Special Page 4 Feature

**Domino Effect**
Rare and complex liver transplant procedure saves two young lives

Top 10 Children’s Hospital
U.S. News Honor Roll 6 straight years

In Your Neighborhood
Outreach services expand

Fighting Food Allergies
Hospital named Center of Excellence
Inside this issue

1. Top 10 again
2. Gastroenterology telemedicine
3. Fighting food allergies
4. **Feature Story**
   Liver donor saves two lives
5. **Andy’s INSIGHTS**
6. Laurels for our staff
7. New medical staff

The SUMMER 2015 issue of Pediatric INSIGHTS

**Cover story:** A single liver gifted by the family of a non-living donor saves two lives when it is used as the starting point for a rare and complex domino transplant procedure at Children’s Hospital of Pittsburgh of UPMC. Laurence Reiff (pictured on the cover) received the liver to cure his Maple Syrup Urine Disease, a genetic disorder that can be fatal. Laurence, in turn, gifted his still-viable liver to Shane Carnahan, a young man with a failing liver.

**In addition:**

- For the sixth consecutive year, Children’s earned top accolades as one of the nation’s best children’s hospitals. *U.S. News & World Report* named Children’s to its 2015-16 **Honor Roll** and ranked the hospital in the top 25 in nine specialty categories.
- Get an update on Children’s services available in your neighborhood, including the expansion of pediatric gastroenterology telemedicine, a new location for **Children’s Specialty Care Center Erie**, and four new **Children’s Express Care Centers**.
- Children’s is one of 22 hospitals across the nation to be named a **Center of Excellence** by the **Food Allergy Research & Education Clinical Network**. As a founding member, Children’s will contribute to research for new therapies.

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 7.

**Physician Referral Service**

412-692-PEDS (7337)

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](http://www.chp.edu/physicians).
Top 10 Children's Hospital 6 Straight Years
U.S. News & World Report's Honor Roll Places Children's Among America's Best

Children’s Hospital of Pittsburgh of UPMC has once again been named one of America’s Best Children’s Hospitals by U.S. News & World Report, making this the sixth consecutive year the hospital has been listed on the Honor Roll.

Children’s Hospital ranks eighth on the magazine’s 2015-16 Honor Roll of America’s Best Children’s Hospitals, which was released in June. Children’s also received recognition in each of the 10 pediatrics specialties ranked by U.S. News.

The Best Children’s Hospitals rankings highlight the top 50 U.S. pediatric hospitals in each of 10 specialties: cancer; cardiology and heart surgery; diabetes and endocrinology; gastroenterology and GI surgery; neonatology; nephrology; neurology and neurosurgery; orthopedics; pulmonology; and urology.

The hospital ranked in the top 25 in nine of the specialties, including second in gastroenterology and GI surgery; third in diabetes and endocrinology; sixth in pulmonology; and 10th in three categories: cardiology and heart surgery, neonatology, and neurology and neurosurgery.

“This recognition speaks to the talent, passion, and dedication of our physicians, nurses, staff, and volunteers,” says Christopher Gessner, president, Children’s Hospital. “We are proud to have built a reputation of excellence over our 125-year history and we’re grateful to have those efforts recognized.”

The 2015-16 Best Children’s Hospitals rankings are available online and also will be published in the U.S. News “Best Hospitals 2016” guidebook, available in September.

U.S. News introduced the Best Children’s Hospitals rankings in 2007 to help families of children with rare or life-threatening illnesses find the best medical care available. The rankings open the door to an array of detailed information about each hospital’s performance.

Pittsburgh’s Best Doctors
More than 140 physicians from Children’s Hospital of Pittsburgh of UPMC and Children’s Community Pediatrics were listed in Pittsburgh Magazine’s 2015 “Best Doctors” issue. The list was compiled by Best Doctors® and derived from the Best Doctors in America® database which includes the names and profiles of more than 45,000 of the best doctors in the United States. Check out the full listing at www.chp.edu/bestdoctors.
Telemedicine Brings Children's Gastroenterology Specialist to Bedford and Venango Counties

A 10-year-old girl with irritable bowel syndrome lives in a rural community several hours from Pittsburgh. Her mother works full time and has other children, so it’s challenging for the family to travel long distances for medical appointments. Additionally, the girl misses a lot of school due to her condition and a trip to Pittsburgh means another day out of school. Yet the girl requires follow-up visits with a pediatric gastroenterologist for adjustments to her medical plan. The solution: telemedicine.

