Special Page 4 Feature

Shared Vision

Doctor removes cyst to save baby’s eyesight

Top 10 Again

Children’s ranked among nation’s best hospitals

New Physician-in-Chief

Q&A with Terence Dermody, MD

Andy’s INSIGHTS

Visionary leadership propels Children’s into future
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.
Children's Earns Top 10 Designation

*U.S. News Ranks Children's Among America's Best Pediatric Hospitals*

Children's Hospital of Pittsburgh of UPMC, for the seventh consecutive year, has been named to the U.S. News & World Report Honor Roll of America's Best Children's Hospitals.

The hospital is ranked seventh on the 2016–17 Honor Roll of America's Best Children's Hospitals, which was recently released.

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. Children's was ranked in nine of these 10 specialties.

“We're very proud to once again be recognized as one of the top children's hospitals in the country,” says Christopher Gessner, president, Children's Hospital. “Patients and families with complex medical conditions and needs increasingly are choosing our hospital because our physicians, nurses, and staff, who are among the leaders in their fields, are committed to providing the highest quality pediatric health care in the world every single day.”

The 2016–17 Best Children's Hospitals rankings are available online and also will be published in the *U.S. News* “Best Hospitals 2017” 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.

*For more information on Children's specialty rankings, visit www.chp.edu/usnews.*

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**Pittsburgh’s Best Doctors**

Children's Hospital of Pittsburgh of UPMC salutes our physicians honored in Pittsburgh Magazine’s 2016 “Best Doctors” issue. These doctors represent the best medical professionals in various specialties.

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 50,000 of the best doctors in the United States.
Q&A: Get to Know Terence Dermody, MD

Last January, Terence Dermody, MD, was named Vira I. Heinz Professor and chair of the Department of Pediatrics at the University of Pittsburgh School of Medicine and physician-in-chief and scientific director at Children’s Hospital of Pittsburgh of UPMC. He assumed his new responsibilities in June, replacing David Perlmutter, MD, who left Children’s Hospital to become executive vice chancellor for medical affairs and dean of medicine at Washington University in St. Louis.

A world-renowned researcher and infectious disease specialist, Dr. Dermody joined Children’s from Vanderbilt University, where he was the Dorothy Overall Wells Professor of Pediatrics, director of the Division of Pediatric Infectious Diseases, and director of the Medical Scientist Training Program at Vanderbilt University School of Medicine.

In the following interview, Dr. Dermody discusses his new role and vision for the future of the Department of Pediatrics.

Why did you make the move to Children’s Hospital?

When I first learned of the opportunity in Pittsburgh, I was familiar with the institution and had many colleagues here, but I had not visited, and I didn’t know it well. What I grew to appreciate and what I’m finding out now every day is that the people here are amazing — and I mean our nurses, support staff, students and residents, attending physicians, and leaders are outstanding, and all of these people embrace the idea that together we can be a worldwide leader in pediatric health care, pediatric education, and pediatric discovery, and I wanted to be a part of that effort.

What are you looking forward to the most in your new position?

First and foremost would be the mentoring opportunities afforded by leading a department of 300 faculty. There are many groups to mentor, no one more important than the other, from trainees to division directors. This is really a terrific team and working with them will be a joy.

We have faculty with a lot of different career pathways, some focused on science, some on education, some on clinical pursuits, and some on a combination. Each one of those faculty members will need help with decisions they will need to make on their career paths. We have lots of students, residents, and fellows, and my interactions with them will be largely in group settings, but there are also opportunities for one-on-one time with students and residents. I’ll be attending in the hospital, probably three or four weeks a year, so I’ll have a team. I’ll get to know them and have the opportunity to mentor them as well.

I’m excited about opportunities for my research team. The environment for infection biology, immunology, and vaccine science in Pittsburgh is unparalleled. My team will have research opportunities here that we would not have anywhere else.

Tell us about your plans for the Department of Pediatrics and for shaping the future of pediatric health care.

Advocacy for the children in our community is incredibly important to me — to come and partner with our civic leaders, governmental partners, those involved in education and public health, community leaders, to consider how we can do the best for the health of children in our region. If our children are not healthy, then we have work to do, and if our children are healthy, well, then I bet we can do better, and so that’s my main goal.

There’s no more important obligation to us as pediatricians than to care for the children who are sick who are right in front of us — to educate their families as best we can, to let their parents know what to expect, and try to help them heal. We can’t always do that but it’s our obligation to try. But we’re Children’s Hospital of
Pittsburgh of UPMC and we’re the University of Pittsburgh and we’re in a great town and we have incredible people who are our partners, leading in virtually every aspect of biomedical research and human medicine. We have support from a community that really believes in us.

