

Ronald McDonald House Opens

Families outside of Kansas City now have additional accommodations available when their child is hospitalized at Children's Mercy. The new Ronald McDonald House at Longfellow Park, 3502 Cherry, Kansas City, Mo., opened Feb. 14.



The new house offers 29 guest bedrooms and 12 long-term suites for families who live 35 miles or more outside the metropolitan area, and whose children are receiving care for a serious illness or injury at Children's Mercy or other Kansas City area hospitals and treatment facilities.

The new location at Longfellow Park is directly across the street from the other Ronald McDonald House on Cherry Street, which offers an additional 19 guest rooms. Both locations are only one block south from Children's Mercy Hospital.

For more information or for assistance with referral, contact Children's Mercy Social Work and Community Services, (816) 234-3670.

Did You Know?

Children's Mercy is a leader in addressing the psychosocial issues of children and families. With 18 Child Life specialists, more than 40 social workers, five full-time chaplains, more than 1,000 pediatric nurses, and a medical staff of more 500 specialists dedicated to caring for children, we are uniquely prepared to serve you and your pediatric patients.

Visit the Children's Mercy Web site: www.childrensmercy.org



Physician's Update

March 2006

Unique BMT Performed At CMH

Two-year-old Jesse Jones was born with CD-40 ligand deficiency, a rare condition which greatly weakened his immune system. Fortunately, Jesse is thriving today because of a unique procedure he received at Children's Mercy Hospital.

In June 2004, Jignesh Dalal, MD, performed a matched unrelated donor bone marrow transplant on Jesse, who had been fighting infections since birth. According to the International Bone Marrow Transplant Registry, this specific type of procedure had been performed only seven times since 1996.

"This is a unique procedure, so it was special and convenient for Jesse's family to have it performed right here at Children's Mercy," says Dr. Dalal. "Now, Jesse is a healthy and extremely curious child."

Jesse was referred to Children's Mercy for a severe infection and breathing difficulty when he was 4 months old. He was admitted to the Pediatric Intensive Care Unit and required breathing assistance with high frequency ventilation. The PICU physicians quickly diagnosed pneumocystis carinii pneumonia (PCP).

PCP takes advantage of the opportunity presented by a weakened immune system such as Jesse's. This prompted Chitra Dinaka, MD, Allergy, Asthma, Immunology, to perform sophisticated tests that yielded the rare diagnosis of CD40 ligand deficiency.

Charles Peters, MD, Director of Hematopoietic Stem Cell Transplantation at Children's Mercy explains, "Jesse is alive today because of the highly specialized care that he received in the PICU and the transplant Dr. Dalal performed."

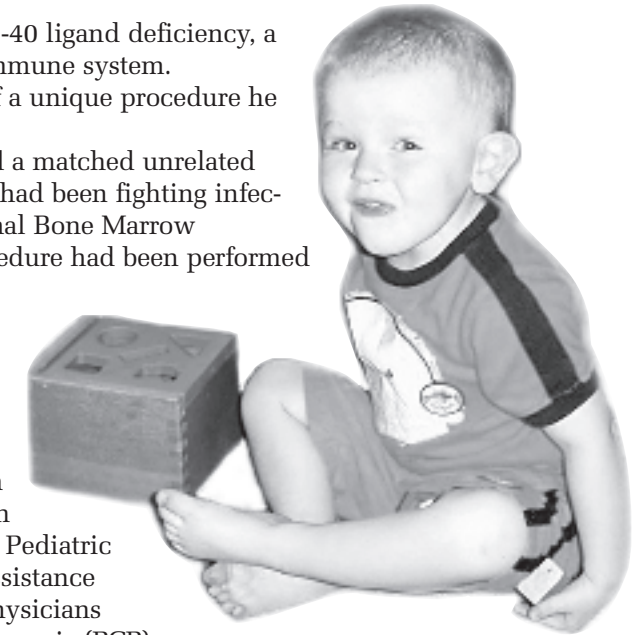
CD-40 ligand deficiency affects fewer than 100 people worldwide. Like most immunodeficiencies, it is linked to the X chromosome, making males' immune systems ineffective and making females carriers of the mutation. This deficiency can disrupt the communication between T-

cells and B-cells, leading to a lower production of antibodies and weakening of the body's ability to fight infection. Children with immunodeficiencies are at risk for life-threatening infections, which can lead to poor growth and development.

Jesse returns to Children's Mercy periodically for follow-ups. DNA analysis of the cells in his blood cells show almost 100 percent come from the donor.

"This is the best anyone can do after any type of bone marrow transplant," says Dr. Dalal.

Specialists at Children's Mercy offer blood and marrow transplantation for many children with rare diseases. For more information on Blood and Marrow Transplant services, call (816) 234-3265.



Jesse is alive today because of the highly specialized care that he received in the PICU and the transplant Dr. Dalal performed (photo left).

Physician's Update is produced monthly by Community Relations and Physician Services. For more information, contact:

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News Briefs

Doctors' Day

Laissez les bontemps roulez! (Let the good times roll!) Children's Mercy will celebrate Doctors' Day 2006 with a New Orleans theme. Community physicians are invited to join in the festivities at special luncheons planned from 11:30 a.m. to 1:30 p.m. Thursday, March 30 at both Children's Mercy Hospital and Children's Mercy South. For more information, contact Physician Services at (816) 234-1641.

