

Pediatric INSIGHTS

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

Special Page 4 Feature

No Limitations

High-tech diabetes
management helps teen
live life to the fullest

.....

Top Accolades

UPMC Children's among
nation's most innovative

Care for Teens to Young Adults

Emphasis on adolescent
and young adult medicine

Andy's INSIGHTS

New app puts specialty
care at your fingertips



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To submit comments or story suggestions, email Kate Lindholm at kathleen.lindholm@chp.edu.

Learn more about UPMC Children's Hospital of Pittsburgh by visiting www.chp.edu.

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The FALL 2018 issue of Pediatric INSIGHTS

Cover story: Specialists in the UPMC Children's Hospital of Pittsburgh Division of Pediatric Endocrinology, Diabetes, and Metabolism use **advanced technology to help children manage type 1 diabetes** and live life without limitations.

In addition:

- > UPMC Children's Hospital reaffirms its **mission to care for all of the young people in western Pennsylvania** — including older teens and young adults up to age 26, on page 2.
- > Explore the **new ChildrensPgh app**, one of the most comprehensive, up-to-date pediatric apps in the country, with Andy Urbach, MD, medical director for Patient Experience and Development, on page 3.
- > Learn about the doctors taking on **new leadership roles** at UPMC Children's Hospital, on page 9.

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 3.

Physician Referral Service

412-692-PEDS

(7337)

To refer a patient to any of UPMC Children's Hospital of Pittsburgh clinical services, please call our Physician Referral Service at 412-692-PEDS (7337).

Visit the Referring Physicians section of UPMC Children's website at www.chp.edu/physicians.

UPMC Children's Hospital of Pittsburgh Named One of the Nation's Most Innovative Children's Hospitals

Parents

**MOST INNOVATIVE
CHILDREN'S
HOSPITALS**

— 2018 —

UPMC Children's Hospital of Pittsburgh has been recognized as one of the Most Innovative Children's Hospitals in the nation by *Parents* magazine. Based on the results of a comprehensive survey, UPMC Children's Hospital was selected as one of the 20 Most Innovative Children's Hospitals and appears in the October issue of the magazine and online at Parents.com/hospitals.

The survey, sent to members of the Children's Hospital Association, sought to identify hospitals with a proven track record of innovations that have led to medical advances. The survey also took into account a hospital's adoption of the latest technologies and its efforts to share its innovations with other pediatric centers so more children can benefit from them.

In the article, UPMC Children's is recognized for research surrounding improved medical therapy for ear infections, which shows that reducing the amount of a certain drug (clavulanate) given to children with ear infections not only lowers side effects, but also is as effective in treating the infection. The research was led by Alejandro Hoberman, MD, chief, Division of General Academic Pediatrics at UPMC Children's; president, Children's Community Pediatrics; and the Jack L. Paradise Endowed Professor of Pediatric Research at the University of Pittsburgh School of Medicine.

"This special honor and recognition as one of the Most Innovative Children's Hospitals speaks to the dedication of our world-class physicians, researchers, and staff whose desire to be excellent in all that we do keeps us on the frontier of pediatric medicine," says Christopher Gessner, president, UPMC Children's Hospital.

"UPMC Children's Hospital of Pittsburgh has an impressive history of being on the forefront of innovation and technology," says Liz Vaccariello, editor in chief of *Parents* magazine. "It was the first children's hospital in the country to fully adopt the electronic medical record. We were also excited to learn about the strides that it has made in helping reduce the side effects of medication for ear infections." •



The 20 Most Innovative Children's Hospitals hospitals, listed alphabetically, are:

