WINTER 2014

# Pediatric INSIGHTS

A Physician Resource from Children's Hospital of Pittsburgh of UPMC • www.chp.edu

**Special Page 4 Feature**

## Rare Disease Therapy

Caring for kids with metabolic disorders

**Headache Clinic**

Taking the pain out of headaches

**Help for Asthma**

Improving care through education

BEST CHILDREN'S HOSPITALS U.S.News & World Report HONOR ROLL 2013-14

Children's Hospital of Pittsburgh | of UPMC

# Pediatric INSIGHTS

WINTER 2014

## Inside this issue




**EDITOR**
Lisa Clark

**CONTRIBUTORS**
Thomas Cunningham, Camille Downing, Kate Lindholm

**DESIGN**
Jim Zahniser

**PHOTOGRAPHY**
Harry Giglio, Annie O'Neill, UPMC Medical Media

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To submit comments or story suggestions, e-mail Kate Lindholm at **kathleen.lindholm@chp.edu**.

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## The WINTER 2014 issue of Pediatric INSIGHTS

In this issue of Pediatric INSIGHTS, learn how the **Center for Rare Disease Therapy** at Children's Hospital of Pittsburgh of UPMC is uniquely positioned to provide specialized care for children with rare metabolic disorders and their related diseases.

**In addition:**

- Children's Hospital is named to **The Leapfrog Group's 2013 class of Top Hospitals** making it one of only three pediatric hospitals in the nation to receive major awards from The Leapfrog Group, *U.S. News & World Report*, and *Parents* magazine.
- The **Headache Clinic** at Children's treats migraine headaches, which affect about 36 million Americans or 12 percent of the nation's population.
- Children's Hospital welcomes **Sukgi Choi, MD, FAAP, FACS**, who has been named chief of the Division of Pediatric Otolaryngology at Children's. **Luis De la Torre, MD**, has joined Children's Division of Pediatric General and Thoracic Surgery and will create the Colorectal Center for Children.

We welcome your feedback, thoughts, and story suggestions. Please share them with one of our physician liaisons, whose contact information you can find on page 8.

# Children's Hospital Named to Leapfrog Group

## AMONG ELITE LIST OF PEDIATRIC HOSPITALS THAT PROVIDE HIGHEST LEVELS OF SAFETY AND QUALITY

Children's Hospital of Pittsburgh of UPMC is one of only 13 pediatric hospitals in the nation named to The Leapfrog Group's 2013 class of Top Hospitals, based on the results of a survey that measures hospitals' performance in patient safety and quality.

The Leapfrog Hospital Survey, now in its 12th year, sets the highest bar for comparing hospitals' performance on the national standards of safety, quality, and efficiency that are most relevant to consumers and purchasers of care. The survey provides the most comprehensive picture of how patients fare, what resources are used to care for patients, and how management promotes safety and quality.

"Our goal is to deliver the safest care possible to our patients in the most efficient environment possible through state-of-the-art technology and family-centered care," says Christopher Gessner, president, Children's Hospital. "Our inclusion as a Leapfrog Top Hospital is an indicator that we are well on our way to achieving that goal, and it's an honor that we're very proud of."

"The field of hospitals considered for this year's elite Leapfrog Top Hospital distinction was more competitive than ever. By achieving the Top Hospital accolade, Children's Hospital of Pittsburgh of UPMC has demonstrated exemplary performance across all areas of quality and patient safety that are analyzed on the Leapfrog Hospital Survey," says Leah Binder, president and CEO of The Leapfrog Group.

