the odds, make medical history, and reshape how medical care is delivered.

Kayla Stephens is not one of those cases. Even though she was born with a severely deformed heart, has survived three complex heart surgeries, and will require a lifetime of careful monitoring, her case is considered routine at Packard Children's. Her story is one of the countless miracles that occur every day at the Hospital.

When Liza and Mike Stephens left work at Intel on July 15, 2002, they were eager to see the very first pictures of their unborn child. In her 18th week of pregnancy, Liza was set to undergo a routine ultrasound at a clinic in Carmichael, California. The results, however, were anything but routine. Something was wrong with their baby's heart.

A week later, a more thorough ultrasound revealed that the baby's right ventricle was under-developed. The Stephens were referred to Packard Children's Hospital—home to one of the largest and most successful programs in the country for specialized pediatric cardiovascular surgery.



Kayla's first Christmas



Kayla's first birthday

Packard Children's

At Packard, they met with V. Mohan Reddy, MD, chief of Pediatric Cardiothoracic Surgery, best known for his pioneering heart surgery on the tiniest infants. Reddy ordered a fetal echocardiogram to pinpoint the exact nature of the baby's heart deformity. The test revealed tricuspid atresia (TA), a rare congenital heart defect that occurs in five of every 100,000 live births each year.

When the tricuspid valve does not develop properly, oxygen-poor blood is prevented from passing from the right atrium to the right ventricle and on to the lungs to get oxygenated. Infants with TA generally have blue discoloration of their skin and easily become short of breath. They require a series of operations in the first three years of life to reroute blood so that enough oxygen is added to the bloodstream. Long term, children with TA face an increased risk of complications such as heart failure and may require a heart transplant later in life.

"They gave us hope"

At 20 weeks of pregnancy, Liza began her care at Packard Hospital with weekly check-ups and stress tests. Packard could offer the Stephens the experience that a small, community hospital could not provide.

"When we first heard the diagnosis, we were so devastated," recalls Mike Stephens, Kayla's father. "But Packard really gave us hope. They made a disastrous situation bearable."

After three and a half months of weekly trips from their home in Folsom, California to Packard, Liza was induced and gave birth to seven-pound, 10-ounce Kayla on December 3, 2002. Two weeks later Kayla was scheduled for her first round of heart surgery.

Kayla's surgery was thoroughly planned by the Packard Children's Heart Center team, an interdisciplinary group of 40 to 50 specialists that includes cardiac surgeons, cardiologists, anesthesiologists, cardiac intensivists, radiologists,

Kayla's Journey

July 15, 2002: At a routine 18-week ultrasound, Liza and Mike Stephens learn that their baby has a heart defect.

July 26, 2002: The Stephens meet the Packard Children's Heart Center team.

August 9, 2002: An echocardiogram confirms the diagnosis of tricuspid atresia.

December 3, 2002: Kayla Stephens is born at Packard Hospital.

December 17, 2002: Kayla's first surgery. Dr. Reddy places a pulmonary artery band to protect her lungs from high pressure and excessive blood flow.

March 24, 2003: Kayla's second surgery. Dr. Reddy performs a bidirectional Glenn shunt as an intermediate step to her final surgery.

June 23, 2006: Kayla's third surgery. Dr. Reddy performs an extracardiac Fontan procedure to bypass Kayla's right ventricle and send blood directly to her lungs.

December 3, 2006: Kayla celebrates her 4th birthday.



Kayla reading



Kayla in snow



The Packard Children's Heart team, made up of 40 to 50 specialists, meets weekly to discuss each patient's individual case.

neonatologists, nurses, nurse practitioners, physician assistants, trainees, students, and interns. This group meets every Wednesday for two to four hours to plan upcoming surgeries.

"We go through findings, look at images, discuss what we know about outcomes, and prepare a management plan for the patient," explains Daniel J. Murphy, Jr., MD, Kayla's cardiologist and director of the Pediatric Cardiac Clinic Program at Packard Hospital. "At Packard, no child is managed by just one doctor. Patients don't just get a second opinion; they get a third, fourth, fifth, and sixth opinion."

Kayla's experience is representative of the coordinated approach that takes place daily at Packard Hospital, adds Stephen J. Roth, MD, MPH, director of the Cardiovascular Intensive Care Unit. While the primary cardiologist coordinates a patient's care, a group of highly specialized medical professionals, all of whom are trained in pediatric care, also participate. "That's what makes Packard special," adds Roth. "And that is how we get the results we do."

A Night and Day Change

During Kayla's initial surgery, Reddy inserted a pulmonary artery band to protect her lungs from high pressure and excessive blood flow. In what later became a trend, Kayla did remarkably well and was discharged in just five days, well in time for Christmas.

But in March, Kayla became irritable and fussy, and an echocardiogram showed her heart was under increasing stress. Reddy immediately performed her second surgery—a more complex procedure known as a bidirectional Glenn shunt—as an intermediate step before her final surgery.

"The second surgery was harder for us emotionally, knowing what to expect," recalls Liza, Kayla's mother. "But the staff at Packard is unbelievably helpful, just phenomenal with kids. We knew we could trust them and that everything would be okay. We feel so blessed to live close to Packard."

Over the next two years, Kayla did well and was seen every three months by Murphy. The third surgery would depend on her weight gain and her oxygen saturation levels—or her O2 sats—a number the Stephens casually roll off their tongues like medical doctors.



