Special Page 4 Feature

Puzzle Solvers
Following clues to treat a mystery illness

Emergency Transport
UPMC Children’s unveils new addition to fleet

Telemedicine’s Bright Future
Q&A with new medical director

Andy’s INSIGHTS
Building smarter health care
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The SUMMER 2018 issue of Pediatric INSIGHTS

Cover story: Randall Simmons spent much of his childhood in and out of the hospital with countless infections. At 23, he has become a patient success story for the new Division of Allergy and Immunology, thanks to a newly discovered medical condition, dedicated doctors, and access to a drug trial with amazing results.

In addition:

> Ken Nischal, MD, FRCOphth, the Telemedicine Service's new medical director, discusses the future of telehealth at UPMC Children's Hospital of Pittsburgh on page 2.

> Andy Urbach, MD, medical director for Patient Experience and Development, discusses UPMC Children's Hospital's plan for building smarter health care on page 7.

> Learn how to earn credit with free lunchtime Pediatric INSIGHTS Webinars on important health care topics. See the full schedule 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 7.
More than just a pretty face, a colorful new ambulance is the latest addition to the Transport Team at UPMC Children’s Hospital of Pittsburgh. It was built to the team’s specifications and is used for interfacility transport of critically ill and injured babies, children, and young adults from hospitals within 150 miles of Pittsburgh to UPMC Children’s Hospital.

“We worked with Lifeline to build this ambulance from the ground up,” says Brad Kuch, director, Transport Team at UPMC Children’s Hospital. “Because of our license and our valued partnership with Stat MedEvac, we have oversight of the use of the ambulance and we’ll be better able to meet the needs of the hospitals that contact us needing to transport patients to UPMC Children’s.”

Transport Team members were asked what features the new ambulance should include that would improve their work life and increase their safety. As a result, it is outfitted with a generator, hydraulic lift, additional oxygen, Wi-Fi, and a camera system that gives the staff in the front of the cab the ability to see what is happening in the ambulance portion.

“Our overall goal is to increase our responsiveness to our community, and one of the most important aspects of doing so is ensuring that our team members are able to travel to them quickly and as safely as possible,” says Kuch.

Through ground transport alone, the Transport Team at UPMC Children’s can transport critically ill or injured neonates and pediatric patients from referring hospitals within a radius of 150 miles of Pittsburgh. The team has transported patients using helicopter and fixed wing transport from as far away as Osaka, Japan.

Reach the Transport Team at UPMC Children’s Hospital of Pittsburgh at 412-692-5000.
Ken Nischal, MD, FRCOphth, is tasked with enhancing the clinical application of telemedicine—a service that has grown tremendously in the last decade. Working with Mariel Garcia, MBA, senior director of International Business, Telemedicine, and UPMC Global Care, Dr. Nischal hopes to improve access, efficiency, and quality of care for pediatric, adolescent, and young adult patients in the Pittsburgh region and around the world.

Dr. Nischal will leverage his experience as chief of the Division of Pediatric Ophthalmology at UPMC Children’s, where he has delivered tele-lectures, digital workshops, and telehealth evaluations of newborns.

“Telemedicine uses webinars, digital apps, and a variety of other technologies to support patient and physician education, deliver remote patient evaluations and consultations, and connect consumers to health information,” Dr. Nischal says.

He recently shared his thoughts about UPMC Children’s Telemedicine Program with Pediatric INSIGHTS:

**What are your goals for the Telemedicine Program at UPMC Children’s?**

We may not be the largest hospital for children in terms of volume, but we can be the most impactful. Some children have conditions that require them to be seen at UPMC Children’s Hospital, but through telemedicine we can reduce their number of visits to our Pittsburgh facility and help the family better understand the child’s medical needs. At the same time, we can use telemedicine to increase the breadth and depth of data on patients and diseases, which ultimately will enable us to improve care and treatment outcomes. My goals are to:

- Reduce the number of unnecessary hospital visits for patients.
- Increase accessibility for all patients with all types of conditions.
- Reduce the risk of complications.
- Make sure diagnosis of rare diseases is facilitated by easy access.
- More frequently monitor chronic diseases through technology.