Arvind Srinath, MD, a pediatric gastroenterologist with the Division of Pediatric Gastroenterology at Children's Hospital of Pittsburgh of UPMC has been seeing patients via telemedicine since 2012. This year he expects to schedule more than 60 outpatient visits by telemedicine, giving patients and families unparalleled access to expert care while avoiding the cost of long-distance travel and related time.

For Dr. Srinath, telemedicine offers the same quality care as an office visit. He works with a nurse practitioner who is in the exam room with the patient and a parent throughout the appointment. The nurse prepares all vitals and manages the teleconferencing equipment during the exam. An electronic stethoscope is used to transmit sounds. Dr. Srinath talks with the patient and parent following the exam and can even draw diagrams on the screen for further instruction. All follow-up notes and prescriptions are handled electronically and printed for the patient at the end of the appointment. Children's electronic medical record system makes the process even more seamless, with review and charting available in real time.

Dr. Srinath currently provides gastroenterology telemedicine appointments at UPMC Bedford and UPMC Northwest. To refer a pediatric patient, please contact the Division of Pediatric Gastroenterology at 412-692-5180 and mention that you would like your patient seen at UPMC Bedford or UPMC Northwest.

Children's Outreach Stretches Boundaries of Pediatric Care in Western Pennsylvania

Children's Specialty Care Centers
Children's Specialty Care Center Erie moves in fall 2015 to the first floor of UPMC Hamot Women's Hospital, 118 East 2nd Street in Erie.

“The Erie community has supported all of Children's pediatric services that are offered in the region, ranging from our Express Care services to our Children's Community Pediatrics practices,” says Nick Barcellona, vice president and chief financial officer, Pediatric Academic and Clinical Service Line at Children's Hospital. “This new location will give us room to grow and will offer more complex subspecialty care for children in the area.”

The center was previously located on the second floor of Shriners Hospitals for Children®-Erie. It was moved to CCP-Hamot Pediatrics while the new location is being prepared.

Children's Specialty Care Center Mt. Morris closed at the end of June 2015. Those services are now offered at Children's South in South Fayette Township, with the exception of Pediatric Nephrology, which shifted its patients to Children's main campus in Lawrenceville.

Children's Express Care
Four new Express Care centers opened in 2014-15. The new centers — located in Erie, Natrona Heights, Washington, and West Mifflin — saw an average of 442 patients per month since opening. All eight Express Cares are open weeknights from 5 to 9 p.m. and weekends from noon to 8 p.m. to care for pediatric patients with minor illnesses or injuries. The other four Express Care centers are in Lawrenceville, Monroeville, Wexford, and South Fayette. Board-certified pediatricians staff all Express Care centers.

Children's South
Children's South was awarded Leadership in Energy and Environmental Design (LEED) certification by the U.S. Green Building Council® in June. The LEED program evaluates the construction and operation of buildings for potential environmental impacts and human benefits. Certification is official recognition that a project complies with the requirements prescribed by the LEED rating system. Children's Hospital’s main campus in Lawrenceville became one of the first LEED-certified pediatric hospital campuses in the United States in 2011.

Children's offers outpatient services at convenient locations throughout the region. For more information, please visit www.chp.edu/neighborhoodlocations.
Children’s Hospital of Pittsburgh of UPMC is one of 22 hospitals from across the nation — and the only hospital in western Pennsylvania — named a Center of Excellence and founding member of the Food Allergy Research & Education (FARE) Clinical Network.

FARE selected its inaugural Centers of Excellence based on each hospital’s proven commitment to providing the highest standards of care for food allergy patients and leadership in applying new evidence-based practices. As a designated FARE Center of Excellence, Children’s Hospital also joins the newly established FARE Clinical Network — a collaborative effort aimed at building a “robust pipeline of new therapies.”