Kayla and Mom at Christmas



Kayla swimming



Pediatric Cardiologist Daniel J. Murphy, Jr., MD

At age 3-and-a-half, Kayla underwent her final and most complicated surgery, known as a Fontan procedure. This allows all the oxygen-poor blood returning to the heart to flow into the pulmonary arteries, greatly improving the oxygenation of the blood pumped to her body.

The surgery significantly improved her symptoms. Gone were her shortness of

breath and blue coloring. “It was a night and day change,” her mother says. Since then, Kayla’s O2 sats have been hovering near normal—95 percent to 98 percent.

Taking the Long View

The team at the Children’s Heart Center looks well beyond the immediate results of surgery and care. “We want the child to do well in the long term,” Murphy says. “Part of that is constantly evaluating the therapies we use to minimize risks and improve results, and treat patients with the most up-to-date knowledge we have.”

Thanks to such attention, the Stephens family today leads a normal life, juggling demanding jobs at Intel and two growing daughters—Kayla, 4, and Katrina, 2. The only reminder of Kayla’s struggles occurs every six months when they come to Packard Children’s for check-ups. But the visits now are filled with hope and friendship, and a welcome chance to reconnect with the physicians who saved her life.

“Kayla is an example of the extraordinary care that happens every day at Packard Hospital,” Murphy notes. “Without surgery, she had little chance of survival. After three successful surgeries, we expect her to live a long, healthy life, with a chance that she will never need a new heart. The facilities, research, and educational activities at Packard are creating today’s headline stories and transforming them into tomorrow’s everyday miracles.” ●



Kayla with her sister, Katrina



Serving More Children

Packard Children’s child-friendly approach and world-class team of pediatric specialists means that every child who walks through its doors receives extraordinary care, whether for a life-saving heart treatment or a routine check-up. As a result, more and more families are coming to Packard and the hospital is quickly outgrowing its current 264-bed facility. In 2006, Packard had to refer more than 200 critically ill children to other healthcare providers because of lack of space.

A major objective of the \$300 million *Breaking New Ground* campaign is to raise \$150 million for a hospital expansion to address the growing shortage of beds. For more details, please call (650) 498-4627 or visit www.supportLPCH.org.

The Next



At age 1, Tobias Kamath was diagnosed with autism, one of the many developmental disorders that specialists see at Packard Children's.

Frontier

By Theresa Johnston

New Pediatric Specialty Focuses on Developmental and Behavioral Conditions in Children

Tobias Kamath is an energetic preschooler who loves sliding in his backyard, stacking Duplos, and watching Thomas the Tank Engine. But when the little boy passed his birthday last year without speaking, his pediatrician suspected that something was wrong. Seeking a diagnosis, the family came to Heidi Feldman, MD, PhD, a nationally recognized child language expert and the newly recruited director of the Maggie Adalyn Otto Developmental and Behavioral Pediatrics Program at Lucile Packard Children's Hospital. Feldman confirmed that Toby has autism, a neurodevelopmental disorder that makes it difficult for some youngsters to interact with the outside world.

Autism is just one of the complex disorders that Feldman sees in her new post in Developmental and Behavioral Pediatrics (DBP), an emerging pediatric subspecialty that focuses on conditions that affect a child's ability to learn, socialize or perform daily living activities.

Feldman has been in the Bay Area only since last October, when she moved from the University of Pittsburgh to accept the Ballinger-Swindells Endowed Professorship in Developmental and Behavioral Pediatrics at the Stanford School of Medicine. She was recruited to expand the hospital's DBP programs. As Feldman explains, pediatrics at one time was almost entirely concerned with infectious diseases and other short-term conditions. But as immunizations, antibiotics and public sanitation have made huge inroads against acute childhood illnesses in developed countries, chronic concerns such as developmental and behavioral issues have emerged as the prominent problems.



Heidi Feldman, MD, PhD, director of the Maggie Adalyn Otto Developmental and Behavioral Pediatrics Program.

A New Field

Recognized as a subspecialty in 1999, DBP focuses on diagnosing, monitoring, and treating youngsters who have such conditions. Feldman estimates that about 7 to 8 percent of all children need DBP services. Autism and related disorders like Asperger syndrome are among the most common developmental disabilities, affecting as many as one in 150 children. DBP specialists also work frequently with kids who have attention deficit/hyperactivity disorder, cerebral palsy, motor and language delays, epilepsy, and Down syndrome.

Clarity Keller was born prematurely with DiGeorge Syndrome, a genetic disease that has given her severe eating and breathing problems. The 2-year-old benefits from physical therapy and a variety of other services from Packard's DBP program.



Before the 1960s, many of these youngsters would have been cared for in institutional settings. Today, though, with home-based care the norm, families of children with developmental and behavioral challenges need all the support they can get. DBP specialists not only are experts at diagnosing developmental and behavioral problems, they're also prepared to help with the next step: steering families toward the community resources they need, including speech, physical and occupational therapists, psychologists, parenting classes, dieticians, nurse practitioners, respite care providers, e-mail news-groups, tutors, and special education programs.

