Special Page 4 Feature

**Surgical Oncology**
Teen braves successful tumor removal

**125 Years of Caring**
Hospital celebrates milestone with community

**Heart Institute**
Landmark cardiac surgery report

**Andy’s INSIGHTS**
Transitioning pediatric patients to adult care
To refer a patient to any of Children’s Hospital of Pittsburgh of UPMC’s clinical services, please call our Physician Referral Service at 412-692-PEDS (7337).

Visit the Referring Physicians section of Children’s website at www.chp.edu/physicians.
125 Years of Caring
Hospital celebrates community support that has made it one of the nation’s leading children’s hospitals

Care for every child. That was the singular mission of Pittsburgh Children’s Hospital when it opened its doors on June 4, 1890. Built entirely on the support of generous community members, the hospital became a beacon of hope to children and families throughout the region, allowing access to all children regardless of their ability to pay.

Fast-forward 125 years, during which the community support of that singular mission has grown exponentially. Today, experts at Children’s Hospital of Pittsburgh of UPMC treat rare diseases, define new standards of care, pioneer protocols, and provide family-centered services in a world-class environment. Every discovery, every milestone, and every advancement are rooted in the same mission, and supported by the same essence of community philanthropy, from more than a century ago.

On June 4, 2015, Children’s Hospital will commemorate 125 years of caring for kids and giving them a chance to do what they do best — be kids.

Children’s and its Foundation are embarking upon a yearlong celebration that will raise funds for patient care and research at the Center for Rare Disease Therapy, attract a new generation of support from leading organizations and individuals throughout the region and beyond, and engage the community with a collective goal: cures for childhood illnesses and diseases.

Children’s Center for Rare Disease Therapy brings together caregivers, researchers, and collaborators who focus on research and novel therapies to provide the best possible care for children with rare disorders.

Children’s is at the brink of discoveries that can help us anticipate, prevent, and ultimately avoid devastating diseases. What we care for today can be what we cure for the next generation — and that’s why we are celebrating our 125th anniversary by looking toward the next 125 years of care and innovation.

We view you, the region’s primary care physicians, as key contributors to Children’s Hospital’s long legacy. Together, we can continue this legacy and ensure better health and well-being for future generations. To get involved, contact Amy Gelzheiser at 412-692-3916 or amy.gelzheiser@chp.edu.

ABOVE: When it opened 125 years ago, Children’s was known as Pittsburgh Children’s Hospital.

Watch for Special Anniversary Activities Throughout the Year

Children’s Hospital of Pittsburgh Foundation’s 125th Anniversary Celebration is an opportunity to show your commitment to children and our community. Stay tuned to www.givetochildrens.org for information on events throughout the community benefiting Children’s.

125th Anniversary Kickoff
Children’s will officially start the yearlong celebration on June 4, 2015, with a 125th Anniversary Kickoff event at the Eat’n Park Atrium at Children’s Lawrenceville campus. The event will feature live music and activities for patients, families, and staff.

Make a difference by making a video
The kickoff party will also mark the unveiling of the Children’s Hospital of Pittsburgh Foundation Giving Booth, an interactive video booth that will travel throughout the region to various events encouraging individuals to share a childhood memory, share a Children’s Hospital memory, or, make a donation. Attendees at the kickoff, as well as at other events throughout the region, will be invited to share a memory in the Giving Booth. All videos will be uploaded to the Foundation’s 125th Anniversary webpage, where participants will be able to share it and encourage their friends and family to do the same. The 125th Anniversary webpage will also feature other video submissions, including memories shared by local and national celebrities. Be sure to check out www.givetochildrens.org to learn more about the Giving Booth and where you can find it to share your memory!

125th Anniversary Celebration Gala
Children’s Hospital of Pittsburgh Foundation’s 125th Anniversary Celebration Gala is the signature event of this yearlong commemorative campaign. This exclusive gala will be held on Oct. 2, 2015, at the David L. Lawrence Convention Center, Pittsburgh. For more information, please contact Brian Harman at brian.harman@chp.edu.
The Pennsylvania Health Care Cost Containment Council (PHC4) released an unprecedented report on pediatric and congenital heart surgery in February 2015. Although the council has issued data on adult cardiac surgery, the Pediatric and Congenital Heart Surgery report represents one of the first efforts at publicly reporting pediatric cardiac surgery outcomes.