James R. Baker Jr., MD, CEO, and chief medical officer of FARE, says FARE will collaborate with Clinical Network members across the country to ensure patients with food allergies “have access to state-of-the-art diagnosis and treatment."

Todd Green, MD, Division of Pulmonary Medicine, Allergy, and Immunology at Children’s, and associate professor, Pediatrics, University of Pittsburgh School of Medicine, says the designation puts Children's in league with the best institutions tackling food allergies — a growing public health concern affecting nearly 6 million children across the nation.

“Children’s Hospital has long been committed to developing safe and effective treatments for food allergies. Recognition as a Food Allergy Center of Excellence acknowledges the quality of our program and our dedication to achieving the highest level of patient care and outcomes,” says Dr. Green. “It also enables patients and their families to identify providers who meet and exceed the most stringent criteria for clinical and sub-specialty food allergy services.”

In order to be named a FARE Center of Excellence, Children’s met mandatory criteria for care, teaching, and clinical research. The comprehensive review process included evaluations of staff credentials, facility information, statements regarding implementation of state-of-the-art diagnostic and clinical practice guidelines, operational oversight, training, patient satisfaction surveys, and quality of life data.

Among children, common food allergies include sensitivity to milk, egg, wheat, soy, and peanuts. Children’s Hospital has been involved in numerous studies, including an international, multi-center study investigating whether the Viaskin® Peanut drug patch can desensitize patients’ allergies to peanuts, possibly protecting them from severe reactions in the case of accidental ingestion of peanuts. Later this summer, Children’s will begin a similar study involving use of a milk patch.

As a member of the FARE Clinical Network, Children’s Hospital and the other Centers of Excellence will become major sites for clinical research and contribute to the development of a national food allergy patient registry and biorepositories. FARE will work to ensure funding and encourage collaboration among members.

Through the network, FARE seeks to:

> Raise the quality of care for food allergy patients nationwide
> Reduce discrepancies in care among providers
> Enhance the ability to perform late-stage clinical trials for food allergy
> Encourage comprehensive care accessible and available for all patients with food allergies
> Share best practices and encourage collaboration among members

“This is very exciting,” says Dr. Green. “It will ensure that we stay on the cutting edge in providing the best food allergy care at Children’s. And, it will enable us to team up with other researchers in developing new diagnostic tools and treatment strategies."

To see the full list of inaugural FARE Centers of Excellence, visit www.chp.edu/FARE •
Laurence Reiff is one of 11 kids. The Reiffs live in Leola, in the heart of Pennsylvania Dutch country, and the family is Mennonite. He was born with Maple Syrup Urine Disease (MSUD), a rare, inherited metabolic disorder that gives the patient’s urine a sweet odor.

People with MSUD possess an enzymatic defect that renders them incapable of breaking down certain amino acids. Without management, the metabolic disorder can cause amino acids to collect in the body, eventually leading to neurological conditions and, in the most severe cases, death. MSUD affects approximately one out of every 185,000 infants. Due to its autosomal recessive inheritance pattern, it is far more common among members of groups with limited genetic diversity.

Laurence Reiff and Shane Carnahan have met only once, but they share a special bond. When Laurence received a liver from a deceased donor, he was able to pass his own liver along to Shane in a rare and complex procedure known as a domino transplant.

ABOVE: After Laurence Reiff received a new liver, he no longer had to live with the restrictive lifestyle that comes with Maple Syrup Urine Disease.
About MSUD

Metabolic diseases are generally caused by a defect on a single gene that is supposed to instruct enzymes to convert one substance into another. When the patient’s enzymes fail to work, metabolism fails. In MSUD, the enzyme defect is in the catabolic pathway of the branched-chain amino acids leucine, isoleucine, and valine. In normal catabolism, large molecules (like proteins) are broken down into smaller units (like amino acids), which then degrade into waste products and release energy. In MSUD, this doesn’t happen. Instead, the amino acids and their toxic wastes build up.

MSUD is usually diagnosed in infancy, and its management is tricky. Because the amino acids are present in every source of protein, protein consumption is severely restricted. Inadequate protein intake and the resulting dearth of calories can lead to protein catabolism. Supplemental formulas, blood testing, and strict attention to diet are all part of life for people with MSUD. For many, a liver transplant is the best answer.