- Akron Children's Hospital, Ohio
- Ann & Robert H. Lurie Children's Hospital of Chicago
- Boston Children's Hospital
- Children's Healthcare of Atlanta
- Children's Hospital Colorado, Aurora
- Children's Hospital of Philadelphia
- Children's Hospital of Wisconsin, Milwaukee
- Children's National Health System, Washington, D.C.
- Cincinnati Children's Hospital Medical Center
- C.S. Mott Children's Hospital/ University of Michigan Health System, Ann Arbor
- Johns Hopkins Children's Center, Baltimore
- Nationwide Children's Hospital, Columbus, Ohio
- Seattle Children's Hospital
- St. Jude Children's Research Hospital, Memphis
- UCLA Mattel Children's Hospital, Los Angeles
- UH Rainbow Babies & Children's Hospital, Cleveland
- University of Minnesota Masonic Children's Hospital, Minneapolis
- University of Rochester Medical Center's Golisano Children's Hospital, New York
- **UPMC Children's Hospital of Pittsburgh**
- Yale New Haven Children's Hospital, Connecticut

Caring for Adolescents and Young Adults

UPMC Children's Reaffirms Emphasis on Serving Adolescents and Young Adults Up to Age 26

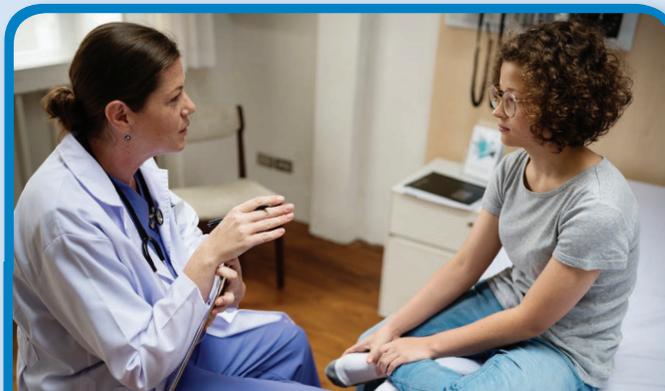
The Division of Adolescent and Young Adult Medicine at UPMC Children's Hospital of Pittsburgh offers a medical home for an age group who might receive health care only in the emergency room or an urgent care center, if at all — older teens and young adults, ages 18 to 26.

UPMC Children's Hospital recently updated its mission statement and strategic plan to include adolescents and young adults specifically, recognizing the developmental needs of this population. "UPMC Children's has unique programs and clinicians specially trained to care for young adults. Our hope is to reach young adults in western Pennsylvania who are not connected to the care they deserve," says Elizabeth Miller, MD, PhD, chief of the division.

Young adults generally are not connected to preventive care. When they do seek health care, over 70 percent of the time, it is to an emergency department. Often, the presenting problems — such as an asthma flare, substance abuse, depression, anxiety, or concerns related to their sexual health — could have been addressed in a non-urgent setting if the young adult were appropriately connected to a medical home.

The Adolescent and Young Adult (AYA) clinical team consists of a range of disciplines from medical care to mental health counselors, social workers, psychiatry, nutrition, and endocrinology. They provide consultative care for patients as young as 9, as well as primary care. Care is provided for general medical problems and those particular to the developing adolescent and young adult, including:

- > Menstrual disorders and hormone irregularities, including polycystic ovarian syndrome
- > Eating disorders
- > Adolescent and pediatric gynecologic consultations (medical and surgical)
- > Puberty and other developmental concerns
- > Comprehensive family planning (including IUD and implant insertion and removal)
- > Youth with special needs and chronic medical conditions
- > Transition program (assisting youth and families to transition to adult care)



Reasons Young Adults Don't Visit the Doctor



Tired of the "pediatric" experience



Transportation/scheduling issues



Privacy and confidentiality concerns

- > Sexual health including testing and treatment for sexually transmitted infections

The team sometimes collaborates with colleagues in other specialties:

- > HIV prevention and treatment (with infectious disease specialists)
- > Smoking cessation and substance use counseling (with Behavioral Health)
- > Gender variant care (with endocrine specialists)
- > Bleeding disorder management (with Hematology/Oncology)

AYA specialists see patients at UPMC Children's main campus in Lawrenceville, Children's Pine Center in Wexford, Children's South in Bridgeville, and at their new location in Oakland.