Urgent Care Hours Reminder

The Children's Mercy urgent care centers are available to serve you and your patients after your office is closed. Please remind your patients of the Urgent Care Center hours. Patients who arrive before opening hours will be required to wait and patients will be triaged and treated in order according to patient need.

The Children's Mercy South Urgent Care Center is open 6 p.m. to 6 a.m. Monday through Thursday and 6 p.m. Friday through 6 a.m. Monday.

Children's Mercy Northland Urgent Care Center is open 5 to 11 p.m. Monday through Friday, and 3 to 11 p.m. on Saturday and Sunday.

Mark Your Calendar

Be sure to put these upcoming seminars on your calendar.

Sat., March 25

Second Annual Jerry Blouin Memorial Symposium in Congenital Heart Disease
Westin Crown Center Hotel
Kansas City, MO

Sat., April 22

Pediatric Specialty Care Update
University Plaza Hotel
Springfield, MO

Sat., September 30

2nd Annual Midwest Dermatology Symposium
Children's Mercy Hospital
Kansas City, MO

For more information on these symposiums and other CME opportunities, visit www.childrensmercy.org and click on Health Care Professionals.

Cancer Survival Rates On The Rise

In the introduction to his latest edition of Pediatric Surgery, Keith Ashcraft, MD, stated, "From a personal point of view, the progress in the treatment of childhood malignancies has been the most impressive change in pediatric surgery."

In just 12 years through 2003, children treated at Children's Mercy saw their overall five-year survival improve from 63 percent to 83 percent as a result of our comprehensive and multi-disciplinary care. The overall survival now exceeds 90-95 percent for those with ALL, Hodgkins, and Wilms tumor. Advances in bone marrow transplant have significantly impacted survival.

Research and clinical care occurs on a daily basis at Children's Mercy, with 100 open clinical trials in Oncology. Among the larger childhood cancer programs in the country, Children's Mercy offers specially designed clinics and inpatient units, including a five-bed BMT unit. Our 10 board-certified Pediatric Hematology/Oncology specialists diagnose over 150 children annually.

Acute myelogenous leukemia (AML) laboratory and clinical trials is one area of research emphasis. Once a disease with only a 25 percent chance of cure, survival has recently surpassed 50 percent national-

ly. Physician scientists at Children's Mercy lead several trials in the NIH's Children's Oncology Group, enrolling patients in over 200 institutions throughout North America and Australia/New Zealand. Children's Mercy investigators recently completed the largest clinical and laboratory trial for Down Syndrome children with AML. Soon Children's Mercy physicians will lead the investigation of a new modality against childhood AML - antibodies linked to potent poisons that target specifically the leukemia cells themselves, sparing the normal cells around them.

This local benefit also translates into success for our own patients. Those diagnosed with AML at Children's Mercy in the years 2000-2003 have a 63 percent five-year survival, exceeding the national average. This excellent outcome has occurred with the combined approach of intensive chemotherapy, bone marrow transplant where appropriate, and now antibody therapy - all available here at Children's Mercy.

Alan Gamis, MD
Oncology Section Chief
Associate Professor of Pediatrics

New Doctors

Patricia G. Hunt, MD, MPH

Children's Mercy
Northland - Urgent Care
(816) 413-2500



MD Degree: University of Arkansas for Medical Sciences, Little Rock, AR, 1989

Residency: Pediatrics, Children's Mercy Hospital, Kansas City, MO

Certification: Pediatrics, 1993, 2000

Specialty Interests: Urgent care, international health

Dale Jarka, MD

Orthopaedic Surgery

(816) 234-3693



MD Degree: McGill University, Montreal, Quebec, Canada, 1983

Residency: Orthopaedic Surgery, McGill University Orthopaedic Program, Montreal, Quebec, Canada

Fellowships: Orthopaedic Oncology, University of Kansas Medical Center, Kansas City, KS; Pediatric Orthopaedic Surgery, The Hospital for Sick Children, Toronto, Ontario, Canada; Orthopaedic Research, Arkansas Children's Hospital, Little Rock, AR

Certification: Orthopaedic Surgery, 1994, 2004

Hospitalist Update Retro Rounding

The saying, 'what was once old is new again' rarely applies to the practice of medicine; however, Children's Mercy is considering implementing some 'old school' principles while making rounds on our general attending teams.

Recent years have produced a trend toward 'sit-down' rounding, a style in which the students, residents and attending staff sit together to discuss patient care. Members of the team often visit the patient room individually to make assessments and discuss care with the family. We are concerned that communication between the medical team, nursing staff and family is not optimal with this format. In addition, educational opportunities in observation and evaluation are limited for students and residents.

A multidisciplinary task force is developing a 'Family Centered Rounds' concept which will bring the medical team to the bedside in a more traditional format. Goals of the task force are to: 1) optimize communication between staff and to families, 2) improve efficiency during rounds,

3) enhance the educational experience for residents and students, and 4) limit any negative impact on our patients and families.

We plan to orient the family to Family Centered Rounds at the time of admission. Parents will be allowed to personalize a rounding style that is the best fit for the patient and family. When we commence this process this spring on one of our three general teaching services, we will incorporate a robust evaluation process that will include parent and patient feedback. We hope to minimize negative effects of the change while we adjust the process for future expansion.

I appreciate this opportunity to keep you informed of your patients' experience while hospitalized at Children's Mercy. As always, thank you for your referrals and let me know if I can do anything to facilitate the care of your patients requiring hospitalization.

Brian M. Pate, MD, FAAP
Chief, Section of Pediatric Hospitalists