MSUD does not originate in the liver — the enzyme deficit exists in cells all over the body. A patient with MSUD who undergoes a transplant is left with a new liver that produces enough of the enzyme to overcome the shortage elsewhere, rendering the disease moot. And because there’s nothing wrong with the MSUD patient’s liver, it can be transplanted without passing on the disease. The recipient of the MSUD liver has normal genetic functioning and already produces enough enzymes for normal metabolism.

Different challenges, similar solutions

Laurence’s parents learned of his condition through a screening test. Two older siblings also were born with MSUD. Over the years, his brother and sister each received liver transplants — and then they didn’t have to deal with MSUD. “I told my parents I wanted a transplant too,” says Laurence, who recently turned 18.

Shane, who recently turned 24, lives in Apollo, Pennsylvania. When he was an infant, his doctors began to suspect that he had Byler’s Syndrome, a disorder that prevents the flow of bile. Further investigation produced a diagnosis of autoimmune hepatitis, in which the body attacks the cells of its own liver. This condition can cause cirrhosis and liver failure; it can ultimately result in death.

In September 1992, George Mazariegos, MD, chief of Pediatric Transplantation at Children’s Hospital of Pittsburgh of UPMC, performed Shane’s first liver transplant. Shane recovered, but later faced rejection issues. And when he was 13, an unfortunate incident set him back.

“I was at cross country practice, and a guy who had chicken pox came to practice too,” says Shane. Exposure to chicken pox set off an autoimmune response, and Shane’s health began to decline. He returned to Children’s, and within a couple of days, his cirrhosis worsened.

With both Laurence and Shane in need of a transplant, the stage was set. A deceased donor liver became available and, on April 14, 2014, the domino procedure began.

Complex surgeries

“Domino transplants are uncommon, but we’ve performed more here than any other hospital. Eleven MSUD patients have passed their livers along, so 22 patients have benefited from the gifts of deceased donors and their families,” says Dr. Mazariegos. “Because of the transplant team’s experience, we routinely ask MSUD patients to consider donating.”

Dr. Mazariegos notes that Shane’s pediatric transplant and subsequent second transplant are unusual; only about 15 percent of patients have ever needed a second liver, but as patients continue to live with their transplants, long-term monitoring will be possible. “We have seen re-transplants function as well as the initial transplant,” says Dr. Mazariegos. “Shane is a good example of our challenge and our opportunity to follow patients through childhood to adulthood — not just for three or five years but for 15 or 20.”

The simultaneous surgeries demand an exceptional level of technical expertise and a modified approach. In this case, Laurence’s surgery began first. Once the team determined that his liver would work for Shane, Shane’s procedure got underway.

For a domino transplant, the team considers the donor’s blood type and the size of the liver. Visible anatomy, including...
BY THE NUMBERS

LIVER TRANSPLANTATION FOR METABOLIC DISEASE

PATIENT SURVIVAL RATES*

11 DOMINO LIVER TRANSPLANTS
100% PATIENT SURVIVAL

5 YEAR 96%

10 YEAR 96%

*Since 2000

LIVER TRANSPLANT BY DIAGNOSIS 1981-JUNE 2015

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Total Transplants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maple Syrup Urine Disease</td>
<td>23%</td>
</tr>
<tr>
<td>Familial Cholestasis</td>
<td>19%</td>
</tr>
<tr>
<td>Wilson's Disease</td>
<td>12%</td>
</tr>
<tr>
<td>Urea Cycle Disorders</td>
<td>8%</td>
</tr>
<tr>
<td>Tyrosinemia</td>
<td>6%</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>6%</td>
</tr>
<tr>
<td>Crigler-Najjar Syndrome I</td>
<td>5%</td>
</tr>
<tr>
<td>Glycogen Storage Disease</td>
<td>5%</td>
</tr>
<tr>
<td>Oxalosis</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
</tbody>
</table>

320+ LIVER TRANSPLANTS FOR METABOLIC DISEASE

1600+ LIVER TRANSPLANTS PERFORMED; MORE THAN ANY OTHER PEDIATRIC CENTER IN THE UNITED STATES

LIVER TRANSPLANTATION FOR MSUD PATIENTS

PATIENT AND GRAFT SURVIVAL 100%

PATIENT VOLUME 2004-PRESENT 60+

the condition of the connecting blood vessels, must
be just right. Removing the domino liver is more
complicated for this reason — the surgeon must
leave the liver in a state of readiness for re-use.