The discoveries that we make are important — which might have to do with basic research like we do in our lab trying to make better vaccines or trying to figure out the best way to take care of common viral diseases. When we make contributions in those areas, and of course many others at Children’s, we can then influence the care of children who are outside our immediate surroundings. We’re doing that now but I think we can do more, and I want to play a role in trying to facilitate that.

**What are your plans for improving the experience of our patients, families, and referring physicians?**

Our team is going to remain laser focused on providing the highest quality care that we can, to provide the fastest access possible to the services that we offer, and to strive for the greatest satisfaction of our patients, families, and referring physicians. Those will be our goals and guiding principles. There are areas where we perform really well, and there are areas where we have opportunities to improve. We’re aware of those opportunities, and we have plans in place to get better.

One very specific initiative I’m going to introduce to the entire Children’s team is that every person who interacts with a patient and a family will have a baseball card, and every card will have a photograph, contact information, key training information, and maybe a fun fact. When families arrive at the hospital, they’ll get a baseball card book to fill with the cards they collect from their health care team.

**What are the biggest challenges facing pediatricians today?**

One of the biggest challenges facing the entire health care system is a shift in our philosophy from taking care of sick people to a focus on keeping people healthy — it’s a completely different mindset.

is shifting to keeping children healthy and out of the hospital whenever we can. The shift is from a sick care focus to a health maintenance focus.

**Tell us about your work as a virologist and plans for continuing your research.**

Although I’ve held various administrative roles in my career, the engine that drives me is my laboratory team and the research that we do. I’m very proud of the scientific accomplishments made by members of my team — formidable scientists and physicians and leaders and parents and people who I’ve had the opportunity to work with for 25 years. I’m so grateful that eight of them have moved with me from Nashville to Pittsburgh. We’ve already recruited three people here including a new lab manager and a research assistant and a new fellow.

Most of our work focuses on a virus called reovirus, but we also work on Chikungunya virus, which causes arthritis and rash and major outbreaks happening now in South America. We just started a new project on Zika virus that we’re doing in collaboration with Carolyn Coyne, PhD, a leading virologist at the University of Pittsburgh. We also do vaccine development work trying to figure out how to reverse engineer a virus so we can make it a better vaccine, weaken it so it doesn’t cause disease but still stimulates an immune response so people who receive the vaccine are protected when they are exposed to the natural virus.
Shared Vision
Family Searches for Treatment to Save Newborn’s Sight

Tristan Molsen was just 2 hours old when his dad, Tanner Molsen, noticed the dot in his right eye. That was eight months, four surgeries, and three hospitals ago. “It just looked like a little bubble floating in his eye,” says Tristan’s mom, Kiersten Bruce. Tristan’s pediatrician assured her that it was normal and would disappear on its own. Instead, it grew.

Ms. Bruce's employer, a retinal surgeon, saw the spot and referred the Shawnee, Kansas, family to Children’s Mercy Kansas City, where they saw pediatric ophthalmologist Erin Stahl, MD. Concerned that it might be cancer, Dr. Stahl sent them to Philadelphia’s Wills Eye Hospital. Tristan’s cyst was aspirated — the standard treatment — and cancer was ruled out. That was his first surgery in October 2015, when Tristan was 1 month old.

Back in Kansas, the cyst began to fill up again, and the family returned to Children's Mercy in February. “Dr. Stahl told us that sometimes cysts do grow back, but that after a second aspiration, they usually stay away,” says Ms. Bruce. “So we did that. She was also reaching out to ophthalmologists nationwide,
asking whether anyone had seen this before. No one responded. It was like no one had seen this in Kansas or anywhere, and no one knew what to do.”

**Facing challenges**
This widespread unfamiliarity was one of the challenges facing Tristan; his size was another. If aspiration fails, excision is the most common next step, but it seemed like no one was willing to operate on such a small baby. “It’s a long surgery and everyone we talked to was concerned about cutting out too much of his eye,” says Ms. Bruce.

Then Dr. Stahl reached out to Ken Nischal, MD, chief of Pediatric Ophthalmology at Children’s Hospital of Pittsburgh of UPMC. Dr. Nischal, who has performed five of these surgeries, is quick to praise Dr. Stahl. “It takes courage for the local doctor to say, ‘Hey, you know what, I might not be the best person for you in this particular case and I’d like to get another opinion,’” he says.

**The surgery**
Tristan and his parents arrived in Pittsburgh in mid-April. During the three-and-a-half-hour surgery, Dr. Nischal used optical coherence tomography (OCT), a new technology that allows him to see disease at sub-microscopic levels without opening up the eye, to locate the root of the cyst. Then, using an endoscope inserted into a 1.5 mm opening in the eye, Dr. Nischal excised the cyst and lasered the area of origination.