For children like Toby who have autism, early intervention and family support are particularly important. So these days, his busy weekly schedule includes one hour of speech therapy at home, a couple of hours at Palo Alto's Community Association for Rehabilitation, and 25 hours of Applied Behavioral Analysis, a promising

home-based therapy that uses frequent small rewards to teach social and behavioral skills. His mother also hopes to enroll him in a Menlo Park gymnastics class for special needs children.

Getting an Early Start

The roots of Packard's DBP programs sprouted more than 15 years ago as David Stevenson, MD, the Harold K. Faber Professor of Pediatrics at Stanford University's School of Medicine, worked to save the lives of premature infants. Many sick and low-birth weight babies are at high risk for developmental and behavioral problems as they grow—everything from excessive crying and sleeping problems to serious motor, language, and learning delays.

"I felt that it wasn't right to take care of these kids [in the hospital] and not follow through," explains Stevenson, who now is the director of the Charles B. and Ann L. Johnson Center for Pregnancy and

Newborn Services. “It was a huge missing piece at a great university.” So when the Johnson Center was founded in 1997, he and his colleagues simultaneously opened the Mary L. Johnson Developmental and Behavioral Unit. Over the past decade, thousands of Packard patients have benefited from its services. Among them is Clarity Keller, who was born at 34 weeks gestation with DiGeorge Syndrome, a chromosome deletion associated with heart defects, esophageal problems and facial anomalies.

In her first two years of life, Clarity has had to deal with severe breathing problems, oral feeding aversions, and some hearing loss. But fortunately, says her mother, Lisa, the Los Gatos family receives “tons and tons of great support” from Packard therapists and physicians who work with Clarity on her feeding skills and help the family devise long term plans for her care. Clarity’s most recent triumph was at the breakfast table. “She ate 15 Cheerios by herself this morning,” her mother says proudly. “It’s just a miracle. I can’t think of a better word for it. We have an awesome team.”

Another preemie graduate, 4-year-old Vidya Patel of San Mateo, was born at Packard eight weeks early and spent about a month in the hospital’s Neonatal Intensive Care Unit. Since then, the talkative preschooler has gone back to the hospital every six to 12 months for a complete evaluation of her behavioral and physical development. Normally Vidya shows little evidence of her rough start. But when tests recently highlighted some problems with her ability to recognize visual patterns—a crucial skill for reading—her Packard psychologist was happy to pass along some workbook exercises to help Vidya at home. “Knowing that I had these services available was such a relief,” says her mother, Urvashi. Today Vidya is doing much better, she adds, and “tremendously looking forward to kindergarten.”



Four-year-old Vidya Patel was born eight weeks early at Packard and receives complete evaluations of her behavioral and physical development every six to 12 months as part of Packard’s preemie graduate services.

Currently these clinical services are available primarily to youngsters who were born at Packard and/or treated in the Packard Neonatal Intensive Care Unit. But with help from donors, Feldman and her colleagues hope to expand these programs to serve all community children, regardless of the hospital where they were born or treated shortly after birth. Packard already has launched two special clinics for kids with Down Syndrome and autism. Planners envision a broader two-part system: an intake triage clinic where parents could seek diagnosis and referral for any child they think might have a developmental or behavioral issue, and a general clinic that would offer longer-term support, including referrals when necessary to established local therapists, special education programs, and agencies such as the Children's Health Council in Palo Alto.

More DBP Experts Needed

Another goal at Packard is to encourage the next generation of developmental and behavioral pediatric subspecialists—and to educate general pediatricians about the field, too. To do this, Packard and the Stanford School of Medicine recently teamed up to launch a popular new Developmental-Behavioral Pediatrics rotation. Now in its second year,

the one-month training program sends Packard pediatric residents into local neighborhoods, where they can observe typical and atypical child behavior at preschools, community clinics, and rehabilitation agencies. One assignment even has the residents visit a nearby bookstore, to select and critique a general-interest book on parenting.

The idea, Feldman says, “is for residents to see first-hand what programs are out there for children who have developmental problems, and how schools deal with children who have behavioral issues. They’re out in the field, they’re building relationships; they’re communicating with the workers on the front lines. I think it really changes who they become as physicians.”

Packard resident Jon-Michael Castelli, MD, describes one particularly instructive case during his own recent DBP rotation involving a 3-year-old boy who was not yet talking. As Castelli recalls, the child had an older brother who was diagnosed as having autism, “so when he lost verbal milestones it was a huge red flag for the mother.” But after a thorough evaluation, doctors ruled out autism and determined that the younger boy had language delay instead. “The right training in what is normal development, as well as the signs of abnormal development, are paramount to a pediatrician’s training,” Castelli says. “You never

Gifts Boost DBP Program

Generous philanthropic support has fostered the recent growth of Developmental and Behavioral Pediatrics (DBP) services at Lucile Packard Children’s Hospital.

A gift from the **Adalyn Jay Foundation** established the *Maggie Adalyn Otto Developmental and Behavioral Pediatrics Program*. Their endowed fund will help ensure that all patients, regardless of insurance coverage, have access to Packard’s excellent care in DBP.

Contributions from **The Eucalyptus Foundation** have enabled Stanford to overhaul its DBP curriculum for pediatric residents in order to

provide more relevant and comprehensive training that takes advantage of the wealth of local resources available.