For Laurence and Shane’s procedures, three
surgical teams worked for about 24 hours. The
surgeries are timed to minimize the travel period for
each liver. “When we do a domino transplant, all of
the team members are involved,” says Dr. Mazariegos. “It’s a
demanding use of many resources, including surgeons,
physicians, nurses, and technicians, but it’s rewarding.”

The rewards are evident in the impressive
outcomes: for all 22 domino transplant participants,
the team has seen 100 percent survival. And because
liver transplantation for metabolic diseases is an
evolving field, the refinement of the domino procedure
opens the door to the treatment of more and more
children. “With organs in severely short supply, this
strategy gives every child who needs a liver a better
chance of getting one,” says Dr. Mazariegos.

Back to normal

“I’d spent the last five years in and out of the hospital
for rejection, but this new liver is working out great,”
Shane says. “I’m feeling a lot better, and I’m working
on getting a job so I can get a place on my own.”
A self-effacing, quiet young man, Shane is glad
his illness is no longer troubling his family. “Even though it was about me, it
affected everyone else more — I was used to it, so I wasn’t
worried, but my parents were.”

Laurence, too, is doing well. He jumped at the
chance to live a normal life after seeing the positive
results his brother and sister had with transplantation.
“It was quite a challenge managing MSUD, but when
it was over, we were able to get rid of our MSUD stuff: special bread, the formula, different foods,
everything,” he says. “I had the pleasure of pouring the
formula down the drain,” he remembers happily.

Laurence’s recovery has had its ups and downs,
but he’s focused now on his job as a woodworker and
his activity with the volunteer fire company. And he’s
planning a trip to Mississippi with a care organization,
an adventure that would have been close to
impossible before.
I love history, but for me it’s the stories of the people behind it that are the most worth celebrating. That’s especially true this year as our hospital marks 125 years of evolution and growth.

Children’s Hospital of Pittsburgh of UPMC has a history filled with life-changing stories — from the hundreds of thousands of children who triumphed heroically over medical problems to the thousands of pediatricians, specialists, nurses, and staff whose remarkable care sustained them. Every pediatrician reading this publication shares — directly and indirectly — in their victories.

Our story starts with the altruistic vision of a pediatrician’s son, which forever changed the landscape of children’s health care in our region and beyond. We owe our roots to young Kirk LeMoyne, whose efforts ignited the imagination and generosity of Pittsburghers to create a hospital dedicated to the medical needs of babies and children.

When Children’s Hospital opened on June 4, 1890, it was among the nation’s first children’s hospitals. Its 15 beds provided care for children “regardless of race, creed, or the ability of their parents to pay the cost.” Now delivering health care to more than 1 million children annually, we’ve remained steadfast to that mission while evolving into one of the nation’s premier pediatric hospitals.

Our 125 years of service is a historic chronicle of the steady advancements and changing philosophies that have occurred in pediatric care. At the turn of the 20th century, our pediatricians saved youngsters from such ravages as cholera, typhoid, and scarlet fever. Today, we’re recognized nationally and worldwide for our specialized pediatric clinical care, innovations in pediatric medicine, model training programs, and groundbreaking pediatric research.

As a pediatrician, you send your patients to us because you trust the quality and integrity of our care, and for that we are both grateful and humbled. More than 79,000 children visited our Emergency Department last year, making us Pittsburgh’s busiest emergency room, and nearly 24,000 children came to us for surgical procedures.

When Children’s Hospital opened on June 4, 1890, it was among the nation’s first children’s hospitals. Its 15 beds provided care for children “regardless of race, creed, or the ability of their parents to pay the cost.”