**How can patients benefit from UPMC Children’s telemedicine?**

We have seven telecare centers throughout western Pennsylvania. We encourage patients and their families to access routine follow-up care through telemedicine. Patients can get appointments more quickly and closer to home with the same quality of care that they’ve come to expect from UPMC Children’s. If a patient is following up on a minor condition, such as a mole removal, there’s no need to visit a tertiary care facility because patients can visit one of our specialists right in their home community. Telemedicine will allow us to change the way we deliver care so that only the patients who really need to be seen at the main hospital come to us, which allows us to see patients more efficiently and effectively at all of our locations.

**What is your vision for telemedicine and your plan to grow the program at UPMC Children’s?**

I’m aiming for a seamless delivery care system in 10 years, where the clinic has no walls—and where every hospital division offers a telemedicine clinic. Parents will be able to take a picture of their child and communicate their symptoms to a specialist through a digital app to determine if the child needs to be seen at UPMC Children’s. Doctors at referring hospitals will have digital tablets to send photos and information about patients to a dedicated Emergency Department doctor at UPMC Children’s for teleconsultations. We have Carnegie Mellon University and the University of Pittsburgh on our doorstep. I want to utilize the talent at those schools to develop apps and other mechanisms to connect patient inquiries to people who are designated telehealth monitors.

**What about international telemedicine?**

We’re working to increase the contracts UPMC Children’s has to provide services to other hospitals around the world that don’t have adequate facilities, manpower, or expertise. I’d like to see us get a foothold in every continent so that more patients can access the care they need and more people are introduced to UPMC Children’s brand of quality care.
The good news for individuals under age 20 diagnosed with cancer is that — thanks to advances in treatment and supportive care — more and more are surviving. But this good news doesn’t come without challenges, and among these are the significant risks to the health and well-being of cancer survivors, which they must deal with for the remainder of their lives.

That’s why Jean M. Tersak, MD, founded the Survivorship Clinic at UPMC Children’s Hospital of Pittsburgh in 2008.

To be considered a cancer survivor, a person must reach five years post-treatment without a recurrence of cancer. “Many of our survivors went through treatment as children or teens. It is important that we educate them as to past treatment and individual health risks, to help them transition to the adult health care arena with the information needed to reduce late effects of therapy and optimize their quality of life as a childhood cancer survivor,” says Dr. Tersak.

The program also screens survivors for late effects of therapy, such as:

- Early heart failure
- Heart and/or lung problems
- Impaired growth
- Infertility
- Learning or memory problems
- Lifelong risk of developing another cancer
- Low bone density
- Thyroid problems

“**We help them transition to the adult health care arena with the information needed to reduce late effects of therapy and optimize their quality of life.**”

Jean M. Tersak, MD
Survivorship Program Founder

Led by Dr. Tersak, the program is also staffed by a nurse practitioner, nurse researcher, social worker, and coordinator. It’s grown to 700 survivors in its 10-year history at UPMC Children’s based on oncology referrals from within and outside the hospital.

The program offers survivors a yearly exam and visit with an oncologist, educational resources and support from a nurse practitioner, medical testing or referrals as needed, and access to support services. More frequent visits occur for survivors with the most complex medical needs.

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**Survivorship by the Numbers**

- **7,500** NEW CANCER DIAGNOSES IN KIDS YOUNGER THAN 15 YEARLY IN U.S.
- **500,000** YOUNG ADULT SURVIVORS NATIONWIDE BY 2020
- **80%** LONG-TERM SURVIVAL RATES HAVE NOW INCREASED TO
- **UPMC CHILDREN’S SURVIVORSHIP PROGRAM HAS ABOUT 700 SURVIVORS**
  - **51%** MALE
  - **49%** FEMALE
  - **AVERAGE AGE 20.95 YEARS**

**Connecting is critical**

Connection to other survivors is one of the key elements of UPMC Children’s Survivorship Program. The program hosts events throughout the year for survivors and their families, in particular the annual Kennywood Day, on the first Sunday of June, which is National Cancer Survivors Day. More than 350 survivors and their families attended the 2018 event.

SurvivorConnect is a program supported by a generous grant from Hyundai Hope on Wheels. SurvivorConnect enables survivors to connect with the Survivorship Clinic team through web technology, email, social media, and other written communication to make critical resources and follow-up information even more available to young adult survivors of pediatric cancer.

UPMC Children’s Survivorship Program also receives support through a generous grant from the Mario Lemieux Foundation.

