

physician's update

December 2006

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CHILDREN'S MERCY CANCER CENTER: TREATING CHILDREN WITH LONG-TERM CARE NEEDS

Colton Rogers, a bright, outgoing 8-year-old, is completely at ease for his bi-annual visit to the Children's Mercy Hospital Hematology/Oncology clinic to check his labs. Now in his fifth year of remission from acute lymphoblastic leukemia (ALL), Colton and his mother, Amy Rogers, greet the nurses by name and with huge hugs.

Becoming familiar with staff is not uncommon when treating children with long-term care needs. But at the Children's Mercy Cancer Center, it is part of a unique approach to the complex care of oncology patients. An advanced practice nurse is assigned to each family to guide them through the multidisciplinary system in a well coordinated fashion during the entire course of treatment.

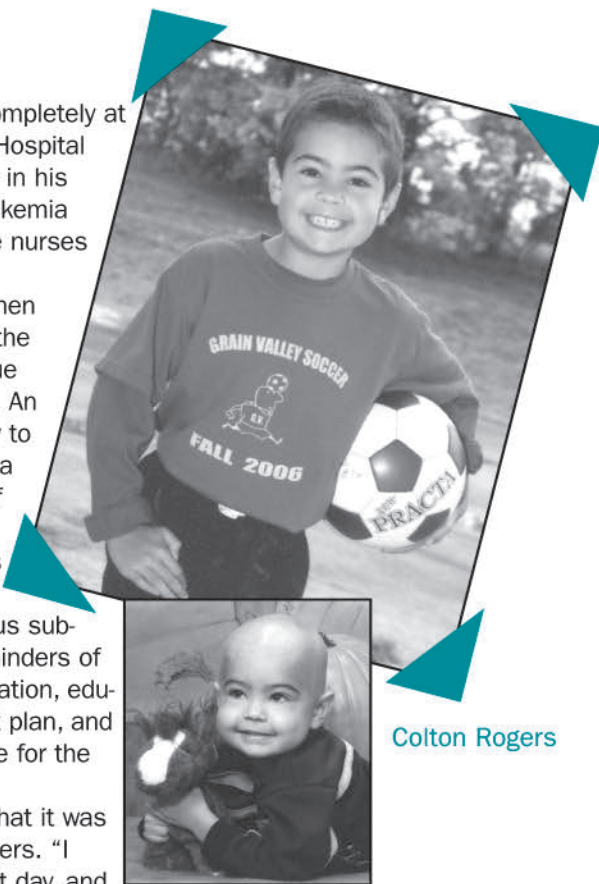
ALL therapy typically consists of 2.5 to 3.5 years of therapy, nearly all as an outpatient. The case manager helps coordinate appointments with various sub-specialties in a timely manner, provides written reminders of follow-ups and labs, clarifies medications administration, educates the family about the diagnosis and treatment plan, and educates their community resources on how to care for the patient's complex needs.

"We were so overwhelmed with Colton's illness that it was hard to remember each little detail," says Mrs. Rogers. "I could call Joy to tell her that I forgot what to do that day, and she would walk me through everything."

As their case manager, Joy Bartholomew, certified pediatric oncology nurse, answers their questions and addresses their concerns by phone. In addition, a physician and an advanced practice nurse are on call 24 hours per day to assist the families.

The Children's Mercy Cancer Center is one of the larger children's cancer centers in the country and belongs to the Children's Oncology Group (COG). At the current time, 100 national clinical trials are open to Children's Mercy patients through the COG. ALL represents 80 percent of the leukemia patients and 21 percent of the overall oncology patients treated at Children's Mercy. Survival rates from 2000-2003 are in excess of 95 percent.

"Our case management system facilitates this high survival rate," explains Alan Gamis, MD, Section Chief of Oncology and Associate Professor of Pediatrics at UMKC School of Medicine. "As with Colton, we can guide the patient to a cure while helping the family maintain a strong semblance of normalcy through educating them as members of the care team."



