INTRODUCTION FROM THE CHAIR

I am happy to share with you our department report for the years 2010-2012.

This report is the first in which all of the period covered represents activities within the Upstate Golisano Children’s Hospital. In September, 2012, we celebrated the third anniversary of the hospital opening and our vision for the hospital growing into a regional resource is being realized.

The facilities of the new hospital have made possible a number of exciting new recruitments in areas including child neurology, nephrology, rheumatology, hospital medicine, pulmonary medicine, gastroenterology, and hematology/oncology. This increased faculty workforce has been extraordinarily active clinically, as detailed elsewhere in the report. We have continued to make every effort to simplify our transfer and appointment system, and provide timely and complete reports to referring professionals.

Now that the new hospital is fully operational, our challenge is to maintain the momentum that led to its creation. In order to do this, we have embarked on an ambitious plan to develop six centers of excellence which will provide service not only to children in our usual referral area, but will become state and national leaders in their respective areas. Our Program in Inflammatory Bowel Disease and our Comprehensive Epilepsy Center are already active and growing. The McMahon Ryan Child Advocacy Center opened in new quarters at 601 East Genesee St. and has garnered national recognition for the breadth of its programs. Our long established KNOT Program (recently renamed as Survivor Wellness Program), which provides care for childhood cancer survivors, is being reinvigorated and includes a number of innovative new components.

Our programs to insure that children receiving care from us are treated safely have also continued to grow. We are active members of three consortiums of children’s hospitals sponsored by the Children’s Hospital Association. These consortiums are enabling us to adopt nationally standardized best practices in the prevention of infections associated with intravenous catheter and certain dialysis procedures. Most recently, we have been invited to join a national children’s hospital group, Solutions for Patient Safety. This CMS-accredited patient safety organization will enable us to share and compare safety data with the country’s leading children’s hospitals.

Other initiatives move beyond the provision of quality pediatric medical and surgical care. In an effort to improve the overall care experience for children and their families, we are tapping into the expertise of the Children’s Hospital Advisory Council to bring the best practices of the retail industry to our family care experience.

As always, we welcome and value your feedback. You can continue to keep up with our programs through our newsletter at: http://www.upstate.edu/gch/education/newsletters.php or through our website: http://www.upstate.edu/gch/. Remember that you can also register to use our online clinical question system, ePED Direct, through our website.

Thomas R. Welch, MD
Professor and Chair
Department of Pediatrics
Upstate Medical University
Medical Director
Upstate Golisano Children’s Hospital
DEPARTMENT LEADERSHIP

We have a group of vice chairs who have primary responsibilities for a variety of functions within the department. This group meets weekly, and together acts as a deliberative body to set policy and direction. Each of these individuals is also empowered to make independent decisions within his or her area of responsibility. Although I am always available to speak with referring physicians regarding hospital or department issues, these individuals may also be contacted directly in regard to matters within their respective purviews.

**Ann Botash, MD** (botasha@upstate.edu) is Vice Chair for Educational Affairs, with ultimate responsibility for all aspects of education in the department: undergraduate, graduate, and continuing. The enormous growth in our education services is outlined in the education section of this report. Ann also serves the institution as Upstate's Associate Dean for Education.

Ann is a well-known figure in pediatrics nationally. She has received the Advocacy Award from the Ambulatory Pediatrics Association, is immediate past-president of the Helfer Society, and is very visible regionally and nationally in the area of child abuse.

**Scott Schurman, MD** (schurmas@upstate.edu) continues to serve as our Vice Chair for Clinical Affairs. Scott also directs our highly-regarded and growing program in kidney diseases.

In his Vice Chair role, Scott has ultimate responsibility for all inpatient and outpatient activity in the department. He has played an important role in our recent growth in faculty and programs, and is in charge of the development of our satellites. As we have grown and expanded into new ambulatory areas, Scott has overseen these as medical director.

**Leonard Weiner, MD** (weinerl@upstate.edu) rounds out the department leadership team as Vice Chair for Academic Affairs. A former interim chair of our department, with a national reputation for clinical care and research in infectious diseases, Len is well suited for this role.

In addition to responsibility for the department's faculty promotion and tenure process, Len has overall responsibility for our research programs. We have made some steady strides in this area, as indicated by the individual division and section reports. With growth in faculty and programs, this will continue.

The leadership team is supported by Cherlynn Clarry (clarryc@upstate.edu), department office manager, Barbara Delaney (delaneyb@upstate.edu), assistant to the chair, and Leo Sawyer, business manager. Bonnie Miner, MS, RN, CNS acts as our patient safety officer and is important in coordinating our collaborative safety projects. James Peacock, MS, plays a very important role in the department as Education Program Administrator, especially with residents and medical students.
PEDIATRICS BY THE NUMBERS

A few pertinent numbers provide a snapshot of our child health care activity during the period of this review. More detailed information is contained in the individual division reports.