“This is an important initiative for patients, their families and their physicians,” says Joe Martin, executive director of the Council. “This report will provide families with a useful tool to help them determine the treatment options for their child.”

The report originated when cardiac surgeons, including Victor Morell, MD, chief of Pediatric Cardiothoracic Surgery at Children's Hospital of Pittsburgh of UPMC, approached the PHC4 with the request to report pediatric heart surgery outcomes for health care consumers.

“We’re proud to have voluntarily contributed to this report and help lead the effort to publicly report outcomes data for pediatric cardiac surgery,” says Dr. Morell. “We hope that parents and referring physicians find this report useful as a basis for health care decisions.”

Most common birth defect
Congenital heart disease is the most common birth defect and the leading cause of infant death in the United States, affecting nearly one out of every 100 infants. The 27-page report offers volume and survival rates for five hospitals that voluntarily participated. Data was provided by the Society of Thoracic Surgeons (STS) and covers 2009 to 2012, the most recent data available.

Children’s Hospital of Pittsburgh of UPMC was one of four pediatric hospitals in Pennsylvania to contribute data, along with The Children’s Hospital of Philadelphia, Geisinger Children’s Hospital in Danville, and Penn State Hershey Children’s Hospital. Nemours/Alfred I. duPont Hospital for Children in Wilmington, Delaware, also participated.

The data shows that Children’s Hospital of Pittsburgh of UPMC performed 1,772 cardiac surgical procedures during the review period with survival outcomes that exceeded national averages set by the STS. In addition, Pittsburgh’s survival outcomes and risk adjusted mortality exceeded the other programs in 8 out of 9 of the benchmark surgeries.

The Heart Institute at Children’s Hospital offers a complete array of services that span a patient’s lifetime, from prenatal to adults with congenital heart disease. Our team of more than 170 physicians, nurses and therapists are among the best in the nation, and in the world. Our specialists medically manage every type of heart symptom — from chest pain and fainting to heart rhythm disorders — as well as perform the most challenging heart-lung transplants. We receive some of the most difficult and complex cases and achieve exceptional outcomes that are among the best in the country.

NINE BENCHMARK PROCEDURES
The report focused on the most common and standardized surgical repairs, as determined by the STS. Hospitals provided survival rates at discharge for nine benchmark procedures including:

- Arterial Switch Operation
- Ventricular Septal Defect Repair
- Arterial Switch Operation and Ventricular Septal Defect Repair
- Norwood Procedure
- Glenn/Hemi-Fontan Procedure
- Fontan Procedure
- Truncus Repair
- Complete Atrioventricular Canal Repair
- Tetralogy of Fallot Repair

According to a national survey of STS data released in 2013, the Pediatric Cardiovascular Surgery Program at Children’s Hospital of Pittsburgh of UPMC had a surgical mortality rate of 1.1 percent — the lowest among 81 medium- and high-volume programs across the U.S. for the reporting period of 2008 to 2012.

The PHC4 report also looks separately at outcomes for neonates — infants less than 31 days old.

For a copy of the full report, visit www.chp.edu/cardiacreport. For patient referrals, please contact the Heart Institute at Children’s Hospital at 412-692-5540.

NEWS FROM THE HEART INSTITUTE

CHILDREN’S HOSPITAL OF PITTSBURGH OF UPMC • www.chp.edu
New Research on Preventing Peanut Allergies
Study shows feeding babies peanut products could protect against allergic reactions

A groundbreaking study presented at the American Academy of Allergy, Asthma and Immunology (AAAAI) annual meeting in February 2015 offers proof that early introduction of peanuts might protect children from developing peanut allergies.

Todd Green, MD, Division of Pulmonary Medicine, Allergy and Immunology, Children’s Hospital of Pittsburgh of UPMC, and assistant professor, Pediatrics, University of Pittsburgh School of Medicine, says study results are “so clear and so dramatic” that it promises a transformation in the approach to food allergy prevention.

“The excitement generated by this study doesn’t happen often in medicine,” says Dr. Green. “It suggests that in infants who are not peanut allergic but are at risk for developing this allergy, early peanut introduction may decrease their chances of becoming allergic.”