Colton Rogers

The Children's Mercy

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Oncology Group (COG).

NEWS BRIEFS

Kudos and Congrats

Congratulations to **Amy Burleson, DDS**, for passing her boards to become a Board Certified Pediatric Dentist.

Kudos to **Children's Mercy Hospitals and Clinics** on being selected as "One of The Best Places To Work" by the Kansas City Business Journal.

Healthy Start at CMH

Access to the Kansas City Healthy Start Program addressed to the Spanish speaking population is available through the Social Work and Community Services department at Children's Mercy. This is a free service aimed at promoting health for infants and their families in Kansas City, Mo. and Kansas City, Kan. Any pregnant woman and/or caregiver to a child under the age of 2, which can be also a single father, grandparent or other relative liv-

ing in the target area, can participate.

For referrals, contact Aracely Sierra-Christenson at (816) 983-6482 or Margarita Juarez at (816) 983-6483.

HealthWave Update

It's official. Children's Mercy Family Health Partners has been awarded a contract by the State of Kansas to provide managed care services for HealthWave 19 and HealthWave 21 members in the eastern two-thirds of the state beginning January 1, 2007. FHP currently has well over 3,000 providers who have joined its network and continues to add more every day.

A series of provider education and training programs have been scheduled throughout Kansas. Please go to www.fhp.org or call 1-877-347-9363 for more information about provider training sessions, joining the provider network or other FHP information.

NEW DOCTORS

Jennifer Bickel, MD Neurology (816) 234-3090



MD Degree: University of Missouri-Kansas City School of Medicine, Kansas City, MO, 2001

Residency: Neurology, University of Kansas Medical Center, Kansas City, KS; Internal Medicine, University of Missouri-Kansas City, Kansas City, MO

Jeffrey D. Colvin, MD, JD Hospitalists (913) 696-8122



MD Degree: Medical College of Georgia, Augusta, GA, 2002

Residency: Pediatrics, Boston Medical Center and Children's Hospital Boston, Boston, MA

Certification: Pediatrics, 2006

Specialty Interests: Law, child advocacy

Robert E. Kane, III, MD Gastroenterology (816) 234-3016



MD Degree: St. Louis University School of Medicine, St. Louis, MO, 1977

Residency: Pediatrics, Case Western Reserve University, Cleveland, OH

Fellowship: Pediatric Gastroenterology, University of California at San Francisco, CA

Certification: Pediatrics, 1983; Pediatric Gastroenterology and Nutrition, 1990, 1997, 2005

Specialty Interests: Liver disease in infants and children, liver transplantation, inflammatory bowel disease, gastroesophageal reflux in infants and children, gastrointestinal complications of cystic fibrosis, chronic pancreatitis

NEUROBLASTOMA REQUIRES COMPLEX CARE

At the Children's Mercy Cancer Center, children receive complex multi-disciplinary, multi-specialty care from diagnosis through long-term follow-up. Nothing exemplifies this better than our care for young children with neuroblastoma.

Initial diagnosis and staging requires CT, MRI, bone and MIBG scans, often under sedation. Marrow exam, tumor biopsy, and central lines are needed. Our Children's Mercy team of experienced specialists, utilizing our pediatric specific facilities, pursue this evaluation as well as subsequent therapy, in a coordinated process orchestrated by oncology advanced practice nurse case managers teamed with the patient's oncologist.

The Cancer Center includes pediatric specialists in radiology, surgery, pathology, radiation, transplantation, and oncology, as well as specialized nursing, pharmacy, psychosocial, nutrition, and research personnel.

Intensive chemotherapy is given over six monthly courses on the 25-bed hepafiltered Oncology floor where all pediatric subspecialties are available to manage complications.

During recovery from course two, peripheral blood stem cells are harvested for later use. Repeated diagnostic exams permit a coordinated surgical resection of remaining tumor after course five. Following course six, stem cell transplant occurs in the Children's Mercy's Blood and Marrow Transplant unit.