**Learn more about the program at [www.chp.edu/survivorship](http://www.chp.edu/survivorship).**
Randall Simmons was a complex puzzle missing one crucial piece. He spent his childhood in hospitals, sick with constant infections, submitting to arm and stomach injections for medications that barely kept his immunodeficiency in check.

"From the age of 1 to 6 everything was kind of normal. Once 7 came it was like there was a switch inside me that got flipped that made my life go downhill," says Randall, now 23. "Most of my childhood was spent in a hospital bed. I never really had a childhood."

But life has changed for the better, thanks to a newly discovered medical condition, dedicated doctors, and access to a drug trial with amazing results.

It’s the patient story that ignites the most passion for Hey Chong, MD, PhD, chief of the newly created Division of Allergy and Immunology at UPMC Children’s Hospital of Pittsburgh. "It just warms my heart to see how happy he is and to see what an impact this new treatment has had on his life," she says.

The new division is designed to increase the focus on UPMC Children’s Hospital’s unique capabilities and expand in-demand services for children, adolescents, and young adults to treat immunodeficiencies, asthma, and all types of allergies, including skin, food, drug, and seasonal. The Primary Immunodeficiency
Clinic — in collaboration with the hospital’s Center for Rare Disease Therapy — manages patients like Randall with dysregulated immune systems. It’s here, under the care of Dr. Chong, that he finally found the relief he’d waited for all his life.

**Battling the unknown**

“He used to cough up phlegm every day. He couldn’t talk in complete sentences without getting out of breath. He had to inject himself with immunoglobulin every week in the abdomen. His spleen started growing. He had anemia and damage to his lungs,” says Dr. Chong. “He had multiple tests and for years people didn’t really know what he had.”

Although UPMC Children’s complete approach to care built a team of talented immunologists, hematologists, pulmonologists, and other specialists for Randall, doctors didn’t know the cause of his symptoms because his rare condition was unknown in medical literature.

The experience has been daunting for Randall, his parents, and two brothers, although none of his family members have signs of the genetic condition. “It’s been an eye-opener for all the stuff he’s gone through,” says his mother, Lea Ann Simmons.

At the onset, he had multiple bouts of pneumonia that landed him in the Intensive Care Unit at Punxsutawney Area Hospital near his home in Big Run, Pennsylvania. A life-threatening scare sent him to UPMC Children’s via helicopter in 2001.

“He’s had all kinds of stuff done to him. We didn’t know. We had no clue. When he was taken by helicopter to Pittsburgh, we didn’t even know if he was going to make it home or not. That’s how bad it was,” Lea Ann says.

“They were treating him for a whole spectrum of stuff because they didn’t know what was wrong with him,” adds his father, Anthony Simmons.

Something caused his body to produce abnormal immune system cells that fail to fight bacteria and viruses. But what?

**Turning point**

Dr. Chong started caring for Randall soon after she joined the staff at UPMC Children’s in 2011. Vigilant for a more precise treatment for Randall’s condition, Dr. Chong came across an article about a newly discovered disease published in the medical journal *Nature Immunology* in 2013 — the same year Randall graduated from high school. His diagnosis was confirmed following genetic testing in 2016. “A lot of these diagnoses that we make wouldn’t be possible without our phenomenal genetics team and genetics counselors,” says Dr. Chong.

In the body, the PIK3CD gene provides instructions for making a protein subunit of the enzyme phosphatidylinositol 3-kinase (PI3K). The subunit, called PI3K-delta, is specifically found in white blood cells, including immune system cells. Mutations in the PIK3CD gene can cause a form of immunodeficiency called activated PI3K-delta syndrome. Beginning in childhood, people with activated PI3K-delta syndrome develop recurrent infections, particularly in the lungs, sinuses, and ears, according to the U.S. National Library of Medicine.\(^1\)

Once Randall’s diagnosis was confirmed, Dr. Chong suggested a National Institutes of Health study for an experimental PI3K-delta inhibitor drug. Randall began traveling to Bethesda, Maryland, for the study every three to six months, with follow-up care in between at UPMC Children’s. His injections were replaced with a red capsule two times a day.

He felt the effects right away. “I feel like I took a life pill. I could breathe better and had more energy and I could just do more things,” Randall says. “I couldn’t put my finger on it. It felt weird, but at the same time it felt good.”