<table>
<thead>
<tr>
<th>Measure</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient discharges</td>
<td>4,383</td>
<td>4,343</td>
<td>4,390</td>
</tr>
<tr>
<td>Observation patients</td>
<td>504</td>
<td>533</td>
<td>665</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>4.2</td>
<td>4.0</td>
<td>4.1</td>
</tr>
<tr>
<td>Pediatric ED visits</td>
<td>23,242</td>
<td>25,208</td>
<td>23,917</td>
</tr>
<tr>
<td>Admissions from ED</td>
<td>2,473 (56.4%)</td>
<td>2,559 (58.9%)</td>
<td>2,496 (56.9%)</td>
</tr>
<tr>
<td>Pediatric outpatient visits</td>
<td>63,113</td>
<td>63,649</td>
<td>62,447</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>5,990</td>
<td>6,256</td>
<td>6,590</td>
</tr>
</tbody>
</table>

In 2012, over 51% of the inpatients in the Upstate Golisano Children’s Hospital came from outside Onondaga County. This was a slight increase from 2011, and represents the first time that more than half of outpatients came from outside our geographic home.
CRITICAL CARE MEDICINE

FACULTY

William P. Hannan, MD, Associate Professor of Pediatrics
Robert K. Kanter, MD, Professor of Pediatrics, Division Director
Kevin Ragosta, DO, Associate Professor of Pediatrics
Neal A. Seidberg, MD, Associate Professor of Pediatrics
Jennifer Zuccaro, MD, Assistant Professor of Pediatrics

CLINICAL OVERVIEW

The Pediatric Critical Care service in the Golisano Children’s Hospital provides the only critical care for infants and children in a 17 county area of Central New York. The multidisciplinary medical and surgical unit includes 15 intensive care beds. The PICU is the region’s Level 1 Trauma center. The Pediatric Interhospital Transport Service sends pediatric transport specialists to referring hospitals to provide care at the earliest possible time for critically ill infants and children throughout the region. We also coordinate the transition of care for children with special health care needs from intensive care to community-based care, including formulation of plans for emergency treatment of future unpreventable illnesses in this vulnerable population. Outpatient care is provided for selected technology assisted patients (Dr. Ragosta), in collaboration with the patient’s other subspecialists and primary care physicians. Finally, the Pediatric Critical Care service provides pediatric critical care education to residents in pediatrics and emergency medicine, nursing students, respiratory therapy students, and pharmacy students. In recent years many of our pediatric residents have gone on to training in critical care medicine at the finest fellowship programs after completing their training in Syracuse.

RESEARCH HIGHLIGHTS

Dr. Kanter’s child health services research investigates pediatric care in public health emergencies and disasters. A better understanding of the balance between potential healthcare needs of children and existing resources for their care will lead to better strategies for integrating pediatric disaster services into regional systems of care. Recent studies include empirical observations on pediatric post-disaster health problems and interventions. Strategies to extend available resources for disaster surges and recovery have been explored empirically in key informant interviews after the 2011 tornados in Tuscaloosa, Alabama and Joplin, Missouri. Studies have also included quantitative modeling methods, and a consensus development process on extending life saving interventions in a disaster. This evidence has contributed to national policy recommendations on pediatric mass critical care in a task force report sponsored by the Centers for Disease Control.

PUBLICATIONS


**GRANTS AND CONTRACTS**


**SELECTED CLINICAL DATA**

PICU Admissions 2010: 771
PICU Admissions 2011: 707
PICU Admissions 2012: 798
EDUCATION PROGRAM IN GENERAL PEDIATRICS

FACULTY

Ann S. Botash, MD, Professor of Pediatrics, Vice Chair for Educational Affairs

Graduate Medical Education

Gloria Kennedy, MD, Assistant Professor of Pediatrics, Director of Residency Program
Elizabeth Nelsen, MD, Assistant Professor of Pediatrics, Associate Director of Residency
Bradley Olson, MD, Associate Professor of Pediatrics, Associate Director of Residency
John Andrake, MD, Associate Professor of Pediatrics, Director of Residency Program (through 2011)

Undergraduate Medical Education

Anne Sveen, MD, Assistant Professor of Pediatrics, Clerkship Director
Karen Teelin, MD, Clinical Instructor, Associate Clerkship Director

Administrative

James F. Peacock, MS, Education Program Administrator
Patricia Mondore, MA, Residency Program Coordinator
Carol Plumley, Clerkship Coordinator

OVERVIEW

For more than fifty years, the Department of Pediatrics has maintained a residency training program in general pediatrics that provides residents with a strong foundation in primary care pediatrics, acute care medicine and all subspecialties. Our collegial environment allows a “hands on” approach with a low faculty to resident ratio. Due to the large catchment area served by the department, residents directly care for patients with a vast array of medical problems, from common primary care issues to the most unique subspecialty conditions. Residents are actively involved in varied learning experiences such as resident run journal clubs, research and pathophysiology conferences, case-based ambulatory care and subspecialty conferences, daily rounds with faculty, weekly grand rounds, and regular discourse with visiting professors. Our all-encompassing curriculum has successfully prepared residents for fellowship training in subspecialties and careers in primary care pediatrics across the country. The residency has a full five-year accreditation from the ACGME with no citations.

Our 5-6-week clerkship provides pediatric education to approximately 130 students every year. Students participate in extensive in-patient (3 weeks) and out-patient (3 weeks) experiences. The clerkship has won the Alumni Annual Clerkship Teaching Award for the past two years.