Children's Hospital was selected as a Top Hospital out of a record number of 1,324 hospitals participating in The Leapfrog Group's annual survey. The list includes 22 Top Rural Hospitals, 55 Top Urban Hospitals, and 13 Top Children's Hospitals. •

### In addition to Children's Hospital of Pittsburgh of UPMC, the 2013 Leapfrog Top Children's Hospitals are:

- Boston Children's Hospital
- Children's Hospital Los Angeles
- Children's Hospital of Orange County
- Children's Hospitals and Clinics of Minnesota St. Paul
- Children's Mercy Hospitals South Campus
- DMC Children's Hospital of Michigan
- East Tennessee Children's Hospital
- Lucile Packard Children's Hospital at Stanford
- Nationwide Children's Hospital
- Phoenix Children's Hospital
- Texas Children's Hospital West Campus
- University Hospitals – Rainbow Babies & Children's Hospital

# *Proud to be one of three*

Children's is one of only three pediatric hospitals in the nation to receive recognition from The Leapfrog Group, *U.S. News & World Report*, and *Parents* magazine. The only three that can stake claim to all three major awards are Boston Children's Hospital, Texas Children's Hospital, and Children's Hospital of Pittsburgh of UPMC.

# Headache Prevention and Management

## CHILDREN'S HEADACHE CLINIC TREATS PAIN IN CHILDREN AND TEENS

Migraine headaches affect about 36 million Americans, including children and adolescents — about 12 percent of the population.

At the Headache Clinic at Children's Hospital of Pittsburgh of UPMC, the majority of patients — about 70 percent — have migraine, 20 percent have pseudotumor cerebri, and the remaining 10 percent have chronic posttraumatic headache, which most often occurs after concussion.

Catalina Cleves-Bayon, MD, Child Neurology, and Megan Cawley, LCSW, Behavioral Health, see pediatric patients with headache. Both are part of Children's Hospital's Brain Care Institute. In those young patients with migraine, they see varying degrees of disability: Social isolation and school absenteeism are major problems.

Molly Jennings, 18, is one of about 475 pediatric patients treated in the Headache Clinic annually. She began seeing Dr. Cleves-Bayon at 15 when she was suffering daily from headaches that left her dizzy, irritable, and nauseated. She learned that a combination of brain chemistry, stress, and anxiety were to blame for her headaches.

### Prevention is key

Dr. Cleves-Bayon emphasizes prevention and early pain management with her young patients. "It's always better to prevent the headache than to chase it with a pill," she says. To help do that, she stresses the importance of developing consistent habits around sleep and exercise, as well as drinking plenty of water and limiting caffeine and trigger foods.

Maintaining these healthy habits not only is a way to prevent headache from occurring; it also helps her young patients take ownership of their own health. "If you don't exercise, no one will do it for you. If you don't drink water, no one will do that for you," she says.

Depending on the patient and the frequency of his or her headaches, Dr. Cleves-Bayon may prescribe rescue and preventive medications. First-line rescue medications such as acetaminophen and anti-inflammatories (ibuprofen, naproxen) as well as triptans (some approved by the Food and Drug Administration for use in pediatric patients) are most often prescribed. Certain antiemetics also may be used.

Using rescue medications appropriately is key: Best results are obtained when the headache is caught early. Adequate dosing, depending on the patient's age, weight, and severity of pain also is important. Delaying the use of rescue medications and underdosing are common reasons for acute treatment failure. And, the overuse of these agents can create analgesic rebound and lead to chronic headache. When patients experience more than 10 to 15 headache days per month or fail acute therapies, preventive medications may be prescribed. All patients are likely to benefit from non-pharmacological pain management such as cognitive behavioral therapy, relaxation techniques, and deep breathing exercises. If it's apparent that stress, anxiety, or depression are triggers or are complicating the picture, she will refer the child to Ms. Cawley as soon as possible.

**LEFT:** Jonathan Golden's headaches have decreased from every other day to a few times a month since he's been seen at the Headache Clinic.

### Changing the goals of treatment

For some patients, 100 percent freedom from head pain may not be a realistic goal, so it's important that children with headaches learn to function despite their pain, Ms. Cawley says. In her practice, she focuses a great deal on the perception of pain. "A lot has to do with what you think you're capable of," she says. Often by the time they reach the Headache Clinic, these children have seen a lot of providers, tried lots of medications, and are missing school and becoming isolated. Ms. Cawley uses a combination of cognitive behavioral therapy and coping strategies to help children gain confidence in their ability to manage pain.