The encouraging results from all six participants in the first 12 weeks of the study were published in the November 2017 issue of the medical journal *Blood*. Randall continues to receive the medication as part of a study extension.

Before the study, he couldn’t carry on a conversation without coughing, but now he talks nonstop. He had to wear a plastic guard to protect his enlarged spleen, but now his spleen is shrinking. Moving around made him too tired to leave the house, but now he walks miles a day playing Pokemon Go on his mobile phone.

“I had to be real limited, but I’m not limited anymore,” says Randall. “I feel good now. I feel amazing.”

For Dr. Chong, “It’s about being able to treat someone better than we’ve ever been able to before.”

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Growing Division Means More Choices for Allergy Patients

The new Division of Allergy and Immunology at UPMC Children’s Hospital of Pittsburgh is uniquely positioned to offer patients testing, treatment, and access to clinical trials for investigational medications to help manage all types of allergies.

The Food Allergy Center provides comprehensive care for patients with food allergies, from prevention through resolution in both clinical and research settings. UPMC Children’s Hospital is the region’s leader in performing food and drug allergy challenges as well as the only center in western Pennsylvania to offer clinical trials in food allergy tolerance.

Since asthma is closely related to allergies, a joint Severe Asthma Clinic with the Division of Pulmonology aims to reduce Emergency Department visits and hospitalizations for children with difficult-to-treat asthma. Previously, Allergy and Immunology was part of the Division of Pulmonary Medicine, Allergy, and Immunology.

“I’m really excited to have Allergy and Immunology be its own division as part of our hospital. Under Dr. Chong’s leadership I think we have great potential to continue to provide excellent care for patients and build on the services we provide in many areas, particularly for patients with food allergies, immunodeficiencies, and asthma,” says Allyson Larkin, MD.

Melissa and Jeff Matrazzo’s daughter, Lily, 6, has been a patient at UPMC Children’s since she was 10 months old. Initial tests revealed she had allergies to dairy, eggs, peanuts, tree nuts, wheat, and soy, as well as skin contact allergies.

“I was terrified. When you hear that food can kill your child — it was foreign to me,” says Mrs. Matrazzo, who lives in Cranberry.

A UPMC Children’s dietitian educated the family on food safety and Hey Chong, MD, PhD, has worked with them to push the boundaries of the foods Lily can eat through six supervised challenges. “If her (blood work) numbers are in the acceptable range for the challenge, and we’re at UPMC Children’s in a safe, very controlled environment, I think it would be more harm for Lily not to do the challenges because she’s just allergic to so much. If something does go wrong, we’re going to be able to fix it because of where we are,” says Mrs. Matrazzo.

Successful food challenges have opened up a range of new food choices for Lily and her family, including sunflower butter and almond flour. “I am so happy she passed those two because it has had a huge effect on all of our diets,” says Mrs. Matrazzo.

Dana Berger and Khai Dinh of O’Hara noticed their son, 8-year-old Andrew Dinh, reacted to peanut butter when he was a toddler. “His tongue and throat would itch and eventually he would throw up. He gets very quiet and a little dazed,” says Ms. Berger. In fact, testing showed he was allergic to a cornucopia of foods.

“We were frustrated that our only option was eliminating these foods from his diet. There wasn’t anything to do to treat his condition,” Ms. Berger says. They became interested in the potential for desensitization — where patients are repeatedly exposed to small, controlled amounts of an allergen — and enrolled their son in a clinical trial for a peanut patch. It’s one of several studies at UPMC Children’s researching the use of patches for peanut and milk allergies and oral immunotherapy for peanut allergy.

“We really were attracted to the idea of being part of an official clinical study where we knew patients would be highly monitored by people we trust like the doctors at UPMC Children’s,” she says, adding that Andrew has experienced modest success after one year of wearing the peanut patch.

The division plans to expand its capacity with double the number of doctors to serve a long list of patients who want to participate in allergy challenges and studies. “We’re excited to have support to grow the division and provide more services to patients with an increased number of providers and by continuing to participate in training fellows,” says Dr. Larkin. “Providing pediatric allergy care is a really important service to the community.”
Andy’s INSIGHTS

Building Smarter Health Care

May marked the ninth anniversary of the opening of UPMC Children’s Hospital of Pittsburgh’s “new” building. Our 1.5 million-square-foot facility continues to serve our children and their families well, but as medicine changes, innovations arise, and demands evolve, we are continually readying to meet them.