“You can remove everything that you think is cyst, but if there’s just one cell left, it will regrow,” he cautions. Surgery is followed by cryotherapy, which “basically obliterates any cells that are trying to grow back,” says Dr. Nischal.

He notes that excision and cryotherapy must be separate procedures in order to allow the eye to heal. “There’s a point at which the human body says ‘I’ve had enough, I give up.’ It will stop producing fluid, go soft, and that’s the end of the eye. So we have to do these things in a controlled, staged manner.”

**Timely treatment**
Four weeks after surgery, Tristan and his mom returned to Children’s Hospital for a checkup, and Dr. Nischal performed the cryotherapy. “A little bit of the cyst was trying to grow back,” he says, “but nothing like it had done before.” If Tristan’s eye had gone untreated for two more months, it would have had to be removed and replaced.

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with an artificial eye, Dr. Nischal says. “The cyst was growing in such a way that it would have occluded all the drainage angles. It would have been just a blind, painful eye.”

Ms. Bruce says, “Our experience at Children’s was totally different, right from the start.” Dr. Nischal is quick to share credit with the whole department. “I only see the child and the parents in the room or in the OR; everything else is part of their larger experience,” he says. “In health care, there has to be a pyramid of hierarchy, but I strongly feel that the slopes of that pyramid need to be shallow. Otherwise, no one feels empowered to make or even suggest changes.”

A brighter future
Ms. Bruce is optimistic about her son’s recovery and quality of life. “Tristan is so light-sensitive that he can’t play outside. At home, we basically live in the dark. If there’s any light, he’ll just bury his head in your shoulder when you’re holding him,” she says. “Even if he’s able to just see light out of that eye, it will be better than nothing.”

Dr. Nischal expects Tristan’s sight to continue to improve. “Tristan is going to see much better than just light,” he says. “I’m hoping he’s going to be able to see print, likely enlarged.”

In the meantime, Ms. Bruce feels that she and her family are in good hands. “Every time I see Dr. Nischal, I start crying,” she says, wryly noting that Tristan does as well, but for other reasons. “I’m so thankful for everything he’s done so far. We’re making steps in the right direction.”

For questions or to refer a patient to the Division of Pediatric Ophthalmology, Strabismus, and Adult Motility, call 412-692-8940.
That vision and planning demands big thinkers who stretch the boundaries of what is possible through the actions they take, the risks they calculate, and the future they envision.

Srinivasan Suresh, MD, MBA, FAAP  
Chief Information Officer and Chief Medical Information Officer  
Dr. Suresh sets Children’s information technology priorities — from eRecords to clinical pathways — and links them to the clinical side in a way that is seamless for both doctors and patients.

George Gittes, MD  
Surgeon-in-Chief and Director, Pediatric Surgical Research  
Dr. Gittes brings the researcher’s critical perspective to planning and strategy at Children’s. His own lab is working towards a cure for type 1 diabetes.

Terence S. Dermody, MD  
Physician-in-Chief and Scientific Director  
The newest member of our leadership team, Dr. Dermody also chairs the Department of Pediatrics at the University of Pittsburgh School of Medicine. Learn more about him on pages 2 and 3.

And if you refer a patient to our hospital, I hope you’ll do so with even greater confidence, certain of the commitment and dedication of these six professionals. You can be assured, too, that as they move our standard of care to new frontiers, the insights you share and the suggestions you make truly do make a difference.

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.
Carlton Bates, MD, chief, Division of Nephrology at Children’s Hospital of Pittsburgh of UPMC and associate professor, Department of Pediatrics at the University of Pittsburgh School of Medicine, received the 2016 Special Achievement Award from Otterbein University's Alumni Association. Dr. Bates, a 1986 graduate of the university, has been conducting and overseeing research on kidney and bladder disease in children for more than 20 years. In 2008, he was recruited by Children's and the University of Pittsburgh School of Medicine to start a fellowship training program for, and to head research in, Pediatric Nephrology. His research, and that of the fellows he oversees, has received continuous funding from the National Institutes of Health for nearly 15 years. He is a member of the American Society of Clinical Investigation.

Children’s Hospital of Pittsburgh of UPMC's Pediatric Primary Care Center received Level 3 Patient-Centered Medical Home recognition from the National Committee for Quality Assurance (NCQA) for using evidence-based, patient-centered processes that focus on highly coordinated care and long-term, participative relationships. The NCQA Patient-Centered Medical Home is a model of primary care that combines teamwork and information technology to improve care, improve patients’ experience of care, and reduce costs. Medical homes foster ongoing partnerships between patients and their personal clinicians, instead of approaching care as the sum of episodic office visits. Each patient's care is overseen by clinician-led care teams that coordinate treatment across the health care system.