RESIDENCY CURRICULUM

The broad-based curriculum enables residents to become competent in all areas of general pediatrics. Some highlights include:

- **Seminars** - The core curriculum for residents offers an innovative approach to learning. The faculty have translated the core curriculum to an on-line environment that is available to the residents anytime and anywhere. The material is contained within Blackboard and resident participation in the online curriculum is actively monitored. Residents participate in a case based series of seminars for a blended learning experience (online and face-to-face). These interactive seminars reinforce and complement the on-line lectures and offer a relevant approach to learning through cases. Residents complete quiz materials online that can be used for preparation for the board examination.
• **Primary care** - The training in primary care takes advantage of the well-developed division of general pediatrics and takes place at the University Pediatric and Adolescent Center (UPAC). Residents participate in a continuity clinic experience one half day per week. In addition, there are six separate month-long block rotations at UPAC. This combination of experiences provides residents with a greater continuity for health maintenance, chronic diseases and acute illnesses. In the second year, residents combine their UPAC experience with longitudinal training in the outpatient clinics of various subspecialties. An additional rotation in Adolescent Medicine rounds out their education in general pediatrics. Community practices are also available as sites for resident education, and nicely complement their training in the inner city, hospital-based UPAC. Residents also have the option of participating in a longitudinal outpatient clinical experience at the Onondaga Nation Clinic during their third year.

• **Critical Care** – The Golisano Children’s Hospital PICU is the setting for training in Pediatric Critical Care Medicine. Residents provide direct patient care for the sickest children in Central New York, with a wide-range of acute conditions. Residents also provide concurrent care for patients admitted primarily for surgical conditions. Residents have exposure to Neonatal Intensive Care through two distinct NICU experiences, first at St. Joseph’s Hospital Health Center and subsequently at the tertiary care NICU at Crouse Hospital.

• **Emergency Medicine** – Residents are the front line for children up to 19 years of age who come with medical or surgical emergencies to the area’s only Pediatric Emergency Department. More than 25,000 annual visits are seen, and supervised by board certified Pediatric Emergency Medicine faculty.

• **Developmental Pediatrics** – This rotation takes advantage of some of the outstanding community resources in child development, as well as those at our Center for Neurodevelopmental Pediatrics. The Center is home to services for children with developmental and behavioral problems, including the autistic spectrum disorders, as well as those with complex medical conditions, such as spina bifida, cerebral palsy, and genetic disorders.

• **Inpatient** – Dedicated hospitalists provide oversight and direct care for the inpatients at the Golisano Children’s Hospital. They also provide consultative care to other medical and surgical patients. A great deal of the education of residents and medical students is provided by these inpatient specialists.

• **Pediatric surgery rotation** – Second-year residents participate in a required one-month rotation with the pediatric surgery team. This allows the pediatric residents to gain a better understanding of diagnosis, treatment and management of common pediatric surgical problems and allows them to teach the surgery team basic pediatric examination and communication skills.

• **Subspecialties** – The curriculum provides comprehensive training in the pediatric subspecialties. Clinical instruction is available in all the major pediatric medical and surgical subspecialties. Residents are provided with elective time that allows them to create additional experiences in focused areas of the subspecialties. In the third year, residents are able to spend a clinical rotation away from the medical center.

• **Systems Based Care** – A program of learning advocacy, established in 1995 as the Community Oriented Advocacy Training program, was one of the first such advocacy training programs nationally. The curriculum now includes experiences in systems based care and educates residents on a wide range of advocacy skills and community related topics. Using a case based approach, residents identify a system issue affecting a patient and research community resources. Throughout this experience, the residents develop advocacy skills and then present their experience at an educational conference.

• **Teaching Skills for Housestaff** – This monthly seminar series has been offered for over 15 years and is designed to meet the needs of residents as teachers. The series addresses topics such as: delivering effective lectures, teaching at the bedside, providing feedback, evaluating students and serving as a role model.

• **Evidence Based Medicine** – The housestaff present and participate in a series of workshops designed to analyze recent literature and demonstrate possible effects on practice. These workshops are held twice each month and utilize a curriculum in evidence based medicine.
Global Health - Residents and students have the opportunity to participate in international health activities including electives in Central America such as the Rural Health, Adolescent Mentoring and Medical Spanish elective in El Salvador and the STI/HIV Education elective in Panama. An elective experience in Liberia has been offered for the past two years and continues to be a popular global health experience.

Research - Many of our residents participate in active research with faculty. Residents are encouraged to write cases for publication and many manuscripts reported throughout this document were authored or co-authored by our residents and students.

PEDIATRIC CLERKSHIP

Medical students rotating through our pediatric clerkship are assigned to an "outpatient program" at either on-site (general pediatrics and subspecialty clinics) or in the community. They are also assigned to one of the three teaching inpatient services. The hospitalists in our new inpatient pediatrics division oversee the curriculum.

The clerkship objectives include the six domains: Patient Care, Medical Knowledge, Interpersonal Communication skills, Practice Based Learning, Systems Based Practice and Professionalism. Students actively participate in patient care, morning report, teaching rounds, evidence based medicine conferences, adolescent conferences and online cases. The experience was recently revised and includes the use of online courses in Blackboard, a self-paced experience in a daycare setting for learning child development, an evidence-based clinical question presentation, standardized patient sessions, a communication skills course and a problem-based learning module as well as a professionalism and systems based practice reflective exercise currently in development.