New Location

UPMC University Center
Mezzanine Level, Suite M060
120 Lytton Ave.
Pittsburgh, PA 15213
412-692-6677

To refer a patient or consult with an AYA specialist about a patient, please call 412-692-6677. •



Andy's INSIGHTS



Fingertip Access to Pediatric Expertise

Our new mobile app offers valuable features that parents and caregivers can access with a mobile device — from medical information to “save my spot” for Children’s Express Care.

Parents today rely on their smart phones for everything: It’s their “mission control.” Not surprisingly, it’s also the first place they turn to for medical information and help.

UPMC Children’s Hospital of Pittsburgh introduced our first mobile app in 2011. We knew it was time to harness new technology and take it to the next level. In 2017, a task force from our hospital and one of the nation’s leading health care mobile app developers began collaborating on an upgrade — and the result is ChildrensPgh, one of the most comprehensive, up-to-date pediatric apps in the country. It has amazing “bells and whistles” parents will love ... yet it’s so easy to use, even for grown-ups.

Families can now use smartphones — anytime, anywhere — to access helpful information and expertise for their pediatric health care needs. They can check symptoms, get advice on a condition, or manage appointments and medicines. Our new technology even lets them view wait times at our Emergency Department so they

know in advance what to expect — or avoid a long wait time by reserving a spot at our after-hours Children’s Express Care facilities.

Other special features include:



A **Patient Portal** with access to myCHP and MyUPMC so parents can view and manage appointments, exchange secure messages with doctors and other health care team members, and view discharge information and lab results.



Locations and directions for all UPMC Children’s Hospital facilities and points of care.



A **Symptom Checker** to help parents determine the most appropriate level of care when a child is sick or injured. It also puts parents in touch with experts at UPMC Children’s Hospital.



A **Medications** feature for maintaining a list of prescriptions and providing dosage information for common over-the-counter medicines.



Emergency Services for quick connections to poison control, 911, UPMC Children’s Emergency Department and emergency rooms across the country.

As pediatricians, we want to be available for our patients 24/7. At UPMC Children’s, we’re proud that this app helps us to deliver that kind of access. In fact, we believe that every child in this region is a patient of ours — whether they know it or not. That’s why I urge you to encourage your families to download this valuable tool.

Help us spread the word. ChildrensPgh is a free app available through the App Store and Google Play.

Andy Urbach, MD, is medical director for Patient Experience and Development at UPMC Children’s Hospital. He welcomes your comments and questions. Please send an email to MDrelations@chp.edu. •

At Your Call

CONNECT WITH UPMC CHILDREN’S HOSPITAL OF PITTSBURGH

VISIT NAVIGATION

Our outpatient visit coordinator helps manage the complexities of scheduling multiple medical appointments for patients who need to return to UPMC Children’s Hospital of Pittsburgh three or more times within the same month.

For more information, contact Visit Navigation at visitnavigation@chp.edu or 412-692-5687. **Erinn Kasubinski, RN, BSN**, is the Visit Navigation manager.

PHYSICIAN LIAISONS

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



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No Limitations

High-Tech Diabetes Management
Helps Teen Live Life to the Fullest



Jacob Lichtenstein, 18, doesn't remember a time in his life when he didn't have type 1 diabetes. Diagnosed with the autoimmune condition at age 4, he has never let diabetes slow him down.

As a child, he played just about every sport from baseball to tennis. From the sixth grade through his junior year in high school, he played competitive basketball and soccer, traveling with his teammates to out-of-town games on most weekends.

Jacob got his first insulin pump when he was 5. The pump replaced the need for multiple daily injections of insulin with a 24-hour continuous infusion of short-acting basal insulin delivered through a catheter. The basal insulin is supplemented by bolus doses before meals and when his blood glucose level is high.

For the past three years, Jacob has also used a continuous glucose monitor (CGM), which tracks his blood glucose levels around the clock and alerts him when they are close to being outside the acceptable range. With his new CGM — one of the most technologically advanced models on the market — Jacob can follow his blood glucose level at any time using an app on his smartphone.