Ericka Fink, MD, Department of Pediatric Critical Care Medicine and associate professor of Critical Care Medicine and Pediatrics at the University of Pittsburgh School of Medicine, recently was awarded a $3 million grant from the National Institutes of Health that will focus on optimizing outcome classification and improving outcomes in children after cardiac arrest. The project is titled, “Development of Serum, Imaging, and Clinical Biomarker Driven Models to Direct Clinical Management after Pediatric Cardiac Arrest.” Eight pediatric centers will participate in the five-year study, which will begin this summer.

Jennifer Picarsic, MD, pediatric pathologist at Children’s Hospital of Pittsburgh of UPMC and assistant professor, Department of Pathology at the University of Pittsburgh School of Medicine, has been named to the American Society for Clinical Pathology’s (ASCP) prestigious 40 Under Forty list for 2016. ASCP’s 40 Under Forty program shines the spotlight on 40 highly accomplished pathologists, pathology residents, and laboratory professionals under age 40 who have made significant contributions to the profession and stand out as the future of laboratory leadership.

Matthew S. Pihlblad, MD, an ophthalmologist at Children’s Hospital of Pittsburgh of UPMC and clinical assistant professor of Ophthalmology at the University of Pittsburgh School of Medicine, has been awarded a research grant from the Knights Templar Eye Foundation to support his research on eye muscles. The research project, titled “Anterior Segment Optical Coherence Tomography of Extraocular Muscles,” will use optical coherence tomography technology to image eye muscles that attach to the eye without touching the eye itself. The goal is to help ophthalmologists better plan eye muscle surgeries, interpret surgical results and plan future surgery, potentially improving outcomes.
World-Renowned Expert Directs Children's Hepatology Program

Patrick McKiernan, MD, an internationally renowned expert in metabolic liver disease, has been appointed director of the Pediatric Hepatology Program at Children's Hospital of Pittsburgh of UPMC, part of the Division of Pediatric Gastroenterology, Hepatology, and Nutrition. Dr. McKiernan also joins the staff of the hospital's Center for Rare Disease Therapy.

Dr. McKiernan brings to Children's extensive experience in treating children with inherited metabolic disease and a special interest in developing less invasive therapies to help patients avoid or delay the need for liver transplantation. He will provide clinical care to children, adolescents, and young adults with all forms of liver disease and hepatobiliary disorders as well as those undergoing liver transplantation.

“Dr. McKiernan is among the world’s leading physician-scientists with expertise in pediatric hepatology, specifically inherited metabolic disease,” says Mark Lowe, MD, PhD, chief of the Division of Pediatric Gastroenterology, Hepatology, and Nutrition at Children's Hospital. “His appointment enhances Children's ability to provide care for children from around the world with complex metabolic conditions in need of the highest level of care.”

As a researcher, Dr. McKiernan's main interests are in the clinical aspects of inherited metabolic liver disease, portal hypertension, novel endoscopic techniques, non-invasive markers of hepatic fibrosis, and immunosuppression following liver transplantation. He is actively involved in research on stem cell therapy for metabolic liver diseases and recently was the U.K. principal investigator on a stem cell study involving children with urea cycle disorders and Crigler-Najjar syndrome.

Dr. McKiernan also has a special interest in tyrosinemia, an inherited disorder caused by an enzyme deficiency that can lead to life-threatening liver and kidney failure. In a study published in 2014, Dr. McKiernan and his colleagues found that children whose tyrosinemia was identified at birth through newborn screening and started on the drug nitisinone developed normally and showed no signs of liver or kidney disease.

Dr. McKiernan comes to Children's from Birmingham Children's Hospital in the United Kingdom, where he was a hepatologist in the liver unit since 1994. He trained in medicine and pediatrics at Queen’s University in Belfast.

As an international expert in metabolic disease, Dr. McKiernan is part of the Center for Rare Disease Therapy at Children’s, an integrated team of experts who have developed innovative therapies to treat rare diseases.

The Hillman Center for Pediatric Transplantation at Children's Hospital has performed more than 330 liver transplants for patients with metabolic disease, which is more than any other center, including adult facilities. Additionally, Children's is a leading center for liver transplantation as a therapeutic option for children with maple syrup urine disease (MSUD), performing more liver transplants in patients with MSUD than any other center in the world.

For an appointment, consultation, or patient referral to the Pediatric Hepatology Program at Children's Hospital, call 412-692-5180.
Ranked Top 10 Nationally.
Seven Years Strong.