The *Ballinger-Swindells Professorship in Developmental and Behavioral Pediatrics* was created through the generosity of **Leslie and Douglas Ballinger** and **Ann and Bill Swindells**. Heidi Feldman, MD, PhD, is the position’s first holder.

want to miss a diagnosis that early intervention will treat. I'm more inclined after this rotation to screen for developmental issues. Perhaps more importantly, I now know much more about the diagnostic and therapeutic resources available to me and my patients."

Linking Research to Care

Perhaps the greatest legacy of Packard's expanded DBP program will be its scientific studies on the causes and best treatments for these often frustrating conditions. As Director Feldman notes, "It's important for any program on such a prestigious campus to contribute to research as well as clinical services." Some Packard physicians are looking into the best ways to improve motor outcomes in children who were born prematurely. Feldman herself is studying children who have sustained injuries to their white matter, the "wiring" that connects the brain's processing centers to the body.

"It's an area that's particularly fragile in premature babies," she explains. "We know that some children who've had injuries to the white matter do well, and others who've had more extensive injuries don't do very well, and then there is a group in between. So understanding which elements of the underlying structure affect function, and how the brain is capable of reorganizing if areas have been damaged, is an area that interests me greatly."

Though there is much yet to do, Packard's DBP program already is flourishing, thanks to deep commitment from donors, physicians, and hospital staff, Feldman says. "When I came here, there were a lot of very talented professionals working together well. I was lucky." She aspires to expand the DBP program to provide services for children throughout the Hospital and community who face developmental challenges because of conditions such as heart disease or cancer.

Johnson Center Director Stevenson shares her enthusiasm, predicting that "we're probably going to have one of the very best programs in the world, not only at preventing the problems but also managing them and maximizing the outcomes for kids." ●

Johnson Center a Pioneer in DBP Services

When the Charles B. and Ann L. Johnson Center for Pregnancy and Newborn Services opened in 1997 at Lucile Packard Children's Hospital, Developmental and Behavioral Pediatrics (DBP) was part of the continuum of care offered to expectant moms and infants—even before it was designated an official subspecialty. Founded through a gift from Charles and Ann Johnson, the Center from the start included the Mary L. Johnson Developmental and Behavioral Unit. Today the Johnson Center DBP team has grown to include more than 40 dedicated professionals, including staff physicians and fellows, nurse practitioners, psychologists, dieticians, occupational therapists, physical therapists, social workers, and speech and language therapists.



Charles B. and Ann L. Johnson

Tomorrow's Leaders

By Mark Shwartz

Maintaining the Pipeline of Pediatric Specialists

Dramatic advances in diagnostics and treatment in recent years have transformed pediatrics into a highly specialized discipline. Today, Lucile Packard Children's Hospital is staffed by pediatricians representing dozens of clinical subspecialties—from adolescent medicine to vascular surgery. Many of these physicians are nationally recognized leaders who seamlessly combine first-rate clinical care with groundbreaking research in their field.

"As childhood illnesses become more complex, there's a growing need for people with in-depth knowledge in sub-areas of pediatrics," says Charles Prober, MD, senior associate dean for medical education at the Stanford School of Medicine. "Take cancer, for example. You want children with cancer to be taken care of by pediatric oncologists. Likewise, advances in pediatric cancer therapy are going to be made by subspecialists in that field."

Three More Years

Prober acknowledges that it takes a special kind of person to become a pediatric subspecialist—a dedicated individual who, after four years of medical school and a three-year residency, is willing to take on a minimum of three additional years of subspecialty training with little financial reward. About two dozen fellowships are available at Packard in a variety of pediatric subspecialties, including cardiology, neonatology, and neuro-oncology. Maintaining a pipeline of new subspecialists is essential for the future of pediatric medicine, he adds.

In a recent survey of medical students, the American Academy of Pediatrics found that concern over rising educational costs has led to declining interest in pursu-

ing pediatric subspecialty careers. "The average medical school debt in the United States is approximately \$150,000," notes Prober. "A pediatric fellow typically earns about \$50,000 a year—far less than you could earn if you directly entered pediatric practice."

Medical schools also have difficulty finding steady sources of funding for subspecialty fellowships, he adds. "Philanthropy is clearly an important source, especially through endowments," Prober says. "An endowed fellowship says to the prospective fellow, we believe in you so much that we're going to support you for the entire duration of your fellowship. That means you can pay attention to your training instead of spending time each year applying for support."

Recruit and Retain

Those who've finished their fellowships often pursue academic-research careers at medical centers, such as Stanford. But retaining new faculty can be a challenge, says Michael Longaker, MD, MBA, director of children's surgical research at Stanford Medical School. "The first five years are critically important in the development of a physician-scientist," explains Longaker, the Deane P. and Louise Mitchell Professor in the School of Medicine. "Everyone is pulling for their time. Their department wants them to take on more patients, and they also have a tremendous teaching load. Therefore, it's essential to provide additional resources that allow them to pursue their research interests."

To address the problem, Packard has established an endowed faculty scholars fund for outstanding junior faculty subspecialists. Through this endowment, young faculty scholars receive two-to-five years of additional financial support, which allows them to take time off

from their clinical routine to conduct innovative research or immerse themselves in subspecialty training. “In these times, when NIH research dollars are very tight, the faculty scholar program offers us a novel way to recruit and retain promising new subspecialists,” Longaker says. “Tomorrow’s stars are really built on how much success they have at the launch of their career.”