EDUCATION OUTCOMES

Graduates of our residency program go on to careers in both primary care practice and in academic medicine, in the subspecialties and in general pediatrics. In the past five years, 62% of our residents have pursued academic fellowship programs. These have included: Hematology/Oncology, Endocrinology, Critical Care, Infectious Diseases, Gastroenterology, Nephrology, Pulmonology, Pediatric Emergency Medicine, Neonatology, Allergy/Immunology and General Academic Pediatrics. In addition, 35% of our residents have joined primary care practices in the Syracuse area as well as various communities in New York State, North Carolina, California, Ohio, Louisiana, New Hampshire, Pennsylvania, and Washington. Another 2% have joined academic faculties directly upon completion of the residency. Nine percent have stayed on to become our chief residents. Of these, 100% entered fellowships upon completion of their chief experience.

Our pass rate for the American Board of Pediatrics Certifying Examination on the first attempt is 73%. On the NBME subject exam in pediatrics, our medical students’ scores for the years 2010-2012 average above the 50th percentile nationally.
PEDIATRIC EMERGENCY MEDICINE

FACULTY

Richard M. Cantor, MD FAAP/FACEP, Director of Pediatric Emergency Services/Medical Director, Central NY Poison Control Center, Professor of Emergency Medicine and Pediatrics

P. David Sadowitz, MD, Associate Professor, Emergency Medicine and Pediatrics

Jennifer E. Mackey, MD, FAAP, Assistant Professor, Emergency Medicine and Pediatrics

Alison McCrone MD, Assistant Professor, Emergency Medicine and Pediatrics

Erin Hanley MD, Assistant Professor, Emergency Medicine and Pediatrics

PEDIATRIC EMERGENCY MEDICINE FELLOWS

Carl Eben Barus, MD, Clinical Instructor, Department of Emergency Medicine

Nicole Gero, MD, Clinical Instructor, Department of Emergency Medicine

Landon Jones, MD, Clinical Instructor, Department of Emergency Medicine

CLINICAL OVERVIEW

The Pediatric Emergency Department at Upstate Golisano Children’s Hospital for the greater part of 30 years has provided 24-hours a day, 7 days a week coverage for any and all pediatric emergencies. We service the entire Central New York region consisting of over 18 counties and over 25 hospitals. We are the primary referral center for all pediatric emergencies, including major trauma, major medical emergencies, poisonings, and child abuse. All pediatric transports within our region are first evaluated within our emergency department and disposition is then arranged. With the opening of the Golisano Children’s Hospital, the Pediatric Emergency Department continues to play an expanded role in the delivery of sub-specialty Pediatric Emergency Medical Services.

This past year, under the leadership of Alison McCrone MD, the Golisano After Hours Pediatric and Adolescent Urgent Care Center was opened at Community General Hospital. It is staffed exclusively by Emergency Medicine and Pediatric physicians and has quickly been recognized as a major community resource.

The last few years have demonstrated a marked growth in both patient volume and diversity in our academic efforts. The faculty maintains a strong clinical relationship with all practitioners within the region, including family physicians and pediatricians alike. We maintain a strong educational presence in the region as evidenced by the annual Pediatric Emergency Medicine Teaching Day, which has been in place for the greater part of 10 years. In addition, under our directorship, PALS, APLS, and PEPP courses are offered almost on a monthly basis. Target audiences include students, residents, paramedics, and private practitioners. Members of the Pediatric Emergency Medicine faculty, specifically Drs. Cantor and Dr. Sadowitz, are nationally recognized figures in our field and are often invited to present to national and international audiences. This past year, our division was responsible for a reference text, “Neonatal Emergencies”, edited by Drs. Cantor and Sadowitz, and published by McGraw Hill.

Within the Upstate Medical University College of Medicine, the Pediatric Emergency Department offers many educational opportunities. We are developing an educational model within the MedSTAR Simulation Center, addressing the needs of medical students and residents. In addition, we offer a fourth year medical student elective in Pediatric Emergency Medicine. Lectures are given to residents within both the Departments of Emergency Medicine and Pediatrics throughout the year. In addition, we maintain a strong affiliation with the family practice residency at St. Joseph’s Hospital, with their residents rotating through our Pediatric Emergency Department four days a week.

Over the last five years, we have re-instituted our fellowship program in Pediatric Emergency Medicine, under the leadership of Dr. Richard Cantor. We accept one fellow per year, and at present will have three in place working within our division. These fellows are graduates of both pediatric and emergency medicine residencies. The fellowship
program in Pediatric Emergency Medicine at Upstate Golisano Children’s Hospital is unique in the country in offering positions to graduates of emergency medicine residency programs. These are very competitive positions, and we are fortunate to have this offering on a local basis.

**PUBLICATIONS**


**PRESENTATIONS AT SCIENTIFIC MEETINGS**

**National**


Cantor RM. Altered Levels of Consciousness in Children; Life Threatening Rashes in Children; Critical Poisonings. Presented at the Resuscitation Conference, Las Vegas, Nevada. 2010

Cantor RM. Evidenced Based Management of Pediatric Respiratory Emergencies; Classic Pediatric Poisonings; Mistakes You Do Not Want To Make in the Pediatric ED. Presented at the Nemours Pediatric Emergency Medicine Conference: Advances and Controversies for the Clinician, Orlando, Florida. 2010

Cantor RM. Evidenced Based Management of Pediatric Respiratory Emergencies; Life Threatening Pediatric Rashes. Presented at the SEMPA 6th Annual Emergency Medicine Conference, Tucson, Arizona. 2010