It’s said that buildings are living, breathing entities. I’ve come to believe this, based on my daily experiences at UPMC Children’s Hospital, where I’ve witnessed the important synergy between our building and the lifesaving medicine we offer.

While UPMC Children’s is fortunate to be housed in an exceptionally well-planned, beautiful, and state-of-the-art building, we are committed to keeping it current to reflect new technologies, support new programs, and enhance services for the children, adolescents, and young adults we serve. To paraphrase the brilliant American novelist Alice Walker, we are looking closely at the present we are constructing. It should look like the future we are dreaming.

Visitors to UPMC Children’s over the past year have seen many signs of change — perhaps the most visible being the welcome addition of a Starbucks® on our first floor. But throughout the hospital, a variety of renovations and new construction projects have occurred, including:

EOS™ Imaging System – This important addition to our Spine Center offers full body scans from a standing position for musculoskeletal conditions of the spine, hips, and legs. This low-dose 3-D imaging enables us to administer the lowest possible radiation.

Hematology/Oncology Outpatient Clinic Expansion – To accommodate the growing needs of children and families receiving cancer treatment and follow-up care, the outpatient clinic has been expanded from one to seven infusion bays, a new triage room, and four additional exam rooms bringing the total to 10.

Surgical Waiting Room Expansion – Families now have more space, comfort, and privacy in brighter and more engaging surroundings to wait while children are in surgery.

Telemedicine Suite – In response to the growing demand for our pediatric specialty telemedicine services regionally and nationally, this new suite enables us to provide expanded outpatient care, as well as offer training and consulting services.

As we look ahead, there are plans to add vitally needed beds for our acute and critical care cardiac patients. We are also creating a new arts suite for music and art therapy, plus a recording, television, and radio studio to give our patients and their siblings expanded access to the healing power of art. We are particularly excited about two game-changing initiatives slated for completion in 2018–2019:

Interoperative MRI – UPMC Children’s will be the 14th pediatric hospital in the country to offer interoperative MRIs during surgery — a new technology that enables surgeons to remove tumors of the brain and spine with greater precision, improving patient safety and outcomes.

MIBG Room (Meta-iodobenzylguanidine) – Designed to meet specific safety standards, this unique room will be completely lead-lined and shielded to ensure the best care and safety of patients, family members, and the care team during radiation treatment of pediatric neuroblastomas. The two-room suite includes a separate parent room where parents can stay during the three to five days patients receive therapy.

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

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.

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

Monica Reisz
412-692-5376
monica.reisz@chp.edu
Laurels
These UPMC Children’s Hospital staff members recently received recognition in their fields.

The University of Pittsburgh chapter of the Student National Medical Association selected Unoma Obiajulu Akamagwuna, MD, Division of Rehabilitation Medicine, to receive the J. Nadine Gracia Faculty of the Year Award for her dedication to education, diversity, and exceptional patient care.

Beverly Brozanski, MD, medical director, Neonatal Intensive Care Unit, received the Champion of Nursing Award from the UPMC Center for Nursing Excellence.

Craig Byersdorfer, MD, PhD, Division of Blood and Marrow Transplantation and Cellular Therapies, received the UPMC Hillman Cancer Center Junior Scholar Award in Basic Cancer Research.

Carla Clarke, program coordinator, Division of Pediatric Hematology/Oncology, was selected as the 2018 UPMC Graduate Medical Education Rookie Coordinator of the Year.

The University of Pittsburgh Medical School Class of 2019 selected Michael Freedman, MD, a resident in the Department of Pediatrics, to receive a Gold Foundation Humanism and Excellence in Teaching “Little Apple” Award.

Michael Green, MD, MPH, Division of Infectious Diseases, was awarded the Pennsylvania Department of Health 2017 Antimicrobial Stewardship Ambassador Award. The award recognizes excellence in antimicrobial stewardship and contributions to state educational programs.

Mary Ann Haralam, MSN, CRNP, Division of General Academic Pediatrics, was named Outstanding Clinical Research Professional for 2018 by the Council of Clinical Research Professionals at UPMC Children’s Hospital of Pittsburgh.