Economic incentives, along with the Hospital’s close ties to Stanford and Silicon Valley, will continue to draw future leaders to Packard, adds Prober: “We have an extraordinarily innovative academic community that has demonstrated leadership in computer technology, biotechnology, and other areas. It will attract those who want to connect to this rich environment.”

Sonia Partap, MD

Beverly and Bernard Wolfe Fellow in Neuro-oncology

For as long as she can remember, Sonia Partap has wanted to be a doctor. “My parents are physicians from India,” says the St. Louis native. “My father is a psychiatrist, my mother is a pathologist, and my sister was in medical school when I was in high school, so growing up I was surrounded by medicine.”

While completing a combined BA/MD degree program at the University of Missouri-Kansas City, Partap began gravitating toward pediatrics. “Kids are much more resilient than adults,” she says. “I was inspired by their spirit.”

After graduating from medical school in 2000, Partap entered a two-year residency program in pediatrics at Brown University, followed by a three-year residency in adult and child neurology at the University of Washington in Seattle. In 2005, she was selected as the first Beverly and Bernard Wolfe

Fellow in Neuro-oncology at Stanford, a three-year fellowship supervised by Paul Fisher, MD, the Beirne Family Director of Neuro-Oncology at Packard Hospital.

“Sonia has superb clinical acumen and great compassion,” says Fisher. “The Wolfe fellowship has allowed her to take on novel interdisciplinary training in oncology, radiology, radiation oncology, and pathology, which will put her far ahead of other clinicians starting their careers in pediatric neuro-oncology. With such unique clinical experience and some additional training to come in epidemiology research, we are preparing Sonia to become a leader in the field in years to come.”

“Brain tumors are one of the most common childhood cancers and, sadly, are the leading cause of cancer deaths in children,” says Partap. “The development of effective new therapies will require improved diagnostic methods, increased understanding of tumor biology and risk factors, and novel clinical trial strategies. The Wolfe fellowship has provided me an unparalleled opportunity to develop the skills that I will need as I begin a clinical research career in pediatric neuro-oncology.” ●



Sonia Partap, MD, monitors Marcos Mendoza’s progress as he recovers from neurosurgery to treat a brain tumor. The exercises allow her to measure improvements in his hand-eye coordination.

Tomorrow's Leaders

Carolyn Chi, MD

Arline and Pete Harman Fellow

Carolyn Chi's passion for public health was kindled during her undergraduate years at Rice University. "I was majoring in sociology and biology and began doing research on the health care needs of AIDS hospice patients," she recalls. "It was a sociology professor who encouraged me to go into medicine."

She eventually enrolled at Stanford Medical School and began focusing on children's health. "I prefer working with kids," she says. "They're very true patients. When they feel better, you know it: They're up playing, and they want to go home."

In 2004, after four years of medical school and three years of residency training at Packard Hospital, Chi accepted a three-year fellowship in pediatric endocrinology, a subspecialty that focuses on glandular and metabolic disorders in children.

"The first year of my fellowship was funded by the Department of Pediatrics," she says. "I was fortunate to obtain an Arline and Pete Harman Fellowship for the final two years. Without it, I'd still be applying for grants and trying to get funding."

One of Chi's main areas of research is childhood obesity. "During my fellowship, I've been conducting a study on insulin resistance in obese adolescents with Darrell Wilson, MD, chief of pediatric endocrinology at Packard. There are a number of obesity-related health problems associated with insulin resistance, including type 2 diabetes, high blood pressure, and irregular menstrual periods."

Chi also has been collaborating with E. Kirk Neely, MD, clinical associate professor of pediatrics, on a study evaluating the treatment of central precocious puberty—a pituitary gland disorder that triggers early puberty in children younger than 8. "The ultimate consequence for these kids is short stature," she explains. "Without treatment, a child may end up significantly shorter than their projected genetic height."

The cause of central precocious puberty remains a mystery—one of many challenges that led Chi to pursue a fellowship in pediatric endocrinology. "Without fellowship training programs, there is no pipeline to produce specialists," she says. "So I'm extremely grateful to the Harmans and other donors. Ultimately, they're training doctors who will have the clinical skills to care for children with special needs and advance the field of medicine." ●



Gregory Enns, MD

Arline and Pete Harman Faculty Scholar

When it comes to pediatric subspecialists, Gregory Enns, MD, is virtually in a class by himself. Enns is a biochemical geneticist—the only one at Packard and one of only a handful in California. He studies mitochondrial diseases: genetic disorders that interfere with energy-producing parts of the cell known as mitochondria. Each year, hundreds of children in the United States are born with mitochondrial diseases, often with devastating symptoms, such as mental retardation, seizures, deafness, heart damage, and liver failure.

Carolyn Chi, MD, examines Gabriel Sanchez in the endocrinology clinic. The 10-year-old from Modesto received a pacemaker implant to treat his heart condition and visits Packard regularly where doctors monitor his growth and development.



One-year-old Gurshan Kaur-Gill, from Bakersfield, gets a check up from biochemical geneticist Gregory Enns, MD. The toddler suffers from an inherited metabolic disorder that can affect mitochondrial function in his cells.



Investing in the Next Generation

In addition to raising funds for an expansion of Lucile Packard Children's Hospital, a key objective of the **Breaking New Ground** campaign is to enhance training and support for pediatric faculty. Thanks to the influx of world-class pediatric clinicians and researchers, Packard and Stanford now have the opportunity to transfer this valuable expertise to the next generation by establishing a premier post-doctoral training program for pediatric specialists. The Campaign also will create support programs to retain exceptional young faculty and allow them to build careers in clinical care and research.