After this one month hospitalization, radiologic and marrow exams are performed in rapid and specific order. Radiation is then given to the primary tumor bed and residual metastases. Monoclonal antibody therapy, given in clinical trials at Children's Mercy, is combined with six months of cis-retinoic acid. Frequent monitoring for relapse and long-term sequelae then follows for years after.

Though survival has improved from 5 percent to 35 percent over the decade, there is a long way to go and thus most children at Children's Mercy are enrolled in research trials from the National Cancer Institute's Children's Oncology Group. This complex treatment approach clearly requires close coordination and there is no better system than Children's Mercy.

Alan S. Gamis, MD, MPH
Section Chief, Oncology
Associate Professor of Pediatrics, UMKC School of Medicine

The Cancer Center includes pediatric specialists in radiology, surgery, pathology, radiation, transplantation, and oncology, as well as specialized nursing, pharmacy, psychosocial, nutrition, and research personnel.

Hot Topics: MRSA Skin Infections

Methicillin-resistant *Staphylococcus aureus* (MRSA) skin infections among otherwise healthy individuals, especially children, have become an increasing problem. At Children's Mercy, 50 percent of our clinical *S. aureus* isolates are MRSA.

Most MRSA infections in children are skin and soft-tissue infections, especially furuncles or "boils." The child frequently has a history of recurrent furuncles, or there is a close household contact with similar skin infections. They are often incorrectly reported by their parent as a spider bite.

The majority of these skin infections can be managed with outpatient therapy. Incision and drainage of skin abscesses with local wound care is beneficial, and may be sufficient therapy in the majority of children with localized furunculosis. Purulent fluid should be sent for culture and susceptibility testing. Furuncles with considerable surrounding cellulitis would warrant empiric oral antimicrobial therapy. Oral clindamycin or TMP-SMX are reasonable considerations for outpatient empiric therapy of suspected community-associated MRSA skin infections.

Children with recurrent MRSA who are otherwise healthy are unlikely to have a problem with their immune system and do not need to undergo an immunodeficiency evaluation.

Management of recurrent furunculosis is frequently an exasperating problem. Such patients are often prescribed topical, intranasal, or systemic antimicrobial agents in an attempt to eradicate the carrier state and prevent recurrent infections.

Although a variety of decolonization procedures have been tried, there is no evidence that any are effective at preventing skin infections. Hygienic measures, such as frequent hand washing, avoiding the sharing of towels and clothing, and avoiding contact with open wounds need to be emphasized for the household.

Doug Swanson, MD
Infectious Disease
Associate Professor of Pediatrics, UMKC

Children's Mercy Northland Three and Growing

Since opening in 2003, patient activity for outpatient clinics and urgent care has more than doubled at Children's Mercy Northland.



If you were plotting the growth of Children's Mercy Northland, 501 NW Barry Road, the 3-years-young outpatient center would be at the top of range.

Children's Mercy Northland now offers Asthma/Allergy, ENT, Audiology, Dermatology, Orthopaedic Surgery, Neurology, Endocrine/Diabetes, Ophthalmology, Teen Clinic, and Tourette's syndrome specialty clinics. Clinic days and patient visits have

more than doubled since the first year, reaching 9,879 patient visits in FY2006.

Likewise, the Urgent Care Center is growing at a steady clip. The Northland Urgent Care Center grew from 7,595 visits in FY2004 to 14,340 visits in FY2006. Hours have been expanded to serve area physicians and their patients from 5 p.m. to midnight Monday through Friday and 3 p.m. to midnight on Saturday and Sunday.

For more information on Children's Mercy Northland, call (816) 413-2500 or contact Michelle McMillan, Physician Services Director, (816) 234-1641 or mmcmillan@cmh.edu.

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

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HAPPY HOLIDAYS

Children's Mercy Hospitals and Clinics would like to thank you for your support in caring for the children of our community. Best wishes during this holiday season!



VISIT THE CHILDREN'S MERCY WEB SITE: WWW.CHILDRENSMERCY.ORG

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