During the course of our anniversary year, I look forward to telling you more about trailblazers like Thomas Starzl, MD, whose pioneering transplant program brought Children’s Hospital global recognition; Tim Oliver, MD, whose approach to resident training drew the best and the brightest aspiring clinicians to the city; James Zuberbuhler, MD, who changed the course of pediatric cardiac care; and David Perlmutter, MD, who set the bar for excellence in pediatric research.

I invite you, too, to share your own memories of mentors and friends at Children’s Hospital. Together, we’ll reflect on the impact of those who transformed the humble vision of a pediatrician’s son into a dynamic organization that is ever mindful of its roots while embracing the challenges of the future.

Andy Urbach, MD, is associate chief medical officer at Children’s Hospital. He welcomes your comments and questions. Please send an email to mdrelations@chp.edu.
These Children’s Hospital staff members recently received the following recognition in their fields.

**John Alcorn, PhD**, Division of Pulmonary Medicine, Allergy, and Immunology, is the 2015 recipient of the Parker B. Francis Jo Rae Wright Award for Scientific Excellence. The award is given annually to a recent graduate of the PBF Fellowship Program whose research shows outstanding creativity and promise and who has demonstrated outstanding mentoring and professional leadership qualities. It was presented at the American Thoracic Society’s meeting in May.

**Juan Celedon, MD, DrPH**, chief of the Division of Pulmonary Medicine, Allergy, and Immunology at Children’s Hospital, recently was elected to the Association of American Physicians. He also was chosen for the Innovations in Health Equality – Lifetime Achievement Award from the American Thoracic Society’s Clinic Advisory Committee and its Health Equality Subcommittee. Dr. Celedon’s research focuses on the genetics and epidemiology of asthma in Puerto Rican and black children. He also leads a study of chronic obstructive pulmonary disease genetics in Costa Rica.

A study by researchers at Children’s Hospital titled “Midbrain Morphology Reflects Extent of Brain Damage in Krabbe Disease” was published in the April issue of Neuroradiology, the journal of the European Society of Neuroradiology. Authors included **Maria Escolar, MD, MS**, (left) director of the Program for the Study of Neurodevelopment in Rare Disorders; **Ashok Panigrahy, MD**, (middle left) chief of the Department of Pediatric Radiology; **Michele Poe, PhD**, (middle right) research manager of the Program for the Study of Neurodevelopment in Rare Disorders; and **Giulio Zuccoli, MD**, (right) chief of the Section of Neuroradiology. The study found that midbrain morphology scores of midsagittal MRI images correlate with cognition and gross motor function in children with Krabbe disease, providing a reliable method to assess disease progression in patients.

**Erika Friehling, MD**, Division of Pediatric Hematology/Oncology, received the Clinician Educator Award from the American Society of Pediatric Hematology/Oncology (ASPHO) at the society’s annual meeting in May. Dr. Friehling’s award was supported by the ASPHO’s Enriching the Future campaign, which supports the development of resources to help pediatric hematologists/oncologists provide the best care for children with blood disorders and cancer, and to meet emerging needs in the specialty.

**Kathryn Torok, MD**, Division of Pediatric Rheumatology, received the Scleroderma Foundation’s Doctor of the Year Award at the foundation’s awards luncheon in Nashville in July. Dr. Torok received the award in recognition of her efforts to advance research and clinical care of pediatric patients living with scleroderma. Her research focusing on pediatric localized scleroderma and differences by gender, through the Childhood Arthritis and Rheumatology Research Alliance registry, is bringing greater awareness of and interest in localized scleroderma. The award also is given to recognize Dr. Torok’s contributions to the Scleroderma Foundation in its efforts to build educational programming and support services to the pediatric scleroderma community.

The **Echocardiography Laboratory** at the Heart Institute at Children’s Hospital recently received re-accreditation from the Intersocietal Accreditation Commission for the Accreditation of Echocardiography Laboratories. The commission is dedicated to ensuring quality patient care and improving health care. Approximately 9,000 transthoracic and 400 transesophageal studies are performed each year at Children’s Hospital, and almost 900 fetal echocardiograms are performed annually by Children’s physicians and technicians at Magee-Womens Hospital of UPMC.
Renowned Expert in Viral Infections Appointed New Chief of Infectious Diseases

John V. Williams, MD, an international authority on the epidemiology of respiratory viral infections, has been named chief of the Division of Pediatric Infectious Diseases at Children’s Hospital of Pittsburgh of UPMC.