Molly now takes amitriptyline daily and a triptan for breakthrough headaches. She gets headaches once or twice a month but says that the frequency and intensity continue to decrease. She also sees Ms. Cawley, who helps her hone strategies for coping with stress and anxiety. Since she plans to double-major in advertising and film/television writing in college, the coping strategies Molly is learning should continue to pay off. •

**To refer a patient, request a consultation, or schedule an appointment, please call the Headache Clinic at 412-692-5520. Headache Clinic takes place at Children's Pine Center in Wexford.**

# INSIGHTS Insider

*information you need*

## Childhood Type 2 Diabetes Study Enrolling Participants

At Children's Hospital of Pittsburgh of UPMC, investigators are recruiting teenage volunteers for a new National Institutes of Health-funded project that seeks to determine if early treatment of recently diagnosed youth with type 2 diabetes or prediabetes can effectively preserve pancreatic insulin secretion and slow disease progression and deterioration.

The Restore Insulin Secretion (RISE) Pediatric Project is a two-arm initiative conducted by a consortium of four U.S. pediatric medical academic centers, including Children's Hospital of Pittsburgh of UPMC, and funded by the National Institute of Diabetes and Digestive and Kidney Diseases.

At Children's Hospital, RISE is led by Silva Arslanian, MD, a pediatric endocrinologist and diabetes specialist, founding director of the Weight Management and Wellness Center, and director of the Pediatric Clinical and Translational Research Center.

> "Once rare in young people, type 2 diabetes is a looming crisis and a major health problem paralleling the increasing rates of childhood obesity."
>
> ~ *Silva Arslanian, MD*

"Once rare in young people, type 2 diabetes is a looming crisis and a major health problem paralleling the increasing rates of childhood obesity," Dr. Arslanian says. "Through the RISE study, we hope to learn if early, aggressive insulin therapy can lead to sustained recovery of beta-cell function and insulin secretion, the main hormone that regulates blood glucose levels. We will also assess durability of glucose tolerance following withdrawal of therapy and whether biomarkers can predict parameters of beta-cell function, insulin sensitivity, and glucose tolerance, and the response to an intervention." The RISE study is the natural extension of another NIH-funded 12-year-long study of youth type 2 diabetes that Dr. Arslanian and her team completed, which demonstrated that type 2 diabetes in youth is more aggressive than in adults and less responsive to therapy.

RISE study candidates include males and females, ages 10 through 19, who have been recently diagnosed with type 2 diabetes or prediabetes. Those who qualify will be randomly assigned to one of two treatment regimens: oral metformin alone for 12 months or injections of insulin glargine once daily for three months followed by metformin for up to nine months. •

**For more information, visit www.chp.edu/rise. To refer a patient, contact the RISE study team at 412-692-5777.**

*CHILDREN'S IN YOUR NEIGHBORHOOD*

## Pediatric Cardiology Services Now in Uniontown

Children's Hospital of Pittsburgh of UPMC's Heart Institute is now offering its world-class pediatric cardiology services closer to home for families in the Uniontown area.

Now, pediatric cardiologist Leif Lovig, MD, of Children's Heart Institute will see infants, children, and teens with congenital and acquired heart disease and other cardiac conditions at Children's Community Pediatrics (CCP) – Laurel Pediatrics. Referrals are necessary, and patients may be referred by any pediatrician in the area.

"Patients will now have the opportunity to receive care by the same highly skilled pediatric cardiologists who provide care at our main hospital in Lawrenceville," said Vivek Allada, MD, interim chief and clinical director, Pediatric Cardiology.

Dr. Lovig's clinical expertise includes evaluation of infants and children with cardiac symptoms, comprehensive clinical management of children with congenital heart disease, and non-invasive cardiac imaging including transthoracic and transesophageal echocardiography.

His research looks at echocardiographic indices of ventricular function in heart transplant patients and echocardiographic assessment of pulmonary vascular development in patients with congenital diaphragmatic hernia.