Jacob exemplifies a technological revolution that is beginning to transform the management of type 1 diabetes, says Radhika H. Muzumdar, MD, chief of Division of Pediatric Endocrinology, Diabetes, and Metabolism at UPMC Children's Hospital of Pittsburgh.

ABOVE: Basketball is one of many sports Jacob Lichtenstein is able to enjoy even though he has type 1 diabetes.

“The days of ‘one-size-fits-all’ management of this disease are over,” she says. “With the range of technology that’s now available, it’s possible to individualize diabetes management, taking into account each patient’s lifestyle and personal preferences.”



ABOVE: Jacob Lichtenstein uses a continuous glucose monitor linked to an app on his smartphone to track his blood glucose levels around the clock and alert him when they are close to being outside the acceptable range.

Technological advances

Technology for managing diabetes has come a long way since a 10-year-old Canadian boy became the world’s first recipient of an insulin injection in 1922.

In those days, doctors checked patients’ glucose levels by mixing a urine sample with Benedict’s solution in a test tube and placing the test tube in boiling water for five minutes. The change in the color of the mixture in the test tube — to yellow, orange, or red — indicated the patient’s glucose level.

The “dip and read” urine test was introduced in the late 1940s. Blood glucose testing strips came along in the 1960s. The late 1970s saw the introduction of the first “portable” blood glucose monitors, which weighed about four pounds and needed to be plugged into an electrical outlet.

Fast-forward to June 2018, when the U.S. Food and Drug Administration (FDA) extended the approval of what is known as the hybrid closed-loop system, a first step toward the artificial pancreas for use in children as young as 7 with type 1 diabetes. A week later, the FDA approved the first fully implantable CGM for use in people ages 18 and older who have either type 1 or type 2 diabetes.

A 2017 review article concluded that CGM systems are safe and effective in both type 1 and type 2 diabetes and can improve the quality of glycemic control, reduce the risk of hypoglycemia, and allow lower target levels of both mean glucose and glycosylated hemoglobin¹. Another study published earlier this year found that CGMs improve overall blood glucose control, reduce hypoglycemia, and are cost-effective for adult patients with type 1 diabetes compared with daily use of fingerstick test strips².

New normal

Jacob’s mother Julie Lichtenstein knew something was wrong when her son was 4 years old and woke up three mornings in a

Doctors Research Diabetes Cure Using Gene Therapy

While advances in technology continue to provide more and better options for managing diabetes, the ultimate goal of diabetes research is to cure the disease.

At UPMC Children’s Hospital of Pittsburgh, George K. Gittes, MD, the Benjamin R. Fisher Chair in Pediatric Surgery and chief of pediatric surgery at the University of Pittsburgh School of Medicine, leads a research team that is working on one promising approach: gene therapy.

In a study published earlier this year in the journal *Cell Stem Cell*, Dr. Gittes and his team showed that gene therapy can reverse type 1 diabetes in mice without the use of immunosuppressant drugs¹.

With a virus commonly used in gene therapy, the researchers introduced two genes into non-insulin-producing pancreatic alpha cells, reprogramming them into insulin-producing beta cells. They used a novel approach to deliver the virus directly to the pancreas through a pancreatic duct injection.

These newly reprogrammed cells were able to indefinitely reverse a toxin-induced diabetes where the beta cells had been destroyed. Surprisingly, if a similar viral gene therapy was performed in mice with the autoimmune form of diabetes (similar to juvenile, or type 1 diabetes), the single intervention was able to maintain normal blood glucose control for about 16 weeks before being destroyed by an autoimmune reaction.

“This strategy could represent a new therapeutic approach — perhaps complemented by immunosuppression — to bolster endogenous insulin production,” says Dr. Gittes.

Similar pancreatic duct injections are routinely performed in patients undergoing nonsurgical endoscopic procedures, he explains, providing reason to believe that this method of delivering gene therapy directly to the pancreas could be effective in humans.

Dr. Gittes and his colleagues are currently testing their strategy in a non-human primate model. If it is shown to be effective, clinical trials would be the next step.