Gift Opportunities:

The Campaign seeks to establish 15 endowed fellowships and 15 endowed faculty scholar awards in pediatric programs at the Stanford University School of Medicine. No other school of medicine currently has as many endowed positions for post-doctoral specialists and young faculty.

Endowed Faculty Scholar Fund \$2 million each

Endowed Fellowship \$2 million each

Fellowships and Faculty Scholar Funds can be named in recognition of the donor or someone of the donor's preference.

For more information about fellowships and faculty support, please call **650-498-7641** or visit www.supportLPCH.org.

"Mitochondria are basically cellular engines," says Enns, an associate professor of pediatrics, who joined the Stanford faculty in 1998. "They are critical for energy metabolism in all parts of our body, and they have been implicated in almost every disease process we know of—diabetes, cancer, neurodegenerative disorders, even aging. They also can be extremely hard to diagnose and treat."

In 2006, Enns was named an Arline and Pete Harman Faculty Scholar. This special award provides Enns with three years of financial support to study new ways to identify and treat these illnesses.

"As a faculty scholar, I can devote more time to science and research," he says. "The thrust of my work has to do with the fact that mitochondria not only generate energy for the cell, they also produce toxins, just like a car engine produces exhaust," he explains. "If mitochondria don't work right, they produce a lot of biochemical exhaust."

The presence of toxic molecules in the bloodstream may be an indication of mitochondrial disease, he says. His goal is to develop a state-of-the-art blood test to detect these toxic biomarkers, giving pediatricians a reliable method of detecting and monitoring the severity of a child's mitochondrial diseases. Such a test also could be used to determine the efficacy of treatment.

"Right now it is very difficult to determine how well a given treatment works," Enns says. "We'd like to have something that we can monitor and quantify, and with our biomarkers, I think we're onto something. I would say that support like the Harman Faculty Scholar Fund is absolutely critical, because it allows me to conduct translational research that can really have an effect on children's lives." ●



Five-year-old Hayden Chavarria (center) with Sarah Collins, director of the Lucile Packard Children's Fund, Colette Case, director of Child and Family Life Services, and Mary Lou Rodriguez, principal of Amber Elementary School (l-r).

No Mere Piggy Bank Drive

Many Bay Area residents were inspired by the story of Packard patient Hayden Chavarria, 5, who donated his life savings of \$33 to help replace a computer that was stolen from his kindergarten classroom in San Jose. As gifts flowed in from donors who were touched by his contribution, Hayden's mother and school officials chose to direct the funds towards Packard Children's, where he has undergone several surgeries to treat his esotropia, a rare eye condition.

The drive eventually raised more than \$2,300, which Hayden presented to the Hospital along with three PlayStation consoles and a dozen video games purchased with gift cards that he received from the community. ■

Foundation Names New Board Members

Two leaders in philanthropy were recently elected to the board of directors of the Lucile Packard Foundation for Children's Health.

Gary Dillabough is vice president of Global Citizenship at eBay. He previously held management positions at Visto Corporation and Media Arts Group. Dillabough serves on the boards of directors

for the Interactive Advertising Bureau and the Craigslist Foundation.

Chris Schaepe is a founding general partner of Lightspeed Venture Partners, a technology venture capital firm. Previously, Schaepe was a general partner at Weiss Peck & Greer Venture Partners and also worked in corporate finance and capital markets at Goldman Sachs & Co. after serving as a software engineer at IBM. ■

Mobley Awarded Thrasher Research Fund Grant

William C. Mobley, MD, PhD, the John E. Cahill Family Professor and director of the Neuroscience Institute at Stanford, recently received a three-year grant totaling \$381,693 from the Thrasher Research Fund. Mobley researches the causes and symptoms of Down syndrome, including developing new therapeutic treatments for children with the genetic disorder. The grant will allow him to focus on uncovering the biological origins of Down syndrome and testing possible pediatric treatments on mice models.

The Thrasher Research Fund supports pediatric medical research and seeks to foster an environment of creativity and discovery aimed at finding solutions to children's health problems. ■

Rapid Response Teams Honored

The Child Health Corporation of America (CHCA) recently recognized Packard Children's with its 2007 RACE for Results award. The annual award honors the Hospital for its success initiating Rapid Response Teams, made up of physicians, nurses, and therapists who work around the clock to help monitor, evaluate, and provide immediate care for unstable patients. As a result of the diligence of these teams, the hospital has witnessed a decline by 80 percent in cardio-respiratory arrests outside of the ICU setting and a 16 percent drop in mortality at the Hospital. ■

New Head for Packard Children's, Stanford Pediatrics

Renowned physician and researcher Hugh O'Brodovich, MD, has been named chief of staff at Lucile Packard Children's Hospital and chair of the Department of Pediatrics at the Stanford University School of Medicine. The appointment fills a vacancy left by the departure of Harvey Cohen, MD, PhD, who held the posts from 1993 until November 2006.

O'Brodovich, a pediatric respiratory specialist, is the former chair of pediatrics at the University of Toronto and pediatrician-in-chief at Toronto's Hospital for Sick Children. He will assume his duties at Stanford and Packard Children's on Jan. 3, 2008.