Cantor RM. Pediatric Emergency Medicine Literature Review; Chief Complaints in Infants Less Than 28 Days of Age; Mistakes You Don’t Want to Make in Pediatric Patients. Presented at the American College of Emergency Physicians Scientific Assembly, Las Vegas, Nevada. 2010
Cantor RM. Evidenced Based Review of Pediatric Respiratory Emergencies; The New Drugs of Abuse; Mistakes You Don’t Want to Make in Pediatric Patients. Presented at the Kaiser Permanente Annual Pediatric Conference, Maui, Hawaii. 2010


International

Cantor RM. Literature Review; Classic Teaching Cases; Life Threatening Rashes; The New Drugs of Abuse. Presented at the 26th Annual Fall Conference on Pediatric Emergencies, Bahamas. April 13-16, 2010, Guanacoste, Costa Rica


Cantor RM. Literature Review; Classic Toxicology Cases; Life Threatening Rashes; The New Drugs of Abuse. Presented at the 28th Annual Fall Conference on Pediatric Emergencies. October 24 - 30, 2011, St. Thomas, Virgin Islands.


HONORS, VISITING PROFESSORSHIPS, EDITORIAL DUTY

Editorial Boards/Reviewer

SELECTED CLINICAL DATA

Pediatric Emergency Department Visits, 2010: . . . 23,242
Pediatric Emergency Department Visits, 2011: . . . 25,208
Pediatric Emergency Department Visits, 2012: . . . 23,946
Percentage of patients admitted: ...................... 10%
Ambulances received per day: ....................... 6-10
Private patient referrals per day: ..................... 10-15
Golisano After Hours Pediatric & Adolescent Urgent Care Center Visits:
PEDIATRIC ENDOCRINOLOGY, DIABETES & METABOLISM

FACULTY

Roberto Izquierdo, MD, Professor of Medicine and Pediatrics; Section Head; Associate Medical Director, Joslin Diabetes Center Affiliate; Medical Director, Thyroid Cancer Center

Lauren Lipeski, MD, Assistant Professor of Pediatrics

Irene N. Sills, MD, Professor of Pediatrics; Director, New York State Newborn Screening Program; Director, Pediatric Endocrine and Diabetes Fellowship

Susan E. Stred, MD, Associate Professor of Pediatrics; Associate Medical Director, Survivor Wellness Program

AFFILIATED CLINICAL STAFF

Kathleen Bratt, PNP, CDE

Lynn Horowitch, PNP

Joanne Kearns, RD, CDE

Khuyet Le, PA

Barbara Lindenmayer, PNP

Andrea Saya, RN, Pediatric Diabetes Educator

Lauren Carstens, RN, Pediatric Diabetes Educator

CLINICAL OVERVIEW

The Section of Pediatric Endocrinology, Diabetes and Metabolism provides care for children and adolescents with the full spectrum of disorders of the endocrine system. Staff endocrinologists and nurse practitioners evaluate and treat children with diabetes mellitus, short stature, thyroid disease, Turner syndrome, hypopituitarism, disorders of puberty, congenital adrenal hyperplasia, metabolic bone disorders, and other hormonal disorders. Our Center is one of the original referral sites for New York State’s Newborn Screening Program for congenital hypothyroidism and 21-hydroxylase congenital adrenal hyperplasia. We were recognized as an Endocrine Specialty Center for Congenital Hypothyroidism, Congenital Adrenal Hyperplasia, and Diabetes by the New York State Department of Health in 2004.

Diabetes mellitus is treated by a comprehensive group of professionals using the team model, under the direction of Dr. Izquierdo at the Joslin Diabetes Center. The team includes nurse practitioners with a special interest in diabetes care, diabetes educators, including diabetes pump educators, dieticians, and an exercise physiologist. This multidisciplinary team provides care to children with type 1 and type 2 diabetes mellitus. On a consultative basis, we have support from adult and pediatric psychologists. In 2011-2012, providers Roberto Izquierdo, Irene Sills, Lauren Lipeski, Lynn Horowitch, Kathy Bratt, Khuyet Le, and Barbara Lindenmayer received NCQA Recognition for Diabetes Care. This recognition underscores the superlative diabetes care which we provide.

We are able provide pediatric DXA scanning and consultations on patients at risk for osteoporosis. In 2008, Dr. Sills attained certification as a clinical densitometrist by the International Society for Clinical Densitometry.

Dr. Irene Sills is a member of the World Professional Association for Transgender Health Inc. and directs our program to treat children with gender dysphoria and adolescents with transsexualism.
Dr. Stred supervises the endocrine portion of the Survivor Wellness Program, providing comprehensive care to cancer survivors. Although more than 70% of all children diagnosed with a malignancy during childhood now survive, 40-50% of those experience significant endocrine dysfunction as a result of their treatment.

**NATIONAL COMMITTEES**

Dr. Irene Sills is a member of the American Academy of Pediatrics (AAP) Endocrine Executive Committee and is Chairman-elect. This committee reads and provides input into policy and publications that are ultimately given AAP approval or support. The committee meets twice annually and is active by phone and e-mail between meetings.

Dr. Irene Sills is a member of the American Board of Pediatrics and Chairman of one of four General Pediatrics Exam writing committees. She writes and reviews questions that appear on the annual General Pediatrics Board Certifying Exam. She is the Board member given the responsibility of choosing the questions and reviewing the final exam that was administered in 2012.