Watch our video about Dr. Gittes’ research at CHP.edu/cure4diabetes.

¹Xiao X, Guo P, Shiota C, et al. Endogenous reprogramming of alpha cells into beta cells, induced by viral gene therapy, reverses autoimmune diabetes. *Cell Stem Cell*. 2018 Jan 4;22(1):78-90.e4. doi: 10.1016/j.stem.2017.11.020.

International Research Network Offers Type 1 Diabetes Screening

Type 1 Diabetes TrialNet

UPMC Children's Hospital of Pittsburgh is one of 25 Type 1 Diabetes TrialNet International Clinical

Centers at the forefront of type 1 diabetes research, giving people in western Pennsylvania and beyond an opportunity for screening and monitoring and access to prevention and intervention studies.

Led by Dorothy Becker, MBBCh, the TrialNet team at UPMC Children's — the only TrialNet clinical center in Pennsylvania — is dedicated to finding ways to prevent type 1 diabetes and stopping disease progression by preserving insulin production before and after diagnosis.

"It's vitally important for family members of people diagnosed with type 1 diabetes to be screened and monitored in order to identify the disease early in its course and hopefully prevent diabetic ketoacidosis (DKA), a life-threatening condition," says Ingrid Libman, MD, PhD, a TrialNet investigator.

A relative of someone diagnosed with type 1 diabetes has a 15 times greater risk of developing the disease than a person with no family history. For people who participate in studies like TrialNet, the risk of DKA at diagnosis drops from 30 percent to less than 3 percent, says Dr. Libman.

Eligibility for the no-cost National Institutes of Health-funded TrialNet includes:

- > People ages 1 to 45 years who have a brother, sister, child, or parent with type 1 diabetes
- > People ages 1 to 20 who have a cousin, aunt, uncle, or grandparent with type 1 diabetes

It is recommended that at-risk children who do not test positive for diabetes-related auto-antibodies in blood testing continue to get rescreened every year until age 18.

For more information about TrialNet, contact David Groscoast, RN, BS, at 412-692-7241 or david.groscoast@chp.edu. For more information, visit trialnet.org/about-us/trialnet-locations/university-pittsburgh.

row soaked in urine. At the time he had been potty-trained for more than a year. She immediately took him to see their family doctor. A random blood glucose test in the doctor's office showed a level well above 300 mg/dL.

Jacob was admitted to UPMC Children's Hospital for five days to stabilize his condition and start him on insulin. When he came home from the hospital, Mrs. Lichtenstein recalls, "we had this new normal of meal planning and insulin injections. At night he would get long-acting insulin. During the day, he would get shots of short-acting insulin whenever he ate and maybe a couple of other times." She spent her days "on call" to go to Jacob's preschool to give him an insulin shot whenever he needed one.



"The decision to start a device needs to be thoroughly discussed with the patient and the family."

— Ingrid Libman, MD, PhD, director of the Diabetes Program

Jacob recalls that when he first got his insulin pump, he thought that the device was a toy. "I remember asking if there were any games on it," he says. But even though he was only 5, he says he quickly realized how much easier it was to manage his diabetes with the pump than with insulin shots.

"I could adjust my insulin dose if my blood sugar was getting high or low," he says. "And I don't have to worry about overdrawing insulin in a syringe and accidentally giving myself too much."

Artificial pancreas

The holy grail in diabetes technology research is a device that would replace the functioning of the pancreas by seamlessly providing the amount of insulin that the body needs at all times. And although the technology isn't quite there yet, according to Dr. Muzumdar, it's getting closer.

Several devices now on the market claim to be an artificial pancreas. These hybrid closed-loop insulin delivery systems function as both an insulin pump and a CGM.

Advanced features found on many of these devices include automatic adjustment of insulin delivery based on the user's glucose values, automatic suspension of insulin delivery for up to two hours when glucose values reach a user-selected threshold, and alerts that warn the user when glucose is rising or falling rapidly or reaches a preset high or low limit. Most devices are water-resistant and can be worn while bathing or swimming.