Joseph Losee, MD, FACS, FAAP, chief of Pediatric Plastic Surgery and director of the Pittsburgh Cleft-Craniofacial Center, has been elected to serve as chair of the American Board of Plastic Surgery (ABPS), where he has served as a director for six years. ABPS sets and maintains the standards for board certification in plastic surgery.

David Palmer, EdD, CCP, director, Perfusion Services, Heart Institute, has been named the 2018 Perfusionist of the Year by the American Society of ExtraCorporeal Technology.

Edward Prochownik, MD, PhD, director of Oncology Research, received the Medical Student Research Mentoring Merit Award from the University of Pittsburgh School of Medicine.

Kristin Ray, MD, MS, Division of General Academic Pediatrics, and director of Health Systems Improvements, Children's Community Pediatrics, was awarded the Nemours Child Health Services Research Award. It recognizes the scientific work of emerging scholars particularly in the field of quality improvement of pediatric health services.

Fellow Mohamed Saleh, MBBS, received the Rising Star Award from the Pediatric Endocrine Society for his research titled, “Reprogramming of Pancreatic Alpha-Cells Into Insulin-Producing Cells as a Therapy for Type 2 Diabetes.”

Jerry Vockley, MD, PhD, chief of Medical Genetics and director of the Center for Rare Disease Therapy, was senior author for research recognized with the Archibald Garrod Award by the Society for the Study of Inborn Errors of Metabolism. The research is titled, “Triheptanoin Versus Trioctanoin for Long-Chain Fatty Acid Oxidation Disorders.”
Cannon Appointed Chief of Pediatric Urology

Glenn Cannon, MD, was recently appointed chief of the Division of Pediatric Urology at UPMC Children’s Hospital of Pittsburgh after serving the division as interim chief since 2017. He is a nationally recognized expert in pediatric urological robotic surgery. His clinical and research interests include robotic surgery, spina bifida, urinary tract reconstruction, hypospadias, ureteropelvic junction obstruction, and vesicoureteral reflux. He has served as associate program director for the Urology Residency at UPMC and is an associate professor of Urology at the University of Pittsburgh.

The Division of Pediatric Urology at UPMC Children’s Hospital offers diagnostic evaluation and treatment of children with genitourinary disorders including hypospadias, bladder exstrophy, vesicoureteral reflux, undescended testis, hydronephrosis, and other conditions. Complete urodynamic testing is available. The Division of Pediatric Urology at UPMC Children's Hospital offers diagnostic evaluation and treatment of children with genitourinary disorders including hypospadias, bladder exstrophy, vesicoureteral reflux, undescended testis, hydronephrosis, and other conditions. Complete urodynamic testing is available. The Division of Pediatric Urology at UPMC Children’s Hospital offers diagnostic evaluation and treatment of children with genitourinary disorders including hypospadias, bladder exstrophy, vesicoureteral reflux, undescended testis, hydronephrosis, and other conditions. Complete urodynamic testing is available. The Division of Pediatric Urology at UPMC Children’s Hospital offers diagnostic evaluation and treatment of children with genitourinary disorders including hypospadias, bladder exstrophy, vesicoureteral reflux, undescended testis, hydronephrosis, and other conditions. Complete urodynamic testing is available. The Division of Pediatric Urology at UPMC Children’s Hospital offers diagnostic evaluation and treatment of children with genitourinary disorders including hypospadias, bladder exstrophy, vesicoureteral reflux, undescended testis, hydronephrosis, and other conditions. Complete urodynamic testing is available. The Division of Pediatric Urology at UPMC Children’s Hospital offers diagnostic evaluation and treatment of children with genitourinary disorders including hypospadias, bladder exstrophy, vesicoureteral reflux, undescended testis, hydronephrosis, and other conditions. Complete urodynamic testing is available. The Division of Pediatric Urology at UPMC Children’s Hospital offers diagnostic evaluation and treatment of children with genitourinary disorders including hypospadias, bladder exstrophy, vesicoureteral reflux, undescended testis, hydronephrosis, and other conditions. Complete urodynamic testing is available. The Division of Pediatric Urology at UPMC Children’s Hospital offers diagnostic evaluation and treatment of children with genitourinary disorders including hypospadias, bladder exstrophy, vesicoureteral reflux, undescended testis, hydronephrosis, and other conditions. Complete urodynamic testing is available.
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- **Express Care**
  - Find a location close to home — Save my Spot coming soon!

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  - View our ER wait time — updated every 3 minutes

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