About 2 percent of U.S. children are allergic to peanuts — a rate that has quadrupled since 1977. Allergy to peanuts typically develops early in life. Once it develops, it is rarely outgrown and currently there is no cure. Factors indicating an increased risk for peanut allergy in an infant include having an older sibling with peanut allergy, a history of significant eczema, or egg allergy. A severe reaction can lead to anaphylactic shock.

In 2000, the American Academy of Pediatrics (AAP) advised parents to delay peanut introduction among high-risk infants and toddlers to age 3 years. Although the AAP revised its stance in 2008, and delayed introduction has not been an official recommendation since then, many parents and doctors continue to withhold peanuts during early childhood.

The “Learning Early About Peanut” (LEAP) allergy study, led by Gideon Lack of King’s College London and published in the New England Journal of Medicine, hypothesized that introducing peanut-based products before age 11 months would elicit a protective immune response instead of an allergic immune reaction. More than 600 children between ages 4 and 11 months at high risk for peanut allergy were assigned to either consume or avoid peanut products until age 5. Children in the consumption group ate peanut products at least three times each week, while children in the avoidance group did not ingest foods with peanut. Only 3 percent of those who had eaten peanut from an early age developed an allergy, versus 17 percent in the avoidance group — a stunning 80 percent reduction.

“It’s very exciting. This study doesn’t promise a cure for peanut allergy, but it does show we may be able to prevent its development in many cases,” says Dr. Green.

The results are so compelling that the AAAAI is expected to issue new guidelines for infant feeding in the near future. Children’s Hospital already is gearing up to provide expanded services, including dedicated time slots for supervised infant peanut food challenges — the “gold standard” for diagnosis and management of food allergies.

Dr. Green urges pediatricians to refer high-risk infants for allergy testing so decisions can be made about introducing peanuts. “Timing is key. We don’t want to miss that window of opportunity,” he says.

For more information or to refer a patient, contact the Division of Pulmonary Medicine, Allergy, and Immunology at 412-692-7885.

Recommendations Based on the LEAP Study

Dr. Green recommends the following steps for all high-risk infants (those with severe eczema, egg allergy, or siblings with peanut allergy):

- Administer skin-prick testing for peanut.
- Depending on the degree of positivity, those who test positive may undergo an oral food challenge and, depending on the results, proceed to normal peanut consumption with careful supervision, or avoidance.
- Those with no reaction should start including peanut in their diets.

For infants with no risk factors:

- Try peanut in the process of introducing solid foods (between 4 and 6 months), consistent with current AAP feeding recommendations. Begin with traditional baby foods (fruits, vegetables, cereal).
- Gradually include more common food allergens such as egg (first yolk, then white), cow’s milk, and peanut (not whole peanuts or globs of peanut butter).

Watch for allergic reactions — rapid development of skin, gastrointestinal, or respiratory symptoms that occur with every ingestion of a particular food. Parents should contact their child’s physician with any concerns.
We’ve Got Your Back
Top-notch care and support turn a shy young man brave

No one saw it coming. Ryan Conley, 18, of West Mifflin, Pennsylvania, had been experiencing shoulder pain, but he and his mom chalked it up to a pulled muscle caused by the heavy backpack that he carried around all day. But last October, when it hurt to lie on his back, they decided to see his pediatrician.

The pediatrician thought it might be a pulled muscle, but as a precaution ordered an x-ray of Ryan’s chest, which they had done at UPMC West Mifflin. Ryan and his mom, Lori, had gotten back in their car and were headed across the street to Target for camping supplies when Lori’s phone rang. The x-ray showed a large mass, and Ryan needed a CT scan. They returned to UPMC West Mifflin for the scan. Back in the car, the phone rang one more time. “Pack a bag and go to Children’s,” said Ryan’s pediatrician.

When they arrived at Children’s Hospital of Pittsburgh of UPMC, Ryan and his mom were met by pediatric oncologist A. Kim Ritchey, MD, and pediatric oncology fellow Britanni Seynneve, MD, who talked with them about what the different diagnoses might be. “He’s a quiet boy, but very mature and strong, given how serious the information was. He asked a lot of questions,” says Dr. Seynneve.

ABOVE: Ryan Conley and his mom, Lori. Support from family and the community helped Ryan during his treatment.
Ryan’s age and the location of the mass suggested lymphoma, but his lab results pointed to something much more rare.

