



Children's Health

A publication for those who support children's health research, education, and care at University of Minnesota Masonic Children's Hospital

A place for sharing

The newly opened Wilf Family Center benefits pediatric care providers as well as patients and their families

University of Minnesota Masonic Children's Hospital has a new hub for information, knowledge sharing, and special experiences in its Wilf Family Center.

Designed to be the intellectual center of not only this hospital but also of children's health care in the Midwest, the center is named in honor of the Wilf Family Foundation and its \$5 million gift in December 2013 to build the center and support its initial operations. The name was unveiled at a February 11 press event.

"Over the past 10 years, Minnesota has become a second home for our family," says Zygi Wilf, who is an owner and chairman of the Minnesota Vikings. "This gift was an opportunity to show our appreciation for the community in a way that will have a lasting impact."

Photo by Jim Bovin

The Wilf Family Center includes an auditorium, two conference rooms, and a telehealth room that allows communication between patients and medical staff, as well as technology to transmit medical, imaging, and health informatics data from one site to another. State-of-the-art conferencing capabilities make this the premier site for knowledge sharing among pediatricians, residents, fellows, and other medical professionals



The 203-seat Wilf Family Center features video conferencing technology for health care providers and special accommodations for patients' medical needs.

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as it hosts renowned researchers and innovators in health care.

The auditorium is designed to accommodate patients' medical needs so that hospitalized children and their families can enjoy the space as well. The center will host movie premieres, special performances, and opportunities to meet local celebrities, including members of the Minnesota Vikings and other teams.

Young patients who are unable to leave their rooms can still enjoy the events through an in-hospital broadcasting system.

"The Wilf Family Center provides an important and accessible way for children and their families to have fun and forget they are in a hospital, which is so important to the healing process," says Carolyn Wilson, R.N., copresident of University of Minnesota Health.

In its 50-year history, the Wilf Family Foundation has donated more than \$200 million to various causes.

"Supporting education and health-related causes has been important to our family for several generations," says Mark Wilf, an owner and president of the Minnesota Vikings. "This gift is a wonderful fusion of our commitment to supporting children's health and the chance to see the knowledge and discoveries here shared far beyond the hospital's front doors."

(Below) Patients and their families will enjoy movie premieres and parties with local celebrities in the Wilf Family Center, but the space also provides an ideal space for U pediatric experts to share knowledge. (Below center) Mark Wilf spoke at the February 11 press event, while Zygi Wilf and Department of Pediatrics chair Joseph Neglia, M.D., M.P.H., looked on.

Features of the Wilf Family Center

203 theater seats

A 24-by-7-foot video wall

Wheelchair access and removable seating to provide 20+ locations for people in wheelchairs

Built-in equipment to serve IV poles, oxygen tanks, and other medical equipment

Video conferencing capabilities



Photos by Jim Bovin

Building support

To recognize Minnesota Masonic Charities' legacy of support, the University of Minnesota in October renamed its children's hospital University of Minnesota Masonic Children's Hospital.

Minnesota Masonic Charities is the single largest donor to the U of M. When its new gift of \$25 million is combined with other gifts the Masonic Fraternity has made over the last six decades—including \$75 million to support cancer research and

care since 2008—the Masons' total support of the University is more than \$125 million.

The newest gift will be used to enhance the hospital experience for children and families and advance research in areas such as neurobehavioral development, rare and infectious diseases, and stem cell therapies. It also will enhance the U's ability to disseminate new knowledge throughout Minnesota.