CCP – Laurel Pediatrics is conveniently located at 140 Wayland Smith Drive in Uniontown. •

**Appointments with Dr. Lovig at CCP – Laurel Pediatrics must be scheduled in advance by calling the Heart Institute at 412-692-5540.**

# Treating Rare Diseases

## SPECIALIZED THERAPY FOR METABOLIC DISORDERS

The Trapletti twins were like many other infants their age — sniffles and fevers were a normal part of life. However, unlike most children, they experienced flu-like symptoms at age 9 months that they just couldn't quite shake. After a night of low fevers and vomiting, little Aubrey awoke with blue lips and fingernails.

**ABOVE:** Audra and Jason Trapletti hold Aubrey (*left*) and Avria (*right*). The twins are on their way to recovery following treatment at the Center for Rare Disease Therapy at Children's Hospital of Pittsburgh of UPMC.

Her parents rushed her to Westmoreland Hospital outside of Pittsburgh, Pa., where physicians found she had low oxygenation saturation and was in respiratory distress.

Aubrey was transferred to the intensive care unit at Children's Hospital of Pittsburgh of UPMC where physicians diagnosed her with Pneumocystis jirovecii (PCP) infection. Typically found in children with severely compromised immune systems or HIV, Aubrey's case was a rarity. Doctors suspected Severe Combined Immunodeficiency but after testing she did not meet the usual criteria.

Hey Chong, MD, PhD, Division of Allergy and Immunology and assistant professor of Pediatrics, and Brian Modena, MD, allergy and immunology fellow at Children's Hospital, began a search for a rare disease called MHC-Class 2 deficiency. Tests came back positive for this rare form of Combined

Immunodeficiency (CID) indicating a major defect in the T-lymphocyte system. Neither child was producing properly functioning T cells. This is among the rarest of immunodeficiencies, with fewer than 200 cases described. The staff completed DNA sequencing that confirmed both parents carried the gene that causes the mutation that was passed on to their child. Concerned for her twin sister, Avria, who had similar but less severe symptoms, the doctors tested the other young twin and found she also had PCP.

Treatment for PCP began for both girls but they quickly experienced complications, including rashes, drops in blood pressure, increased heart rates, and high fevers.

### Replacing T cells

"We knew we had to give them someone else's immune system or they would die," says Dr. Chong. Transplantation of blood or marrow from a healthy donor could possibly replace the nonfunctioning T cells with healthy ones to start fighting the microbes causing pneumonia and other life-threatening infections.

Paul Szabolcs, MD, and Mark Vander Lugt, MD, from the Division of Blood and Marrow Transplantation and Cellular Therapies, are physicians in the hospital's Center for Rare Disease Therapy who specialize in using reduced toxicity transplantation to treat children suffering from the consequences of genetic defects of immunity. They met with the Traplettis to review the treatment possibilities.

**ABOVE:** Aubrey (left) and Avria Trapletti were treated with transplanted cord blood.

In the absence of a donor who was healthy and a perfect human leukocyte anitgen (HLA) match, such as a sibling or unrelated living donor, Dr. Szabolcs explained the merits of using banked, previously frozen umbilical cord units as a transplant source. Although there was not one fully matched unit, there were some feasible options since perfect HLA-match is not essential with unrelated donor cord blood grafts. Nevertheless, one cord blood unit was clearly better matched than all others.

"Because we could not find two equally high-quality umbilical cord blood units, we decided to take the best-matched umbilical cord blood unit and split it half and half, " says Dr. Vander Lugt. "Because the best cord blood unit was large and would give each girl an adequate number of stem cells, we felt that this was safe, and despite its novelty and lack of past precedence it appeared to be a better alternative than to give an inferior unit to one of the girls."

*Continued on page 6*

## Advanced Care for Rare Diseases

The Center for Rare Disease Therapy at Children's Hospital of Pittsburgh of UPMC offers unparalleled expertise, intense research, and better care of patients because of the concentration of similar patients and the specialists assembled to treat them. The focus is often on finding unique and complete therapies that may not always be the standard of care for rare diseases such as neurodegenerative, metabolic, and liver disorders.