**COMMUNITY CONTRIBUTIONS**

Dr. Irene Sills attends Camp Aspire, a camp for children with diabetes, each summer for one week as part of the medical staff and instructs medical students and residents who also attend.


School Nurses’ Diabetes Teaching Day 2011.

**RESEARCH HIGHLIGHTS**

Dr. Izquierdo’s research interests are in type 1 and 2 diabetes mellitus, and thyroid nodular disease and cancer. He is the principal investigator for the Protégé Study, which is a multi-center study that uses a monoclonal antibody to preserve beta-cell function in children and adolescents with type 1 diabetes mellitus. This improves glycemic control and prolongs the “honeymoon” phase of type 1 diabetes. He is also involved in the Diamyd clinical trial in which a GAD vaccine is administered to children early in the diagnosis of diabetes to preserve beta-cell function. Dr. Izquierdo continues as co-investigator of the TODAY study, a multicenter NIH-sponsored trial to determine the best treatment options in children and adolescents with type 2 diabetes mellitus.

Dr. Sills is interested in the natural history of type 1 diabetes. She is our Center’s principal investigator for TrialNet, which aims at identifying individuals at high risk for development of type 1 diabetes. Identified high-risk individuals are then eligible to participate in trials designed to delay or prevent the development of type 1 diabetes mellitus.

**PUBLICATIONS**


**PRESENTATIONS AT SCIENTIFIC MEETINGS**


GRANTS AND CONTRACTS

Sills, I. NIDDK: Diabetes TrialNet: Natural History Study of the Development of Type 1 Diabetes (Principal Investigator for our center).

Izquierdo R. NIDDK: Trial for the Treatment of Type 2 Diabetes in Children and Adolescents (co-investigator)

Izquierdo R. A Phase 2/3, Randomized, Double-Blind, Multicenter, Multinational, 4-Arm, Controlled, Dose-Ranging Study to Evaluate Efficacy and Safety of Teplizumab (MGA031), a Humanized, FcR Non-Binding, Anti-CD3 Monoclonal Antibody, in Children and Adults with Recent-Onset Type 1 Diabetes Mellitus. (Dr. Izquierdo, principal investigator for our center). Industry-sponsored Trial.

Izquierdo R. NYS Department of Health School Centered Telemedicine Program for Children with Type 1 Diabetes Mellitus (Co-Investigator).

Izquierdo R. Diamyd: A Phase III, 3-Arm, Randomized, Double-Blind, Placebo-Controlled, Multicenter Study to Investigate the Impact of Diamyd on the Progression of Diabetes in Newly Diagnosed with Type 1 Diabetes Mellitus. Industry-sponsored Trial.

SELECTED CLINICAL DATA

Children in the diabetes mellitus program: ~ 1200

Children with new onset diabetes seen in 2012: 100

Children followed with congenital hypothyroidism: ~ 110

Children with diagnosed with congenital hypothyroidism in 2012: 12

Children with congenital adrenal hyperplasia who are actively followed: ~ 55

Children with septo-optic dysplasia who are actively followed: ~ 35

Endocrine component of The Survivor Wellness Program Clinic: ~ 85

Children and young adults followed in our program for gender dysphoria and transsexualism: 35
GASTROENTEROLOGY, HEPATOLOGY & NUTRITION

FACULTY

Manoochehr Karjoo, MD, Professor of Pediatrics, Director
Mirza Beg, MD, Assistant Professor of Pediatrics
Marcus R. Rivera MD, Assistant professor of Pediatrics
Prateek Wali MD, Assistant Professor of Pediatrics

CLINICAL OVERVIEW

The Division of Pediatric Gastroenterology, Hepatology and Nutrition provides care for patients from birth to 21 years of age with all types of gastroenterological disorders. This includes neonates and infants with jaundice, feeding disorders and failure to thrive. We evaluate and treat children and adolescents with gastroesophageal reflux disease, chronic abdominal pain, cyclic vomiting, liver and gallbladder disease, pancreatic disease, intestinal diseases such as malabsorption syndrome and celiac disease, and children who have received liver and small bowel transplantation. The section also provides evaluation, treatment and follow up of patients with inflammatory bowel disease, rectal bleeding, chronic constipation and gastrointestinal food allergy.

The section provides services to Pediatric Surgery, ENT, General Pediatrics, Pulmonary, Endocrine, and patients with developmental disorders. We coordinate procedures with our pediatric surgeons, such as gastrostomy tube placement, esophageal dilatation and endoscopies.

The gastroenterologists undertake a full array of procedures including pH probe tests, Bravo pH monitoring, impedance reflux study, capsule endoscopy, esophago-gastro-duodenoscopy with biopsy, esophageal dilatation, esophageal sclerotherapy, banding procedures for varices, rectal biopsy for evaluation of Hirschsprung’s disease, colonoscopy with biopsy and polypectomy, liver biopsy, and breath hydrogen test. Most procedures are done at the Pietrafesa Center for Children’s Surgery while others are done in our clinic.

Outpatient care is provided in newly remodeled and expanded offices, The Karjoo Family Center for Pediatric Gastroenterology, Hepatology and Nutrition.