Cornerstones in Masonic giving to the U of M

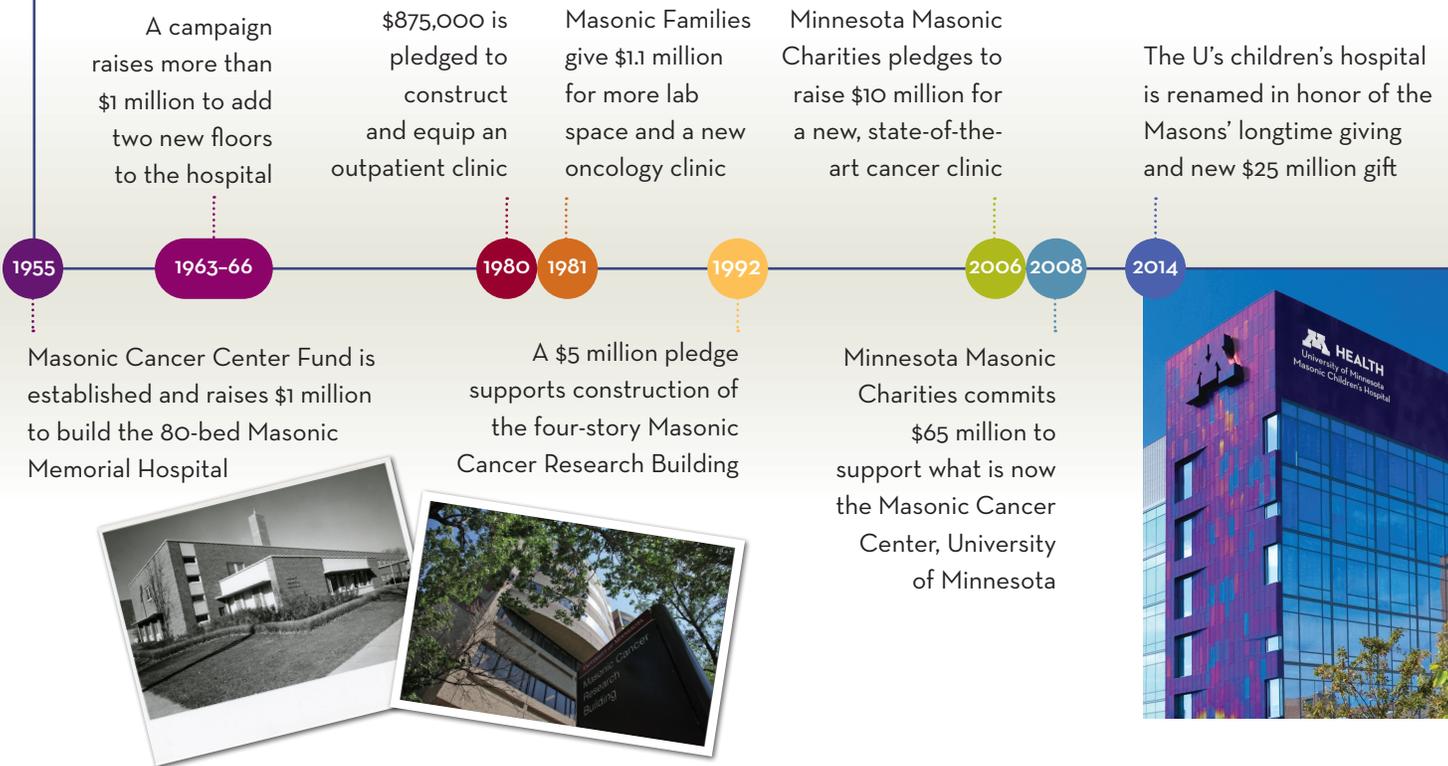


Photo by Jim Bovin

Be A Light for hope and healing

Honor a special person in your life, recognize an inspiring child or parent, or leave a lasting legacy in your name. Your gift of \$2,500, payable over five years, will be acknowledged on a lighted tile in a beautiful, permanent installation at University of Minnesota Masonic Children's Hospital. And most important, it will help provide for expert care and the discovery of groundbreaking treatments at one of our country's top-ranked children's hospitals.

To make a gift, visit uofmhope.org or contact Ashley Lawson at lawso161@umn.edu or 612-626-6430.