However, patients still need to manually enter information about their consumption of carbohydrates and tell the device to deliver a bolus insulin dose. In addition, some devices still need to be calibrated at least twice a day by means of a fingerstick blood glucose test to confirm that the CGM is accurately measuring the user's glucose level.

"Patients undoubtedly experience a learning curve when it comes to using technologically advanced devices such as CGMs," cautions Ingrid Libman, MD, PhD, director of the Diabetes Program at UPMC Children's.

"The decision to start a device needs to be thoroughly discussed with the patient and the family," Dr. Libman says. "It takes commitment, effort, time, and the support of a dedicated diabetes care team to decide on the right device(s) and become comfortable with using them. And, of course, technology will never replace the need for self-care. Patients still need to follow a healthy meal plan, exercise regularly, follow their blood sugar patterns in order to see if adjustments in their insulin doses need to be made, and get regular medical checkups."



ABOVE: Jacob and his mother, Julie Lichtenstein.

Going solo

With his parents' encouragement and supervision, Jacob learned how to manage his diabetes. At a young age he could test his own blood sugar and wanted to be involved in counting carbohydrates and programming his insulin pump, says Mrs. Lichtenstein.

When he was 9, Jacob went to summer camp for the first time. "People thought I was crazy sending him to a camp where none of the other kids had type 1 diabetes, but it was part of him learning to be more independent," says Mrs. Lichtenstein.

In the summer of 2017 Jacob traveled to Israel on his own for a three-week leadership training program. While he was there, his mother — eight time zones away in Pittsburgh — could monitor his blood glucose levels via the same smartphone app that her son has on his phone. (This feature is not supported by all CGMs.)

Now in his senior year at Taylor Allderdice High School in Pittsburgh's East End, Jacob is looking forward to going away to college next year. After spending summers at camp and taking that solo trip to Israel last year, he says he feels well prepared to look after himself when he goes to college. Above all, he remains determined that type 1 diabetes won't prevent him from living life to the fullest.

"The biggest thing I've learned is that there are no limitations," he says. "Even if you have type 1 diabetes, you can still do whatever you set your mind to."

To seek a consultation or refer a patient to the Division of Pediatric Endocrinology, Diabetes, and Metabolism at UPMC Children's Hospital, please call 412-692-5170. •

Diabetes Care Close to Home

Endocrine Diabetes Clinic and Testing Center

UPMC Children's Hospital of Pittsburgh
4401 Penn Avenue, Floor 3
Pittsburgh, PA 15224
Appointments/Referrals:
412-692-5170

Children's East

4055 Monroeville Blvd.,
Building One
Monroeville, PA 15146
Appointments/Referrals:
412-692-7337

Children's North

2599 Wexford Bayne Rd.
Sewickley, PA 15143
Appointments/Referrals:
412-692-7337

Children's South

205 Millers Run Road
Bridgeville, PA 15017
Appointments/Referrals:
412-692-7337

Children's Specialty Care Center Chippewa

2580 Constitution Blvd.
Beaver Falls, PA 15010
Appointments/Referrals:
412-692-7337

Children's Specialty Care Center Erie

Magee-Womens, UPMC Hamot
118 East 2nd Street, W1150
Erie, PA 16507
Appointments/Referrals:
412-692-7337

Children's Specialty Care Center Hermitage

80 East Silver St., Suite 100
Sharon, PA 16146
Appointments:
412-692-7337

Children's Specialty Care Center Johnstown

865 Eisenhower Blvd.
Johnstown, PA 15904
Appointments/Referrals:
814-266-8840
Appointments now available weekly.

Children's Specialty Care Center Wheeling

10 Medical Park
Tower 1, Suite 305
Wheeling, WV 26003
Appointments/Referrals:
412-692-7337
Appointments now available weekly.

¹Rodbard D. Continuous glucose monitoring: a review of recent studies demonstrating improved glycemic outcomes. *Diabetes Technol Ther.* 2017 Jun;19(S3):S25-S37. doi: 10.1089/dia.2017.0035.