RESEARCH HIGHLIGHTS

DEVELOP - An Inflammatory Bowel Disease Multicenter, Prospective, Long-term Registry of Pediatric Patients. Sponsor: Janssen Biotech. Investigator: Manoochehr Karjoo MD. Co investigators: Mirza Beg MD, Marcus Rivera MD, Prateek Wali, MD.

Multi-center trial of treatment of eosinophilic esophagitis using an antagonist of IL5 (Reslizumab). Investigator: Manoochehr Karjoo, MD. Co-investigator: Mirza Beg, MD.

PRESENTATIONS AT SCIENTIFIC MEETINGS

PUBLICATIONS


SELECTED CLINICAL DATA

Outpatient visits 2010: 4,976
Outpatient visits 2011: 5,596
Outpatient visits 2012: 5,085

Inpatient visits 2010: 715
Inpatient visits 2011: 1,283
Inpatient visits 2012: 835

Endoscopies 2010: 597
Endoscopies 2011: 751
Endoscopies 2012: 488

Colonoscopies 2010: 224
Colonoscopies 2011: 270
Colonoscopies 2012: 308

Impedance Study in 2010: 0
Impedance Study in 2011: 6
Impedance Study in 2012: 10

Capsule Endoscopy in 2010: 0
Capsule Endoscopy in 2011: 11
Capsule Endoscopy in 2012: 8
GENERAL PEDIATRICS

FACULTY

John Andrake, MD, Associate Professor of Pediatrics
Joseph Bearman, MD, Clinical Assistant Professor of Pediatrics
Steven Blatt, MD, Associate Professor of Pediatrics, Director, General Pediatrics, Associate Professor Syracuse University College of Law
Ann Botash, MD, Professor of Pediatrics
Robert Cavanaugh, MD, Professor of Pediatrics, Section Head, Adolescent Medicine
Y. Katharine Chang, MD, Assistant Professor of Pediatrics
John Friedman, MD, Clinical Professor of Pediatrics and Psychiatry
Derek Gorski, DO, Assistant Professor of Pediatrics
Robert Hingre, MD, Assistant Professor of Pediatrics
Tobey Kresel, MD, Assistant Professor of Pediatrics
Ellen McHugh, MD, Assistant Professor of Pediatrics
Victoria Meguid, MB, BS, Associate Professor of Pediatrics
Elizabeth Nelsen, MD, Assistant Professor of Pediatrics
Joseph Nimeh, MD, Assistant Professor of Pediatrics
Bradley Olson, MD, Associate Professor of Pediatrics, Associate Director, Pediatric Residency
Megan Pecha, MD, Assistant Professor of Pediatrics
Alicia Pekarsky, MD, Assistant Professor of Pediatrics
Ronald Saletsky, PhD, Associate Professor of Psychiatry
Ellen Schurman, MD, Assistant Professor of Pediatrics, Medical Director, Upstate Pediatrics
Anne Sveen, MD, Assistant Professor of Pediatrics
Howard Weinberger, MD, Professor of Pediatrics

AFFILIATED CLINICAL STAFF

Karen Dygert MS, RN, PNP, PMHNP, Nurse Practitioner
Susan Mahar, RN, PNP-BC Nurse Practitioner
Nancy Mitchell, RN, PNP, Nurse Practitioner
Terri Morse, RN-BC, FNP, Nurse Practitioner

CLINICAL OVERVIEW

The component programs of the Division of General Pediatrics encompass all of the ambulatory clinical activities providing general pediatric care to children and adolescents in a university-based urban practice serving a diverse population. The Division has significant responsibilities for ambulatory teaching of medical students and training of pediatric residents.

Clinical activity occurs in the term newborn nursery at Crouse Hospital, and at University Pediatric and Adolescent Center located in University Health Care Center. A free-standing ambulatory care site of Upstate Medical University,
Upstate Pediatrics, a busy four-pediatrician practice, also provides general pediatric care and teaching. Medical students rotate through the office during their clerkship and residents can choose the office as an elective rotation.

The Division provides a wide array of services to children, adolescents and families, including well child and adolescent care, acute episodic and chronic disease care, specialized care of abused and foster children, and a growing refugee population from Eastern Europe, Russia and Africa. An adolescent consultation practice is an active program in the Division. Academic generalists often consult and provide second opinions to family physicians in the central New York region. Faculty and resident physicians have established practices at University Pediatric and Adolescent Center with the goal of providing a stable medical home and continuity for children and adolescents with 24-hour availability.

Faculty have expertise and research interests in child abuse, foster care, refugee health, substance abuse, childhood obesity and nutrition, lead poisoning, adolescent eating disorders and reproductive health, dermatology and medical education. The Medical Legal Partnership provides a unique opportunity for patients, families, and the medical staff to easily access legal services within our offices.

The Adolescent Medicine Program offers primary and specialty care to patients 11 to 21 years of age. This is a state-of-the-art program in which the psychosocial as well as the physical needs of the adolescent patient are uniquely addressed. Our physicians have been at the forefront of adolescent preventive services for many years. They are particularly well qualified to screen adolescents in order to identify high-risk activities and behaviors and to offer appropriate counseling. They are supported by a highly skilled “teen-friendly” nursing staff.

There is also a very close relationship with physicians in the Department of Psychiatry and a large referral network of other specialists at Upstate Golisano Children’s Hospital.