When Marcus Malek, MD, director of Pediatric Surgical Oncology at Children’s Hospital, performed a biopsy the next day, the diagnosis was confirmed: It was a mediastinal germ cell tumor. “The tumor was about the size of a football,” says Dr. Malek, “and it took up the majority of the right side of his chest.” It was the location of the tumor that was causing Ryan’s symptoms. Not only was the tumor itself — which Ryan, with his characteristic good humor, named “Henry” — putting pressure on his lungs, making it hard to breathe, but it was causing excess fluid to build up around the lungs, creating even more pressure.

Due to the tumor’s size and location, Dr. Ritchey, Dr. Seynnaeve, and Dr. Malek decided to shrink it using chemotherapy before removing it surgically. Ryan was scheduled for four rounds of in-patient chemotherapy: five days per week, with two or three weeks of rest in between. Chemo had its ups and downs. Ryan shaved off his red hair, and in solidarity, his father Chas and brother Adam, did too. “I volunteered to,” laughs Lori. “But they wouldn’t let me.”

One of Ryan’s teachers from West Mifflin High School delivered hundreds of cards expressing support from Ryan’s classmates, many from students with whom Ryan hadn’t even spoken. The school had T-shirts made in his honor — they’re black, with “We got your back” on the front, and CONLEY 16 on the back (Ryan graduates in 2016). The school also sent him videos of classmates wearing the T-shirts, waving and delivering messages of encouragement and support. All this for a young man who hardly ever spoke in school.

**Planning Ryan’s surgery**

Ryan’s doctors call his type of tumor “very chemo-sensitive,” and the plan to shrink the tumor worked. Not only that, but the chemo even cleared up some lesions that had appeared on his lungs. Ryan’s tumor-related symptoms gradually disappeared. He didn’t have pain in his chest. He could lie on his back. And now, with the tumor the size of a baseball, it was time to think about surgery.

Dr. Malek is a pediatric surgical oncologist — one of only a handful in the country — meaning that he has completed fellowships in both pediatric surgery and pediatric surgical oncology. “Training in both pediatric surgery and surgical oncology doesn’t necessarily mean that your hands are better, or that you’re learning a skill that you haven’t learned before,” he says. “You’re gaining experience in the thought process of how to treat kids with cancer. There’s an understanding about how to talk to the families, how to talk to the kids, how to communicate with the oncology community, how to use the Children’s Oncology Group, knowing where to access the protocols, how to interpret them, really understanding your role as a surgeon when you go to the operating room with these kids.”

No surgery is easy, but some are more complicated than others. In Ryan’s case, the biggest risk came from the location of the tumor, near the heart, lungs, and major veins. “All the blood in the body is circulating through there, 80 times per minute,” says Dr. Malek. Because Dr. Malek is a member of the Children’s Oncology Group (see sidebar), he has access to its protocols for treating tumors of all types. “You have to know your goals going into surgery,” he says. “And that comes from understanding the biology of the tumor. Do you need to take out lymph nodes? Do you need to take out a margin of healthy tissue around the tumor that it may have spread into? If so, how wide a margin? Do you sacrifice normal structures if you need to? These questions are important for the operating room and also for talking to the family, so you can prepare them for these things.”

**The best approach**

Dr. Malek recognized that a sternotomy — also used in open-heart surgery — was the best approach to get to Ryan’s tumor and enlisted the help of Melita Viegas, MD, a pediatric cardiothoracic surgeon at Children’s. “I wanted her to be there to help me with that, and also to be there in case I had to replace one of the large
The operation took five hours. "It went as well as I could have expected," said Dr. Malek. "I saw that the phrenic nerve, which controls the diaphragm, was running through the tumor. I chose to sacrifice this nerve, because it’s not strictly necessary, and saving the nerve would have meant leaving some tumor." Dr. Malek also removed some tumor sticking to the heart lining and some on the outer periphery of Ryan’s right lung. "I had to staple across part of the lung," says Dr. Malek, "and when we reviewed the case under the microscope, it confirmed that this was necessary because the tumor was actually infiltrating the lung tissue." Finally, Dr. Malek performed a procedure to flatten Ryan’s diaphragm that would compensate for the nerve that had to be removed.