From 'last resort' to leading edge

Three generations of one family benefit from improvements in the way a form of inherited eye cancer is treated

Photo by Scott Strebler



As 3-year-old Kirk Bryan launches into the song “All About That Bass,” you can’t help but notice his impish grin, his Harry Potter-esque glasses, and the truck-festooned patch covering his left eye.

At 12 weeks old, Kirk was diagnosed with retinoblastoma, a fairly uncommon but treatable pediatric cancer of the retina. Thanks to well-informed parents and innovative treatments at University of Minnesota Masonic Children’s Hospital, he’s flourishing.

Fortunately for Kirk and his family, treatment regimens for retinoblastoma have changed greatly over the years—and now have progressively better outcomes, says pediatric ophthalmologist Jill Anderson, M.D., his physician. Kirk’s grandmother, for instance, was diagnosed with retinoblastoma at age 2 and had her eye removed.

But not Kirk. Anderson discovered a retina tumor at Kirk’s 3-month checkup and gave him laser treatment that very week. Unfortunately, Kirk’s eyes developed additional tumors, including one that required leading-edge treatment: intra-arterial chemotherapy, also called chemosurgery.

“This used to be a last-resort treatment,” says Anderson, explaining that it was used to prevent the need to remove the eye. Gradually, though, surgeons realized that its theoretical risks didn’t occur. “It was safer and more effective in some cases,” Anderson says.

The procedure begins with an incision in the groin through which a tiny catheter is snaked up through the heart and into the ophthalmic artery. There, the chemotherapy is delivered directly to the eye.

Kirk Bryan is thriving thanks to a U of M Masonic Children’s Hospital care team that includes pediatric ophthalmologist Jill Anderson, M.D.

And that’s why chemosurgery can be far superior to traditional treatments. Systemic chemotherapy can damage healthy cells and cause serious side effects, and radiation can cause disfigurement and increase the child’s chance of developing bone cancer later in life.

For one tumor, Kirk received chemosurgery treatment twice from U of M Masonic Children’s Hospital radiologist David Nascene, M.D.; for his other four tumors, Anderson provided laser therapy. “Chemosurgery is a really nice option to offer,” Anderson says. “In some cases, it’s the obvious choice.”

It’s a choice that wasn’t available when Kirk’s mother, Anne Bryan, also had the inherited form of retinoblastoma, for which she received cryotherapy and radiation.

Coincidentally, Anne’s medical team included pediatric hematologist-oncologist Joseph Neglia, M.D., M.P.H., who now treats her son.

“Bringing Kirk to the U felt like going back home, because there was Joe,” says Anne Bryan.

Kirk and his family travel from their Wisconsin home to U of M Masonic Children’s Hospital every three months for checkups, and Kirk often wears a patch to ensure that his eyes and brain are working together. The Bryans are thrilled with his progress and hope for even greater advances in retinoblastoma therapies for future patients.

“I would hope that a future treatment is even simpler and more effective,” Anne Bryan says. “If people continue to financially support research, it will be.”

U's Department of Pediatrics celebrates 100 years

For the last century, the exploration of pioneering ideas at the University of Minnesota's Department of Pediatrics has launched medical firsts that have made a lasting difference for children in Minnesota and around the world.

The University created the Department of Pediatrics in 1915, when the specialty outgrew its status as a division in the Department of Internal Medicine. Julius P. Sedgwick, M.D., was tapped to lead the new department, which at the time was made up of two other professors and a half-dozen instructors and assistants.

Now the Medical School's century-old Department of Pediatrics has about 180 faculty members in 18 divisions and ranks eighth in funding from the National Institutes of Health among departments of pediatrics—underscoring its role as a leader in children's health. About 70 percent of all pediatricians practicing in Minnesota—and the vast majority of pediatric specialists in our region—trained at the University.

"We've advanced a lot in 100 years," says Joseph P. Neglia, M.D., M.P.H., who leads the department and holds the Ruben-Bentson Chair and Minnesota American Legion and Auxiliary Chair in Children's Health. "We've moved from offering supportive care to dealing primarily with acute infection, chronic illnesses, and healthy development in children."