For instance, Children's Hospital is the leading international center for liver transplantation as a cure or treatment for metabolic disease, having transplanted more patients with metabolic disease than any other center, including adult facilities.

In rare diseases, similar to common diseases, there is often a one-size-fits-all mentality. Cutting-edge centers study the variables of each disease and diagnose and treat each patient uniquely. This customized approach is based on the most sophisticated research and treatment, which results in an expedited diagnosis, individualized therapy plans, and ultimately the best care possible.

Within the realm of innovative diagnosis and treatment of rare disorders is the study of genetics and newborn screening for congenital conditions that, without early management, can result in significant morbidity and mortality.

"Traditional methodology for the genetic diagnosis of rare disorders has changed from identifying one disorder at a time to measurement of multiple compounds with a single test, increasing the number of disorders identifiable by a single screen," says Gerard Vockley, MD, PhD, chief, Division of Medical Genetics. "The result is significant as it can reduce the time from the first appointment with symptoms to diagnosis as physicians study 20,000 genes at once instead of one gene at a time. This allows patients to begin appropriate therapy sooner and families to make decisions about treatment and reproductive discussions based on the identification of the disorder."

## Focus on Metabolic Disorders

The Center for Rare Disease Therapy at Children's Hospital of Pittsburgh of UPMC consists of internationally renowned experts who treat children with rare diseases, defined by leading standards of care, pioneering protocols, and individualized services, in a world-class environment.

The Center for Rare Disease Therapy is focused on patients who are diagnosed with inherited metabolic disorders and their related diseases including inborn errors of protein metabolism, immunity lysosomal metabolism, energy metabolism, or bile formation. Using novel therapeutic modalities and personalized services, specialists at Children's Hospital treat a variety of rare disorders, including:

- Adrenoleukodystrophy
- Alpha-1-Antitrypsin (AT) Deficiency
- Bare Lymphocyte Syndrome (BLS)
- Byler Disease
- Chronic Granulomatous Disease (CGD)
- Chronic Pancreatitis
- Combined Immune Deficiency (CID) Syndromes
- Common Variable Immune Deficiency (CVID) Syndrome
- Fatty Acid Oxidation Deficiencies
- Glutaric Acidemia Type 1
- Glycogen Storage Disorders
- Hemophagocytic Lymphohistiocytosis (HLH) Syndromes
- Hunter Syndrome (MPS-II)
- Hurler Syndrome (MPS-I)
- Krabbe Disease
- Maple Syrup Urine Disease (MSUD)
- Metachromatic Leukodystrophy
- Methylmalonic Acidemia
- Mitochondrial Respiratory Chain Defects
- Niemann-Pick Disease Type C
- Phenylketonuria (PKU)
- Progressive Familial Intrahepatic Cholestasis
- Propionic Acidemia
- Sanfilippo Syndrome (MPS-III)
- Severe Combined Immune Deficiency (SCID)
- Urea Cycle Disorders
- Vanishing White Matter Disease

Once the girls recovered from pneumonia with an intensive antibiotic course they received the reduced toxicity preparative regimen over two weeks. This included immune-suppressive drugs and traditional chemotherapy to destroy their own bone marrow cells and ensure that the umbilical cord blood cells would grow. Both girls were then infused with one half of the same cord blood unit containing an equal number of stem cells to form new marrow in their bones.

**ABOVE:** Paul Szabolcs, MD (left) and Mark Vander Lugt, MD (right) provided specialized care for the Trapletti twins.

### On the way to full recovery

"They did remarkably well with the transplant," says Dr. Vander Lugt. "They had transient fever and rash, which we call 'engraftment syndrome.' As the new cells started to grow and we gave the girls a brief course of low-dose steroids, these symptoms resolved rapidly. Most importantly, they had no serious infections or graft rejection."

Their bodies slowly began to produce new lymphocytes and antibodies, and physicians took them off of the immune suppression and antibody replacements. Nine months post-transplant, the twins are producing new white blood cells with every factor needed to give the girls healthy immune systems. They are still monitored closely but they have seen few complications.