"Ryan did beautifully after the surgery," says Dr. Malek. "He spent two days in the ICU, then was transferred to another floor. He was here for about a week in total." By the second day, Ryan was out of bed. By the third day, he was walking. By the fifth day, he was walking up and down stairs.

“He’s going to have a couple more cycles of chemo, just to be a little extra-cautious, because tumors in that location can be kind of aggressive. We’ll get a repeat scan in a few months and if there’s no more tumor, that’ll be it. He can put this all behind him,” says Dr. Malek.

Ryan’s surgery was a success. But according to his doctors and his loved ones, the real blessing was the outpouring of support that Ryan and his family received, and the change they noticed in him. During a pep rally at school, the previously shy young man with the clear blue eyes was called up front. He took the microphone, and when he spoke, his voice was confident and calm. “I wanted to say thank you,” Ryan said simply. “Thank you.” He might have said thank you a third time, but it’s hard to tell. The applause was too loud.

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**International Organization Improves Pediatric Oncology Outcomes**

A consortium of experts at more than 200 children’s hospitals, universities, and cancer centers worldwide is transforming treatment for pediatric oncology patients.

“I believe that the Children’s Oncology Group (COG) is one of the great successes of recent times in medicine,” says Marcus Malek, MD, director of Pediatric Surgical Oncology at Children’s Hospital of Pittsburgh of UPMC. “Because pediatric cancer is thankfully so rare, no one working in isolation is going to get to the bottom of how to treat these patients, you can really get some answers.

“By knowing how to navigate the COG literature, members can figure out what the current protocols are, enroll their patient in a study if one is available, and if there’s no open study, treat him or her by current standard of care,” says Dr. Malek, who serves as the COG’s responsible investigator for the Division of Pediatric General and Thoracic Surgery at Children’s Hospital.

In a COG study, kids with the same kind of tumor are treated with different protocols. Both protocols are expected to be successful, and there’s no clear benefit to one or the other. As soon as one is shown to be statistically better, the study stops, and the committee analyzes the data and creates the new standard of care. The COG has used these studies to reduce or eliminate the need for chemotherapy in some cases.

Dr. Malek cites Wilms’ tumor of the kidney as a great example of the success that comes from this kind of collaboration. “Before national collaborative trials, in the 1960s, survival was 50 to 60 percent,” he says. “Survival is now 95 percent or higher, because of research done with the large numbers that collaborative groups were able to get.”

A recent initiative from the COG is Project: EveryChild, a study that takes extra tissue available from children with cancer who undergo diagnostic procedures and stores it in a biorepository. The goal is to collect data from every child with cancer in the United States to find better treatments for every type of childhood cancer, no matter how rare.

For more information about the Children’s Oncology Group, visit www.childrensoncologygroup.org.

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By sharing knowledge and research, the Children’s Oncology Group (COG) has helped to shift childhood cancer from virtually incurable 50 years ago to a disease with a combined five-year survival rate of 80 percent, according to the COG.

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ABOVE: Brittani Seynnaeve, MD, pediatric oncology fellow, reviews recommendations with Ryan.
When Is the Right Time to Transition Pediatric Patients to Adult Care?

As the father of two daughters, I know firsthand how challenging the path to independence and self-realization can be for children. As a pediatrician, I also know that path is even harder for adolescents and young adults who have chronic health problems, genetic disorders, mental and developmental disabilities, and pediatric-onset conditions.

Here at Children's Hospital of Pittsburgh of UPMC, thousands of young people have been in the care of our specialists and support staff nearly their entire lives. Thankfully, many are healthier and living longer … but their medical needs remain complex and lifelong.

Every year, about 5 percent of our patients move to adult-centered care and another 15 percent are preparing to do so, with most transitions occurring around age 22. It’s a process we take very seriously by offering transition education and counseling starting as early as age 13.

The Affordable Care Act provides us with an opportunity to extend care to our pediatric patients through age 26. We are implementing that extension immediately, largely in response to requests from patients and their parents. For patients with rare or genetic conditions, or by special request, we can continue to provide care beyond that limit, like we do at our Adult Congenital Heart Disease Center and Division of Adolescent and Young Adult Medicine.