O'Brodovich was trained as a pediatric respiratory specialist at the University of Manitoba before completing a research fellowship in pediatric pulmonology at Columbia University in New York. He began his faculty career at McMaster University in Ontario before moving in 1986 to the University of Toronto as an associate professor of pediatrics.

"Dr. Hugh O'Brodovich is a world leader in pediatrics," said Philip Pizzo, MD, dean of the medical school. "An accomplished investigator, educator, clinician, and scholar, he has all the requisite skills to help move Stanford and Lucile Packard Children's Hospital to the next level of excellence and beyond." ■

Hallmayer Awarded Hilibrand Foundation Grant

The Hilibrand Foundation has awarded a \$1 million grant to the Autism Genome Project (AGP), to be distributed under the direction of Joachim Hallmayer, MD, an associate professor of psychiatry and behavioral sciences at Stanford. The AGP is an international public/private partnership uniting the world's leading autism researchers in an effort to identify the genes associated with autism spectrum disorders.

Lawrence and Deborah Hilibrand established their family foundation and began actively supporting research and treatment efforts after their son was diagnosed with autism. ■

Care-A-Van Gets an Upgrade

The Care-A-Van for Kids program at Packard Children's recently purchased a new van and upgraded existing vehicles thanks to generous contributions from Earthbound Farm and Maaco Auto Painting & Body Works of Sunnyvale, respectively. Care-A-Van provides free transportation to low-income children and their families who lack dependable transportation to and from the Hospital. More than 30 volunteer drivers utilize the program's seven vans to serve Santa Clara, San Mateo, Alameda, Santa Cruz, Monterey, and San Benito counties. ■



Cub Scout Dana Gauthier (center) with den leader Rob Schoeben, neurosurgeon Michael S.B. Edwards, MD, and Dana's mother, Catherine Gauthier.

Cub Scout with a Mission

Nine-year-old Dana Gauthier, Jr. and his Cub Scout troop from Palo Alto visited Stanford's Comprehensive Cancer Center in March for a special check donation. Dana and his fellow scouts contributed their entire \$2,300 commission from popcorn sales to the Center for Children's Brain Tumors. Dana has been undergoing treatments at Packard Children's for a medulloblastoma brain tumor. During their visit, the scouts learned about brain tumor treatments from Michael S.B. Edwards, MD, chief of pediatric neurosurgery, and toured the Cancer Center's new Cyberknife unit. ■

Lucile Packard Children's Hospital Report

Dear Friends,

It is my pleasure to share with you the results of another successful year at Lucile Packard Children's Hospital. Since we opened our doors 15 years ago, your generosity has been the keystone as we have built a premier children's hospital.

In 2006, *U.S. News & World Report* once again recognized Packard Children's, ranking it as one of the best in the nation and the number one children's hospital in California. We also received multiple national awards this year for our outstanding patient safety record. I am proud to report that protocols and standards developed by Packard staff to reduce or eliminate medical errors are now being adopted by other children's hospitals around the country.



This expert care found at Packard Children's is attracting more children and families from the surrounding community. Yet as demand for our services has grown, we now face an acute shortage of beds, which puts us in the difficult position of turning away children who need our care. Last year alone, we were unable to admit more than 200 critically ill children.

To address these space constraints and accommodate increasing patient needs and new medical technologies, we are developing plans to expand Packard Children's. *The Lucile Packard Foundation for Children's Health* has launched a *Breaking New Ground* campaign to help fund the project. The plans, part of the larger Stanford Hospital & Clinics and Lucile Packard Children's Hospital Renewal and Replacement Project, is currently being reviewed by the City of Palo Alto. You can learn more and sign up to receive updates at www.stanfordpackard.org.

This expansion is an exciting next phase for our children's hospital and a testament to the vital role Packard Children's plays in meeting the health care needs of children in our community and throughout the region. Your partnership has been instrumental to our success to date and will continue to be essential as we undertake the *Breaking New Ground* campaign.

I thank you for your generosity and your ongoing commitment to the health of our children.

Sincerely,

A handwritten signature in black ink, which appears to read "Christopher G. Dawes". The signature is written in a cursive, flowing style.

Christopher G. Dawes
President and Chief Executive Officer
Lucile Packard Children's Hospital



2006 Highlights

- Packard Children's Hospital was one of only nine children's hospitals in the country to make the first-ever "Top Hospitals" list based on an annual



Hospital Quality and Safety Survey conducted by the Leapfrog Group, a nationwide consortium of health care purchasers. Packard Children's also was the recipient of the new **Excellence in Patient Safety & Health**

Care Award, selected by California's four

largest health care plans: Aetna, Blue Shield of California, CIGNA, and UnitedHealthcare.