"Today, their immune systems are on their way to full recovery," says Dr. Vander Lugt. "They are not 100 percent there, but they are much better than before their transplants."

For the Trapletti family, there is no doubt that taking their girls to a center like Children's that specializes in treating rare diseases was the best choice for the diagnosis and treatment of their daughters' disease.

"We are thankful we stayed in Pittsburgh for their care because Children's has all of the specialty teams needed to be involved, diagnose and treat the girls," explains their mother, Audra Trapletti. "We just felt like Children's was the place to be. The girls are doing fabulous." •

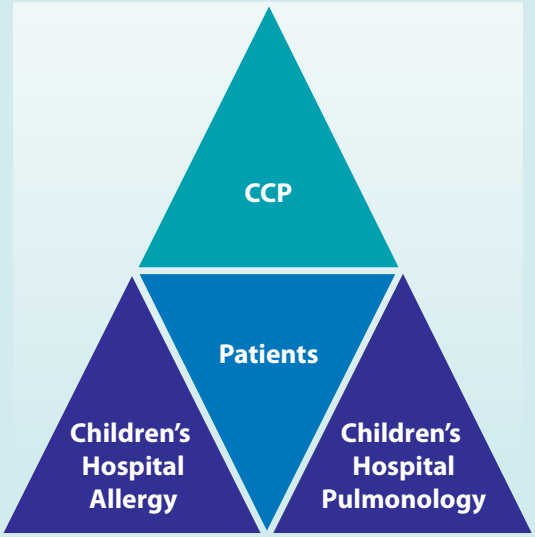
**For a consultation or patient referral to the Center for Rare Disease Therapy at Children's Hospital, please contact Amy Lukanski, MSN, RN, CPN, coordinator, Center for Rare Disease Therapy, at 412-692-RARE (7273) or amy.lukanski@chp.edu.**

# Improving Asthma Care in the Region

## CONSISTENT MESSAGING, TRAINING CAN BE APPLIED TO OTHER CONDITIONS

Asthma is one of the most common chronic diseases of childhood and results in more than 10 million missed school days per year. It's the most common chronic illness seen at Children's Community Pediatrics (CCP) practices.

When asthma-related calls are made to CCP's after-hours triage line, about 95 percent of callers are directed to go to the Emergency Department (ED) or to be seen within four hours. Of those who are directed to the ED, about 26 percent are admitted to the hospital for asthma exacerbations. This indicates that, in many children, asthma is inadequately controlled.




In an effort to improve the control and quality of life for children with asthma in western Pennsylvania, CCP physicians and allergy and pulmonology specialists at Children's Hospital of Pittsburgh of UPMC are teaming up on a quality improvement project so that families have proper medications on hand and a thorough understanding of chronic asthma and medications, as well as enhanced access to advice, medications, and intervention when needed.

Because the National Institutes of Health has established evidence-based treatment guidelines for asthma, the physicians — led by David Wolfson, MD, medical director of CCP and Jonathan Spahr, MD, clinical director of the Division of Pulmonary Medicine, Allergy, and Immunology — could focus on implementation of best practice guidelines:

### Create consistency in definitions and workflow

"The power of what we're doing comes from the consensus — establishing consistency among care providers in terms of speaking the same language, documenting in the same language, emphasizing that patients have their medications on hand when they need them, and ensuring access when someone is in trouble and needs either meds or medical intervention," says Dr. Wolfson.

### Maximize value of electronic health record tools

The team began building tools within EpicCare in the spring of 2013. They agreed to use five distinct diagnosis codes and indicated terms that should be avoided in EpicCare. In doing so, they eliminated dozens of repetitive codes that could add to families' confusion about a child's condition. The EpicCare tools continue to be developed to employ advanced decision support and elements of the Patient-Centered Medical Home.

### Involve staff

Another unique feature of this program is that the education process has been done electronically through webinars — a departure from CCP's traditional in-person training model. To date about two-thirds of CCP's more than 100 physicians, seeing patients in more than 35 locations across 10 counties, have been trained.