“As chief, I am looking to expand the research capacity of the division, leveraging the strength in transplant medicine with my experience with viral immunology,” says Dr. Williams, also professor of pediatrics, University of Pittsburgh School of Medicine. “We will aim to develop an exceptional group of physicians and scientists to provide the best pediatric care for children with infections and conduct cutting-edge research relevant to pediatric infectious diseases.”

Prior to joining Children’s Hospital, Dr. Williams was at Vanderbilt University Medical Center where he was associate professor of pediatrics, pathology, microbiology, and immunology. He is a graduate of the University of Virginia and completed medical school at the Medical College of Virginia/Virginia Commonwealth University. He trained in pediatrics at Children’s Hospital of Pittsburgh of UPMC and the University of Pittsburgh School of Medicine, and then in infectious diseases at Vanderbilt.

“The Division of Infectious Diseases has a long history of advancing knowledge in several areas, but in the clinical care of children who have undergone solid organ transplantation, it is particularly well established as an international force,” says David H. Perlmutter, MD, physician-in-chief and scientific director, Children’s Hospital, and Distinguished Professor and Vira I. Heinz Endowed Chair, Department of Pediatrics, Pitt School of Medicine. “We are thrilled to have Dr. Williams take leadership of this program. With his expertise in the immunopathogenesis of viral infections, we believe this will be an exciting new direction for Children’s center of excellence in pediatric transplant care.”

For an outstanding body of work on human metapneumovirus, which causes acute respiratory infections, Dr. Williams was presented the 2014 E. Mead Johnson Award for Pediatric Research, the most prestigious research award in academic pediatrics.

His wife, Stacey Swenn Williams, a general pediatrician and Pittsburgh native, will join Children’s Community Pediatrics at the CCP - GL office.

For more information on Dr. Williams and the Division of Pediatric Infectious Diseases, visit www.chp.edu/infectiousdisease.

New Hematology Clinical Director Named

Cheryl Hillery, MD, recently joined the medical staff at Children’s Hospital of Pittsburgh of UPMC as clinical director of Hematology in the Division of Pediatric Hematology/Oncology. She also is director of the Comprehensive Sickle Cell Program at Children’s and is a professor of Pediatrics at the University of Pittsburgh School of Medicine. Dr. Hillery’s research interests include vascular and organ pathologies of sickle cell disease, as well as the novel mechanisms underlying pain in sickle cell disease. She sees patients at Children’s Hospital’s main campus in Lawrenceville.

New Additions to Medical Staff

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

- **Pediatric Cardiology**
  - David Ezon, MD
  - Matthew Zinn, MD

- **Child Advocacy Center**
  - Jennifer San Jose Clarke, MD

- **Pediatric Critical Care Medicine**
  - Dana Fuhrman, MD
  - Dennis Simon, MD

- **Paul C. Gaffney Diagnostic Service**
  - Michael Fox, MD
  - Allison Romero, MD

- **Emergency Medicine**
  - Maria Antonucci, MD
  - Maren Lunoe, MD
  - Kara Coffey, MD
  - Rotem Elitzur, MD

- **Medical Genetics**
  - Damara Ortiz, MD

- **Pediatric Gastroenterology**
  - Tamara Feliciano Alvarado, MD
  - Zahida Khan, MD, PhD
  - James Squires, MD, MS

- **Pediatric Hematology/Oncology**
  - Andrew Bukowski, MD

- **Pediatric Nephrology**
  - Rannar Arik, PhD

- **Newborn Medicine**
  - Jason Niehaus, MD
  - Anthony Rudine, MD

- **Pediatric Ophthalmology**
  - Sara Otaibi, DO

- **Pediatric Radiology**
  - Sheila Moore, MD
  - Judith Squires MD
  - James Park, MD
National Top 10. Six years running.