Why are we extending the age range?
Medicine is looking at young adults between the ages of 18 and 26 with new eyes. During this stage of development, neuroscientists are discovering remarkable changes in the connectivity of the cortex and subcortex levels of the brain. Developmental psychologists now believe that adolescence is followed by a stage known as “emerging young adulthood.” Characterized by establishing competency related to self-determined vocational and relationship trajectories, this period can amplify problems in young adults with complex health care needs. Unguided, they may not follow the requisite lifestyle and medical recommendations for their conditions, and manifest additional problems such as eating disorders, depression, panic attacks, and chronic fatigue.

Ironically, at a time when these young adults most need to practice their independence, it’s very difficult for them, and their parents, to move to adult-centered care. Consider the following:

> It’s often hard to locate adult specialists who are knowledgeable in caring for young people with rare or complex needs. “Adult-sized” diagnostic tools are simply too invasive for some.

> Illness frequently forces young patients to miss out on the typical interactions — playing sports, social activities, volunteering — that foster independence and help prepare them to manage their own health care.

Our singular goal in our decision to extend care to age 26 is to provide our patients with the comprehensive support they need to thrive. We look forward to partnering with you and the broader medical community to achieve that goal and prepare our patients for quality, long-term solutions to their care.

Andy Urbach, MD, is associate chief medical officer at Children’s Hospital. He welcomes your comments and questions. Please send an email to chpphysicianliaisons@chp.edu.

Andy’s INSIGHTS
Pediatric Pain Management Benefits Variety of Conditions

The multidisciplinary Pain Management team at Children’s Hospital of Pittsburgh of UPMC provides holistic and comprehensive services to restore daily function and wellness to children and adolescents with chronic pain.

Led by Charles Yang, MD (left), Department of Pediatric Anesthesiology, the team includes physicians, nurse practitioners, psychologists, physical therapists, and providers from Pediatric Rehabilitation Medicine.

Initial appointments include an assessment by each member of the team and can last 60 to 90 minutes. An individualized treatment plan is developed for each patient after the initial appointment and assessment. Follow-up visits may be needed, depending on the type of interventions and treatments suggested in the treatment plan.

Treatments commonly offered by the Pediatric Pain Management team include acupuncture, biofeedback, behavioral intervention, medication, nerve blocks, physical therapy, relaxation treatments, and trigger point injections.

Pediatric Pain Management outpatient clinics are held at Children’s Hospital’s main campus in Lawrenceville; Children’s Pine Center, Wexford; and Children’s South, Bridgeville.

Call the Pediatric Pain Management team at 412-692-5260 with questions or to refer a patient.

Neuroscience Conference Scheduled

The Brain Care Institute (BCI) at Children’s Hospital of Pittsburgh of UPMC will present “Neuroscience: Care Across the Continuum,” a one-day conference designed to provide local pediatricians and pediatric specialists with information regarding the multidisciplinary services available at the BCI. On Saturday, Aug. 1, 2015, speakers from Pediatric Critical Care Medicine, Rehabilitation, Neuroradiology, Neurology, Neurosurgery, Newborn Medicine, and Behavioral Health at Children’s Hospital will discuss improvements in diagnostic and treatment plan options for pediatric patients with disorders of or injuries to the brain, spinal cord, muscles, and nerves. It will be held at the John G. Rangos Sr. Conference Center on Children’s main campus. For more information, contact Amy Lukanski, MSN, RN, CPN, at 412-692-6921 or BrainCareInstitute@chp.edu. This conference has been approved for AMA PRA Category 1 Credits.™

Clinical Update on Infant Feeding Issues

The Feeding and Swallowing Center of Children’s Hospital of Pittsburgh of UPMC will present a clinical update, “Feeding Issues of the Medically Complex Infant,” on Friday, Sept. 25, 2015, at Children’s John G. Rangos Sr. Conference Center. This event will focus on comorbid medical conditions that impact an infant’s ability to feed, impact of feeding difficulties on new parents and families, and the physiology of infant feeding. Participants will have the opportunity to attend breakout sessions in areas of interest and learn about evidence-based practices in small group settings.

For more information, please contact Nancy Weichler, RN, MSN, CNS, nurse coordinator at the Feeding and Swallowing Center, at 412-864-8859 or nancy.weichler@chp.edu. Visit www.chp.edu/feedings.