Physicians and practice staff members are not only learning about the program, but they also are learning how to be trainers of families — teaching them that asthma is an illness and how it is treated. Moving forward, says Dr. Wolfson, in addition to in-person visits with families, CCP expects to use unique modalities like UPMC HealthTrak and telemedicine to improve education and assessment.

"We believe that by preparing patients with the medicine and knowledge they need, and providing aggressive intervention by phone, we will be able to limit trips to the ED for many patients and improve the quality of life for most patients with asthma," Dr. Wolfson says.

To gauge the program's effectiveness, CCP will look at a variety of outcomes, including:

- ED visits
- Hospital admissions from the ED
- Asthma control indicators
- Triage calls
- Physician adoption and usage of technology

"There is room in this region to improve upon asthma outcomes," says Dr. Spahr. "This is just the beginning of a fruitful collaboration that we believe will blossom into improvement regionwide."

The Children's Pediatric Asthma Program model now focuses on asthma care. The intent is to apply similar models for consensus, education, and care to other chronic conditions such as ADHD or migraine headache. •

# Laurels

## These Children's Hospital staff members recently received the following recognition in their fields.

**Juan Celedón, MD, DrPH**, chief, Division of Pulmonary Medicine, Allergy, and Immunology and professor of Medicine at the University of Pittsburgh School of Medicine, received the Recognition Award for Scientific Accomplishments from the American Thoracic Society at its 2014 International Conference. The award recognizes researchers for either scientific contributions throughout their careers or for major contributions at a particular point in their careers. Dr. Celedón received the award in recognition of his research on childhood asthma and health disparities in asthma.

**Jacqueline Kreutzer, MD**, director of the Cardiac Catheterization Laboratory in the Division of Pediatric Cardiology and associate professor of Pediatrics at the University of Pittsburgh School of Medicine, presented "Pulmonary Artery Stenting" and "Cutting Balloons, UHP Balloons, Stenting for PAs: Customizing the Appropriate Strategy for Each Patient" at Construct Interactions II, J&J Medical Innovation Institute, in Sao Paulo, Brazil, in July 2013.

**Geoffrey Kurland, MD**, Division of Pulmonary Medicine, Allergy, and Immunology and professor of Pediatrics at the University of Pittsburgh School of Medicine, received the Physician of Excellence Award from the American Lung Association at its 10th Annual One Breath at a Time Gala in October 2013.

**Scott Maurer, MD** (*left*), Division of Pediatric Hematology/Oncology and assistant professor of Pediatrics at the University of Pittsburgh School of Medicine, and **Deepak Mehta, MD** (*right*), Division of Pediatric Otolaryngology and associate professor of Otolaryngology, were co-authors on "Pediatric Transoral Robotic Surgery for Oropharyngeal Malignancy: a Case Report," which was published in the July 2013 issue of the *International Journal of Pediatric Otorhinolaryngology.*

**Linda M. McAllister-Lucas, MD, PhD**, chief, Division of Pediatric Hematology/Oncology and professor of Pediatrics at the University of Pittsburgh School of Medicine, has been awarded a one-year, $50,000 grant from the St. Baldrick's Foundation, a volunteer-driven charity that raises money for childhood cancer research. Dr. McAllister's is one of 39 infrastructure grants awarded by the Foundation's fall grant cycle, totaling more than $2.2 million. These grants provide resources to institutions to conduct more research and enroll more children in ongoing clinical trials.

**Christina Nguyen, MD**, Division of Pediatric Nephrology and assistant professor of Pediatrics at the University of Pittsburgh School of Medicine, presented her abstract "Outcomes with Alemtuzumab Induction and Tacrolimus or Tacrolimus and Mycophenolate Mofetil in Pediatric Kidney Presentation" at the seventh Congress of the International Pediatric Transplant Association in Warsaw, Poland.

**Selma Witchel, MD**, Division of Pediatric Endocrinology and Diabetes and associate professor of Pediatrics at the University of Pittsburgh School of Medicine, gave a talk at the Ninth Joint Meeting of Pediatric Endocrinology in Milan, Italy in September 2013. Her talk was "Transition of Care in PCOS."