²Wan W, Skandari MR, Minc A, et al. Cost-effectiveness of continuous glucose monitoring for adults with type 1 diabetes compared with self-monitoring of blood glucose: The DIAMOND randomized trial. *Diabetes Care.* 2018 Jun;41(6):1227-1234. doi: 10.2337/dc17-1821.

Laurels

These UPMC Children's Hospital staff members recently received recognition in their fields.



Several UPMC Children's Hospital of Pittsburgh physicians recently received the Allen Humphrey, PhD, Excellence in Mentoring Award from the University of Pittsburgh. The student-nominated award honors Deans Summer Research



Program mentors. Honorees include **Craig Byersdorfer, MD, PhD**, Division of Blood and Marrow Transplantation and Cellular Therapies; **Erick Forno, MD, MPH**, Division of Pulmonary Medicine; **Bernhard Kühn, MD**, Division of Pediatric Cardiology; **Ingrid Libman, MD, PhD**, Division of Pediatric Endocrinology, Diabetes, and Metabolism; **Linda McAllister-Lucas, MD, PhD**, Division of Hematology/Oncology; and **Ed Prochownik, MD, PhD**, Division of Hematology/Oncology.



Stacey Cook, MD, PhD, Division of General Academic Pediatrics, received a Career Development Award from the U.S. Department of Health and Human Services' Health Resources and Services Administration.



Carolyn Coyne, PhD, director, Center for Microbial Pathogenesis, recently joined the Board of Reviewing Editors for *Science* magazine.



Alison Culyba, MD, PhD, MPH, Division of Adolescent and Young Adult Medicine, was awarded a Young Investigator Award from the Academic Pediatric Association to study neighborhood contexts and youth violence in Pittsburgh.



Diane Hupp, DNP, RN, NEA-BC, vice president and chief nursing officer, will be inducted into the Fellowship of the American Academy of Nursing (AAN) in November. AAN's approximately 2,400 fellows are nursing leaders in education, management, practice, and research. Fellows represent association executives; university presidents, chancellors and deans; elected officials; state and federal political appointees; hospital chief executives and vice presidents for nursing; nurse consultants; and researchers and entrepreneurs. An invitation to fellowship is more than recognition of accomplishments within the

nursing profession. Academy fellows also have a responsibility to contribute their time and energies to the academy, and to engage with other health leaders outside the academy in transforming America's health system.



Jennifer Marin, MD, MSc, medical director, Point-of-Care Ultrasound, was recently appointed to the Panel on Appropriateness Criteria for Pediatric Imaging by the American College of Radiology.



Sara McIntire, MD, Paul C. Gaffney Division of Pediatric Hospital Medicine, and **David Orenstein, MD**, Antonio J. and Janet Palumbo Professor of Cystic

Fibrosis, received the Howard A. Mermelstein Award for Excellence in Pediatrics in June. Awardees are beloved practitioners, active in the community, and committed to children, teaching, and the betterment of the profession. Honorees have a history of connection with the Pittsburgh region and are nominated by UPMC Children's Hospital medical alumni.



In August, Gov. Tom Wolf signed an executive order to create the Pennsylvania Commission on LGBTQ Affairs, the first commission in the nation to help coordinate statewide LGBTQ equality efforts. **Gerald Montano, DO, MS**, Division of Adolescent and Young Adult Medicine, was appointed to serve on the commission.



Amitava Mukherjee, PhD, Division of Gastroenterology, Hepatology, and Nutrition, authored an article titled, "NF κ B Mitigates the Pathological Effects of Misfolded α 1-Antitrypsin by Activating Autophagy and an Integrated Program of Proteostasis Mechanisms," that was published in May by Nature.com. In June, Dr. Mukherjee also received a grant award for research on Asparaginase Associated Pancreatitis from the UPMC Children's Hospital Research Advisory Committee.