For more conference news, see page 9.
These Children’s Hospital staff members recently received the following recognition in their fields.

**Susan Gibbons, RN, MHA** (far left), and **Jonathan Spahr, MD** (center), Children’s Hospital, and **David Wolfson, MD** (far right), received a Beckwith Institute Clinical Transformations grant for their project, Asthma Care Connection. Asthma Care Connection combines technology and the skill of registered nurses (RNs) to fill gaps in communication and to improve asthma care for pediatric patients. When physician offices are closed, families can call the Asthma Care Connection hotline to talk to an RN about symptoms and treatment. The program is expected to give parents and patients a means to better manage disease symptoms. This should lead to improved medication compliance, reduced environmental triggers, fewer episodes of acute symptoms, and fewer ED visits and hospitalization. It is currently in a pilot phase. The Beckwith Institute supports initiatives that innovate and improve the patient/family interface with clinical processes.

**Amy Houtrow, MD, PhD, MPH**, chief, Division of Pediatric Rehabilitation Medicine, recently was asked to serve on the Institute of Medicine’s (IOM) Standing Committee of Medical Experts to Assist Social Security on Disability Issues. She was asked to serve on this committee because of her expertise in childhood disability and her work on the IOM’s Consensus Committee on Social Security for Children With Mental Health Disabilities. Dr. Houtrow is the youngest member of the Standing Committee and the only representative from the field of pediatric rehabilitation. The Standing Committee will assist the Social Security Administration in improving its criteria for determining disability in adults and children. The work of the committee has the potential to impact the lives of millions of children and adults with disabilities.

**The National Council for Behavioral Health recently honored the Inpatient Child and Adolescent Bipolar Spectrum Services (In-CABS) at Western Psychiatric Institute and Clinic of UPMC with an Impact Award for Excellence in Health Information Technology. In-CABS incorporates health information technology in assessment and interventions and offers comprehensive diagnostic assessments, state-of-the-art pharmacological treatment, and psychosocial interventions to children and teens, and trains students and professionals from a broad range of disciplines in health information technology. **Rasim Somer Diler, MD**, associate professor of Psychiatry, University of Pittsburgh School of Medicine, is In-CABS’ medical director. The Impact Awards recognize individuals and organizations for their outstanding contributions to people recovering from mental illnesses and addictions. The awards were celebrated on April 21, 2015, at the National Council Conference in Orlando, Florida.

**“Antimicrobial Prophylaxis for Children With Vescicoureteral Reflux,”** a study **Alejandro Hoberman, MD**, recently published in the *New England Journal of Medicine*, was selected as one of the Top 10 Clinical Research Achievement Awards in the United States for 2015 by the Clinical Research Forum. This prestigious award recognizes outstanding accomplishments in clinical research. The Forum is a nonprofit organization dedicated to providing national leadership in clinical research whose mission is to generate support for and investment in clinical research to promote understanding of its impact on health and health care delivery.

**Laurels**

“Antimicrobial Prophylaxis for Children With Vescicoureteral Reflux,” a study **Alejandro Hoberman, MD**, recently published in the *New England Journal of Medicine*, was selected as one of the Top 10 Clinical Research Achievement Awards in the United States for 2015 by the Clinical Research Forum. This prestigious award recognizes outstanding accomplishments in clinical research. The Forum is a nonprofit organization dedicated to providing national leadership in clinical research whose mission is to generate support for and investment in clinical research to promote understanding of its impact on health and health care delivery.

**CONFERENCES** *(From Page 8)*

**Master Class in Congenital Cardiac Morphology**

The comprehensive two-and-a-half day “Master Class in Congenital Cardiac Morphology” will use both didactic presentations and live demonstrations of cardiac specimens from the Frank E. Sherman and Cora C. Lenox Heart Museum to cover a wide range of congenital cardiac malformations. The course is scheduled for Wednesday, Sept. 30, to Friday, Oct. 2, 2015, in the John G. Rangos Sr. Conference Center. For more information, visit www.chp.edu/masterclass.
No matter where your patients are in the tristate region, Children’s Hospital of Pittsburgh of UPMC is their children’s hospital. From Altoona to Zelienople and all points in between, Children’s Hospital has the medical and surgical subspecialists and individualized, family-centered care your patients and their families have come to rely on. Visit www.chp.edu.