## Physician Liaisons at Your Call

Our team serves as liaisons between physicians in the community and our pediatric specialists. Contact them with questions, comments, and concerns.

**EAST**
**Judi Morris-Feinberg**
412-692-5428
judi.feinberg@chp.edu

**SOUTH**
**Laura Mull**
412-692-7157
laura.mull2@chp.edu

**NORTH**
**Monica Reisz**
412-692-5376
monica.reisz@chp.edu

*Announcing*

# NEW MEDICAL STAFF

## Renowned Colorectal Surgeon Joins Children's

### FORMING COLORECTAL CENTER FOR CHILDREN IN PITTSBURGH

**Luis De la Torre, MD**, developer of the innovative De la Torre Technique, a less invasive approach to the surgical correction of Hirschsprung's disease, has joined the Division of Pediatric General and Thoracic Surgery at Children's Hospital of Pittsburgh of UPMC and will create the Colorectal Center for Children at Children's Hospital.

Dr. De la Torre also is an associate professor of Surgery at the University of Pittsburgh School of Medicine.

He comes to Pittsburgh from Puebla, Mexico, where he was founding director of the Colorectal Center for Children at the children's hospital there. Dr. De la Torre specializes in the diagnosis, treatment, and rehabilitation of complex colorectal conditions, including Hirschsprung's disease, anorectal malformations/imperforate anus, cloaca, fecal and pseudofecal incontinence, idiopathic constipation, bowel management, colostomy closure, appendicostomy, colon polyps, anal fistula, anal abscesses, and colorectal problems in children with myelomeningocele.

The newly formed Colorectal Center for Children provides multidisciplinary care for children with the conditions listed above. Many of these children have difficulty integrating into society because of the social stigma of their conditions. The goal of the Colorectal Center is to provide a comprehensive diagnosis, appropriate treatment and, when necessary, an intestinal rehabilitation program based on numerous potential protocols, all under the supervision of the Colorectal Center's team, to help the patient and family integrate into society and achieve the best possible quality of life. Staff in the Colorectal Center also will help patients and families prepare for the challenges that may arise regarding puberty, sexual function, and child-bearing as they relate to some colorectal issues.

The Colorectal Center will be staffed by pediatric surgeons, gastroenterologists, and urologists with additional training in colorectal diseases, and pediatric nurses specializing in the treatment of wounds, colostomies, and bowel management. Pediatric radiologists and pathologists specializing in diseases of the colon also will be involved and will analyze each case. •

**For more information about the Colorectal Center for Children, please visit www.chp.edu.**

## Otolaryngology Chief Named

### HOLDS NATIONAL LEADERSHIP POSITIONS

**Sukgi Choi, MD, FAAP, FACS**, has been named chief of the Division of Pediatric Otolaryngology at Children's Hospital of Pittsburgh of UPMC and professor of Otolaryngology at the University of Pittsburgh School of Medicine.

Dr. Choi comes to Pittsburgh from Children's National Medical Center in Washington, D.C., where she had been vice-chief of Otolaryngology since 1996. At Children's National she directed the Pediatric Otolaryngology Fellowship Program and the Voice Clinic.

Margaretha Casselbrant, MD, PhD, who served as chief from 2004 to 2013, remains on the faculty of the division.

Dr. Choi has served on the executive committee of the American Academy of Pediatrics' Section on Otolaryngology and holds leadership positions in both the American Society of Pediatric Otolaryngology and American Academy of Otolaryngology – Head and Neck Surgery. She is the past president of the American Society of Pediatric Otolaryngology.

Dr. Choi's clinical interests include pediatric chronic rhinosinusitis, thyroid disease, and neck masses. She will see patients and do surgery at Children's main campus in Lawrenceville and at Children's North, Wexford. •

**To refer a patient, request a consultation, or schedule an appointment, please call Pediatric Otolaryngology at 412-692-5460. The fax number for referrals is 412-692-5701.**

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