Today the University's Department of Pediatrics is acclaimed for its work in such areas as childhood cancer, stem cell therapies, global health, transplantation, type 1 diabetes, kidney disease, newborn care, and childhood health conditions that lead to chronic diseases in adults.

Here are some of the many medical milestones achieved along the way:

1952: The world's first successful open-heart surgery using hypothermia (cooling of the body) is performed at the University.



1968: ▶ Pediatric immunologist Robert Good, M.D., Ph.D., performs the world's first successful bone marrow transplant.

1982: University experts pioneer neonatal and pediatric hemodialysis and become first in the country to perform hemodialysis in an infant.

1986: The department establishes the first international adoption clinic and is first to publish a protocol for developmental testing in international adoptees.



1988: ▶ A vibrating, chest-clearing vest invented by the U's Warren Warwick, M.D., is licensed and transforms care for children who have cystic fibrosis, and the "Minnesota model" of care receives national recognition.

1998: U researchers develop a vaccine for Lyme disease.

2007: Jakub Tolar, M.D., Ph.D., and his research team discover that transplanted bone marrow cells can correct a protein deficiency in a completely different organ, the skin.

2010: U scientists prove for the first time that a genetic disorder can be corrected in human cells using TALEN gene-editing technology.

2013: John E. Wagner, M.D., performs the world's first blood and marrow transplant with the intention of curing a child who has both leukemia and HIV.



All grown up

Protecting transplant recipients

U study suggests a unique way to prevent infection in kids who receive a new kidney



Priya Verghese, M.D., M.P.H.

A recent University of Minnesota study suggests a unique way to prevent the transmission of common but often dangerous viruses through kidney transplantation.

Viral infections are a leading cause of disease and death in patients receiving a kidney transplant. Organ rejection was once the main health concern after a transplant, but with advances in suppressing the immune system, today's patients face a greater risk for serious infections and cancerous cell growth after transplantation. Two common herpes viruses are the most likely culprits: cytomegalovirus (CMV) and Epstein-Barr virus (EBV).

In healthy people, these viruses typically do not cause serious symptoms. But in a person whose immune system is suppressed, such as a person receiving a new kidney, they can be deadly.

The problem arises when a kidney donor carries CMV or EBV and the person receiving the kidney does not. Researchers believe the viruses are transferred through the kidney. Children are at greatest risk because they frequently do not carry either virus.

The U of M study, published in the journal *Transplantation* and

funded by philanthropy, tested whether giving kidney donors an antiviral drug before the transplant would reduce the amount of virus transmitted to the recipient.

The results? No patient receiving a kidney from a donor who took the antiviral medication contracted CMV or EBV after transplantation. In the study's placebo group, one recipient developed CMV, and a second recipient had EBV-related cancer (lymphoma) due to posttransplant lymphoproliferative disorder (PTLD), a serious illness often leading to cancer. Genetic tests on the EBV-related PTLD led the researchers to believe the PTLD was caused by EBV from the donor kidney.

"By preventing the transfer of these common viruses, we want to improve the survival of children receiving kidney transplants and, hopefully, extend the time before a second transplant is needed," says Priya Verghese, M.D., M.P.H., a pediatric nephrologist at University of Minnesota Masonic Children's Hospital who coauthored the study with U colleague and clinical virologist Henry Balfour Jr., M.D. "The implications are significant if we can reduce the number of people on the waiting list for a kidney."

Save
the
date

Mark your calendar for the seventh annual Champions for Children Celebrity Golf Classic on June 8 at Windsong Farm Golf Club in Independence, Minnesota.

Minnesota Viking John Sullivan will once again host the tournament, which has raised more than \$600,000 for University of Minnesota Masonic Children's Hospital since its inception and directly supports the Adopt A Room program.

Visit uofmhope.org for more information.

Nancy Harper, M.D., believes child abuse can go the way of polio and typhoid fever. It's an ambitious vision, but she's knowledgeable, methodical—and optimistic.