- A new **Down Syndrome Clinic**, the only one of its kind on the West Coast, opened at Packard Children's in July 2006. The clinic provides therapy services as well as specialized medical, genetic, developmental, and psychological testing, all in one location. Clinic specialists are able to collaborate with scientists from Stanford's **Down Syndrome Research Center**, who recently identified a protein responsible for certain cognitive difficulties faced by Down syndrome patients.
- In August 2006, Packard surgeons performed an unprecedented **three pediatric heart transplants in one 36-hour span**. This number of heart transplants in such a short time frame was a record for Packard Children's and is thought not to have occurred at any other U.S. hospital. The remarkable effort was led by Bruce Reitz, MD, the Norman E. Shumway Professor of Cardiothoracic Surgery at Stanford.
- In September 2006, the **Mobile Adolescent Health Services Program** marked its **10th year** of operation. Since 1996, the 38-foot "Teen Van" has provided free medical services to thousands of homeless, uninsured, and underserved adolescents and young adults. In addition to medical care, van staff provide nutrition education and mental health counseling to teens, and work with patients to help them reduce risk-taking behaviors and prevent future health problems.



- Researchers and physicians at Packard's **Center for Cystic Fibrosis and Pulmonary Diseases** completed Phase 1 clinical trials for a **potential new treatment for cystic fibrosis** using a compound called N-acetylcysteine, or NAC. Results show that patients treated with NAC experienced decreased lung inflammation. Scientists are optimistic that the new treatment may be able to help preserve lung function in cystic fibrosis patients.

- For the third straight year, Packard Children's Hospital made a gift to the Santa Clara Family Health Foundation and the San Mateo-based Peninsula Community Foundation to help

provide medical coverage to uninsured children who are not eligible for Medi-Cal or other federal or state programs. Packard's donation of nearly \$200,000 this year will be used to enroll 100 children in each county's **Healthy Kids Program**.



- Packard's **Pediatric Weight Control Program**, one of the longest-running and most successful pediatric weight management programs in the country, celebrated its **10th anniversary** in 2006. More than 350 children between the ages of 8 and 15 have successfully graduated from the six-month program, which works with the entire family to introduce healthful eating and exercise habits. In addition to its site at Packard Children's, the program is offered in East Palo Alto and San Jose.

Statement of Operations

For years ended August 31, 2006 and 2005 (in thousands)

	2006	2005
Revenues		
Net patient service revenue	\$ 470,256	\$ 444,460
Other revenue	15,863	15,769
Contributions used for operations	18,721	16,383
Total revenues, gains, and other support	504,840	476,612
Expenses		
Salaries and benefits	\$ 226,952	\$ 211,921
Other operating expenses	234,784	217,728
Total Expenses	461,736	429,649
Excess of revenues over expenses	\$ 43,104	\$ 46,963

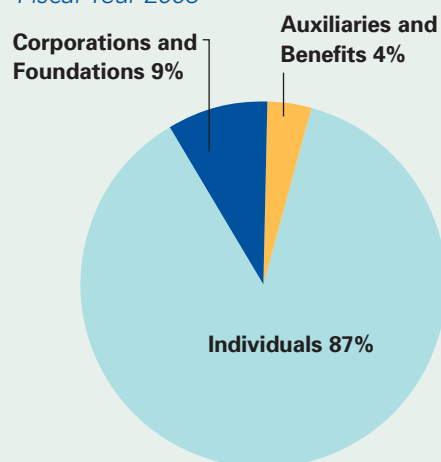
Statistics

Fiscal Year 2006

Medical Staff	962
Employees	2,462
Volunteers	800
Auxiliary Members	1,500
Licensed Beds	264
Obstetric	52
Pediatric	212
Inpatient Days	78,177
Clinic Visits	105,837
Discharges	13,265
Births	5,153

Sources of Private Support

Fiscal Year 2006



Includes gifts to Lucile Packard Children's Hospital and pediatric programs of the Stanford University School of Medicine

Children's Circle of Care

2007 North American Leadership Conference and Gala

Children's Circle of Care members were invited to join fellow philanthropists at the 2007 North American Leadership Conference and Gala Dinner held in Boston on May 3. This year's event featured talks from leading physicians and a performance by Elton John. We are grateful to the following sponsors for their support of the event.

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Packard Children's EVENTS *Calendar*

Community Health Classes at Lucile Packard Children's Hospital

To register please call (650) 724-3783.

Heart to Heart: A Seminar on Growing Up for Parents and Kids

This informative, humorous, and lively discussion sets parents and their preteens on a straight course for talking about puberty, the opposite sex, and growing up.

Wednesdays, June 20 and 27 or

Wednesdays, August 8 and 15

6:30 p.m., for boys and their fathers

Thursdays, August 9 and 16 or

Thursdays, September 6 and 13

6:30 p.m., for girls and their mothers

Talking with Your Kids on Growing Up Wednesday, October 17, 7:00 p.m.

Adolescent experts Julie Metzger, RN, and Rob Lehman, MD, present new ideas and information on adolescent development and risk-taking behavior. Emphasis is on the importance of the family as the primary resource and communication between parents and children.

Please visit www.LPCH.org to see a full listing of community classes and programs.

Sign Up for e-News

Stay up to date with our new "Friends of Packard" email newsletter featuring children's health news, exciting happenings at Packard Hospital, and upcoming community events.

To sign up, please visit
www.lpfch.org/signup



Upcoming Auxiliary Events

For more information please call (650) 497-8591

This 'n' That Shop Sale

Friday and Saturday, June 15-16

472 Oak Road, Stanford
Charter Auxiliary

Antiques and Collectibles Sale

Friday and Saturday, August 3-4

472 Oak Road, Stanford
Charter Auxiliary

Tally Ho

Saturday, September 8

Menlo Circus Club, Atherton
Woodside-Atherton Auxiliary


Lucile Packard
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