Ann Thompson, MD, MCCM, Department of Pediatric Critical Care Medicine, will receive the Group on Women in Medicine and Science Leadership Award at a reception in November. The award is given to individuals that demonstrate a significant impact on the advancement of women's roles in academic medicine and science.

Hospital Appoints Key Leadership Positions

Physicians Help Guide UPMC Children's Services Into Future



Taylor Abel, MD, joined the Division of Pediatric Neurosurgery as surgical director of the Pediatric Epilepsy Surgery Program at UPMC Children's Hospital. He has received specialized training in epilepsy surgery and brain mapping techniques; identification of epileptic foci using stereoelectroencephalography and use of the ROSA robot for epilepsy surgery; neuro-oncologic surgery; craniofacial surgery; and endoscopic techniques.



Rajesh Aneja, MD, is the new clinical chief of the Division of Pediatric Critical Care Medicine. He has served on the Pediatric Section Steering Committee and as Pediatric Section chair of the Congress Planning Committee for the Society of Critical Care Medicine, and chair of the Rules Committee for the Shock Society. Dr. Aneja has been medical director of UPMC Children's Pediatric Intensive Care Unit since 2009.



Hülya Bayir, MD, is the new academic chief for the Division of Pediatric Critical Care Medicine. She is a founding member of the Pediatric Neurocritical Care Service and is co-director of the Pediatric Critical Renal Research Team. Recently, she was named director of the Neuroscience Institute at UPMC Children's Hospital. Dr. Bayir has had articles recently published in *Cell*, *Nature Chemical Biology*, and the *Journal of Clinical Investigation*.



Robert Clark, MD, has been appointed vice chair for Pediatric Critical Care in the Department of Critical Care Medicine. He has been chief of the Division of

Pediatric Critical Care Medicine since 2009. As vice chair, Dr. Clark will focus on expanding UPMC Children's Intensive Care Unit and integrating technology to deliver high-performing critical care locally, nationally, and abroad.



Alene D'Alesio, DMD, has been appointed chief of the Division of Pediatric Dentistry. She joined UPMC Children's in 2006. Her research involves oral health service delivery to vulnerable populations. Dr. D'Alesio also serves as director of the Residency Program in Pediatric Dentistry, a position she has held since 2012.



Jeffrey Rudolph, MD, associate professor of Pediatrics and director of the Intestinal Care and Rehabilitation Center (ICARE) at UPMC Children's, was recently appointed clinical director of the Division of Pediatric Gastroenterology, Hepatology, and Nutrition. Dr. Rudolph joined UPMC Children's in 2009. He is the primary investigator of the ICARE Research Registry and his clinical specialties include intestinal failure and transplant, and the full spectrum of intestinal disorders.



Justin Yeh, MD, has been appointed chief of the Division of Pediatric Cardiac Intensive Care Medicine and co-director of the Heart Institute. His research interests include the use of ventricular assist devices to support children with advanced heart failure. Dr. Yeh will oversee the expansion of the pediatric Cardiac Intensive Care Unit (CICU) at UPMC Children's and monitor the CICU at St. Joseph's Children's Hospital in Tampa, Florida via telemedicine.

Pediatric INSIGHTS Webinars

Earn CME or CEU credits when you participate in free lunchtime webinars featuring UPMC Children's Hospital of Pittsburgh specialists presenting on challenging topics for pediatricians, family practitioners, and other pediatric providers. For more details, visit chp.edu/webinars.

► Dec. 19

The Spectrum of Epilepsy Diagnoses and New Minimally Invasive Surgical Treatment Options

Christina Patterson, MD
Taylor Abel, MD

New Physicians

The following physicians have joined the staff at UPMC Children's Hospital of Pittsburgh.

Emily Brunner, MD, *Rheumatology*
Katharina Hayes, MD, *Hospital Medicine*
John Ibrahim, MD, *Neonatology*
Traci Kazmerski, MD, *Adolescent Medicine*
Julia Meade, MD, *Hematology/Oncology*
Reema Padia, MD, *Otolaryngology*
Carey Anne Welsh, MD, *Neonatology*

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London, Spina Bifida Patient

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