The Dartmouth- and Navy-trained Harper isn't just launching a groundbreaking, collaborative approach to identifying child maltreatment across the Twin Cities metro. She's doing it with an eye toward eventually building a statewide program, and prevention is the ultimate goal.

"When we talk about child abuse, let's talk about the fact that child abuse is a toxic stress and just as damaging to a child as a brain injury or cancer." If we don't do a good job of finding these kids and getting them hooked into services, Harper says, the implications for victims—and society—are huge. "We know it has disruptive effects on a child's development, and

that it can change everything in terms of their health, potentially even their longevity."

But despite the pervasiveness of abuse and neglect, she adds, it's a winnable fight.

In her new role as medical director of the U's Center for Safe and Healthy Children, Harper is charged with creating a joint program between University of Minnesota Masonic Children's Hospital and Hennepin County Medical Center, with a shared fellowship training program that also includes Children's Hospitals of Minnesota.

The mission is to evaluate suspected victims of abuse and neglect, make diagnoses when appropriate, and work with social workers, law enforcement, and Child Protective Services to implement treatment and safety plans.

To support this work, contact Kristi Flanagan Villar at flanagan@umn.edu or 612-624-2684.

Partnering for child abuse prevention



Nancy Harper, M.D.



WineFest No. 20 signature art by Charles Gilbert Kapsner

Presenting sponsor



Blythe Brenden-Mann
Foundation

Cheers to 20 years

At University of Minnesota Masonic Children's Hospital, our pediatric physicians and scientists are icons in their industry. For more than a century, these leaders have pioneered breakthrough research and innovative care that have improved outcomes for children in Minnesota and across the globe.

Guests at WineFest No. 20—A Toast to Children's Health, which will be held May 15 and 16 at the Depot in Minneapolis, will toast two remarkable decades of lifesaving discoveries. Join world-renowned legends of the vine for exceptional wine, gourmet fare, outstanding auctions, and remarkable entertainment during two evenings of festivities.

Cheers to children's health! Reserve your tickets today at www.thewinefest.org.

Friday, May 15

Wine Symposium and Grand Tasting

Begin the weekend at the Wine Symposium, led by our iconic honorary winemasters, where guests will taste premier and specialty wines. The spectacular Grand Tasting follows, featuring signature menu selections and more than 400 wines for sampling.

Saturday, May 16

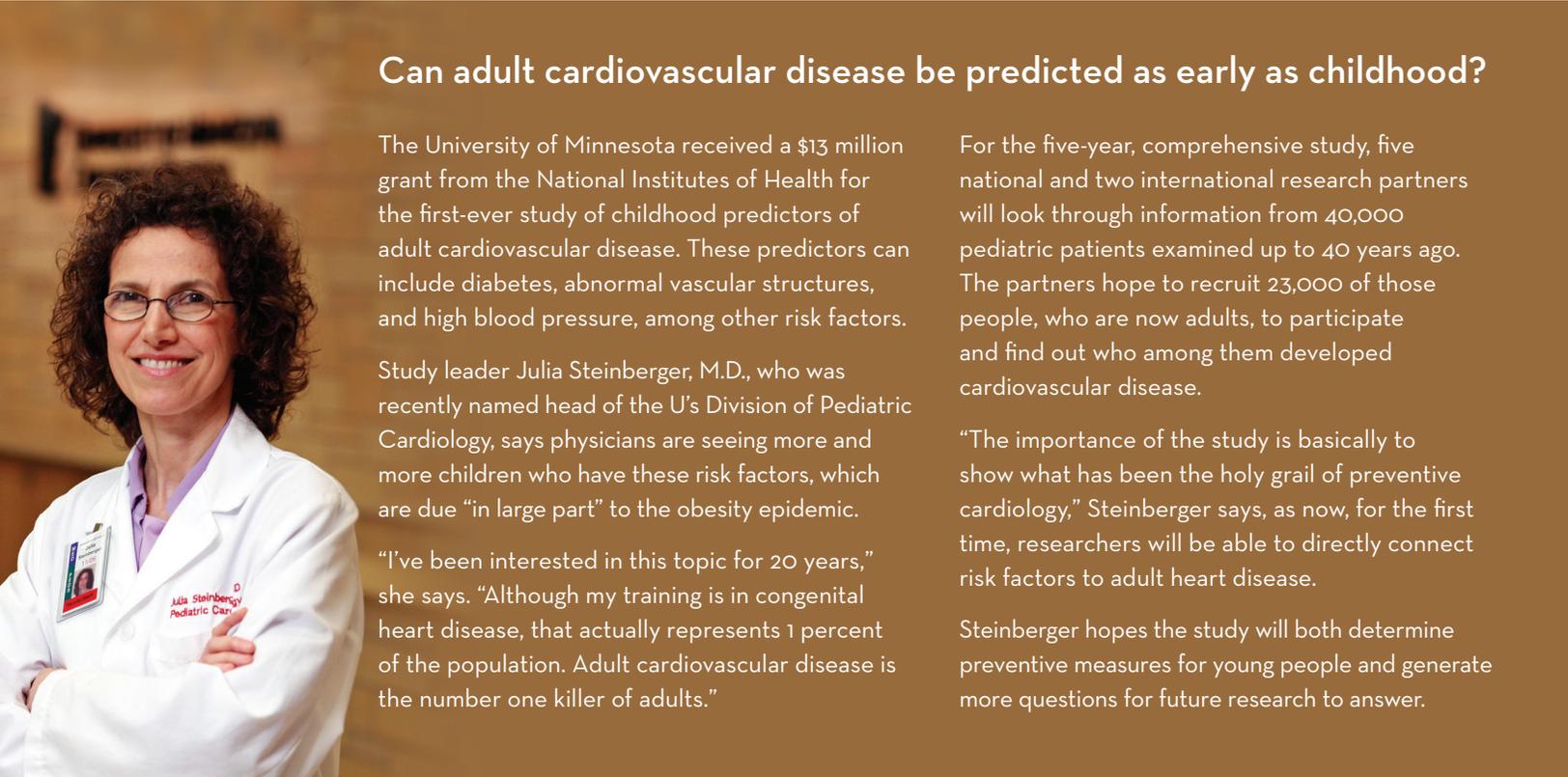
Special Reserve Reception and Fine Wine Dinner

The evening begins with the exclusive Special Reserve Reception, where guests will sample limited-release wines and meet the event's honorary winemasters. All are welcome at the Fine Wine Dinner, emceed by "WCCO This Morning" personalities Jamie Yuccas and Jason DeRusha, which begins with a sparkling wine reception and silent auction and also features a multicourse dinner with premier wine varietals, a live auction, and dancing.

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Can adult cardiovascular disease be predicted as early as childhood?

The University of Minnesota received a \$13 million grant from the National Institutes of Health for the first-ever study of childhood predictors of adult cardiovascular disease. These predictors can include diabetes, abnormal vascular structures, and high blood pressure, among other risk factors.

Study leader Julia Steinberger, M.D., who was recently named head of the U's Division of Pediatric Cardiology, says physicians are seeing more and more children who have these risk factors, which are due "in large part" to the obesity epidemic.

"I've been interested in this topic for 20 years," she says. "Although my training is in congenital heart disease, that actually represents 1 percent of the population. Adult cardiovascular disease is the number one killer of adults."

For the five-year, comprehensive study, five national and two international research partners will look through information from 40,000 pediatric patients examined up to 40 years ago. The partners hope to recruit 23,000 of those people, who are now adults, to participate and find out who among them developed cardiovascular disease.

"The importance of the study is basically to show what has been the holy grail of preventive cardiology," Steinberger says, as now, for the first time, researchers will be able to directly connect risk factors to adult heart disease.

Steinberger hopes the study will both determine preventive measures for young people and generate more questions for future research to answer.

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