Services include:

- Behavioral evaluation and counseling
- Comprehensive physicals and preventive exams
- Contraceptive counseling
- Gynecologic exams
- Immunizations
- Pregnancy testing and counseling
- Risk-reduction assessment and counseling
- Sports physicals as part of a comprehensive examination
- Substance abuse evaluation and referral

The CARE (Child Abuse Referral and Evaluation) Program consists of a team of professionals including two board certified child abuse pediatricians, a pediatric nurse practitioner, a nurse and a social worker who work together to provide medical evaluations for children who are suspected to be maltreated. Team members include Ann Botash, MD, Alicia Pekarsky, MD, Nancy Mitchell, RN, CPNP, Anne Galloway, RN, and Elizabeth Kinsey, CSW.

Since its creation over 20 years ago, The CARE Program has offered comprehensive history and physical examinations, forensic evidence collection, photodocumentation and court-ready record documentation. Legal testimony and non-patient care case reviews are also available. Examinations are facilitated by a variety of advanced patient coping techniques and performed utilizing a state-of-the-art colposcope to document potential physical exam findings.

Over 300 referrals per year come from several counties in Central and Upstate New York. Referral sources include child protective services, law enforcement agencies, rape crisis centers, teachers, parents and other physicians. These children are evaluated at the McMahon/Ryan Child Advocacy Center. The Center moved into a newly renovated 30,000 square foot building at 601 East Genesee Street last year and is now home to a child-friendly multidisciplinary team specializing in cases of child maltreatment. The main goals of McMahon/Ryan are to provide a safe, child and
family friendly environment for abused children and their non-offending family members and to reduce the trauma that child abuse victims face during the investigative and treatment processes. Children evaluated there have improved access to counseling services (Rape Crisis Center), law enforcement, and child protective investigators. (http://www.mcmahonryan.org)

The CARE team offers regular Child Abuse courses for physicians or other professionals including offering online continuing medical education credits and American Board of Pediatrics Maintenance of Certification credits. Further information can be found at: http://www.upstate.edu/cme/champ.php. The team also provides education about recognizing and preventing child abuse for both the medical community as well as the public.

**ENHANCE Services for Children in Foster Care** has provided primary and comprehensive health care services to children in Department of Social Services custody since 1991. Consistent with the recommendations outlined in *Fostering Health: Health Care for Children and Adolescents in Foster Care* of the AAP Task Force on Health Care for Children in Foster Care, ENHANCE provides primary and comprehensive health care services, developmental testing and mental health services to the 500 children in DSS foster care. Medical care is provided by two pediatricians, Dr. Steven Blatt, Director and Dr. Victoria Meguid, Associate Director, two pediatric nurse practitioners, and registered nurses. A child psychologist meets with older children and their foster parents to assess their need for mental health services. Annually, the 400 children in foster care are seen in more than 2000 ENHANCE visits.

ENHANCE staff have also been active in policy issues. There are regular meetings with DSS administration, focusing on local policy and procedures. ENHANCE representatives participates on the New York State Permanent Judicial Commission on Justice for Children and New York State foster care officials.

The **Syracuse Medical-Legal Partnership (SMLP)** is a Medical-Legal Partnership between the University Pediatric and Adolescent Center (UPAC) and the Children’s Rights and Family Law Clinic (CRC) and Family Law and Social Policy Center (FLSPC) of Syracuse University College of Law. It is co-directed by Dr. Steven Blatt and Suzette Meléndez Esq., Professor of Law at Syracuse University. Through a triad approach, SMLP seeks to engage the disciplines of law and medicine to provide comprehensive advocacy to improve the overall health of low-income children and their families. SMLP helps improve health outcomes for low-income children and their families through collaborative advocacy and legal intervention. Cases handled through SMLP have included custody, adoption and child support; housing issues including landlord disputes, handicap access and utility disputes; education law including special education and unlawful exclusion from public schools; and other legal issues directly affecting child health. SMLP provides students, faculty and staff from both the Department of Pediatrics and the College or Law with opportunities to learn about Pediatrics and Legal Advocacy from experts in both disciplines. SMLP has been instrumental in educating state and national legislators about this new and growing national movement.

The **Pediatric International Health Clinic** was started in July 2005 in order to provide more specialized care to the more than 500 immigrants arriving annually in Central New York. The care of such patients has become increasingly complex, requiring a degree of sophistication not allowed in a typical outpatient pediatric setting. Although they originate from all over the globe, this diverse refugee population most recently has come from the African continent. In addition to providing a much needed service, this clinic sustains a rich environment for housestaff education.

The **Central /Eastern New York Lead Poisoning Resource Center** is funded by the New York State Health Department. The $1,000,000 grant was awarded in 2008 for a 5 year period. Under the guidance of Dr. Howard Weinberger, the Resource Center provides education about lead poisoning and medical consultation in the management of children with lead poisoning to physicians in our 31 county service area.

This past year, the Center was involved in 11 chelations. The Center also receives consultations about women with elevated blood lead levels found during their pregnancy. Dr. Weinberger is also the medical consultant to the Lead Poisoning Program of the Onondaga County Health Department. In this capacity, Center staff meets with liaison staff from the Health Department weekly to review every child whose blood lead level is > 15 mcg/dL. Recommendations are made for follow up to the Health Department staff and to the children’s primary care providers.
RESEARCH HIGHLIGHTS

Vaccines

Faculty and staff at University Pediatric and Adolescent Center collaborate with the Division of Pediatric Infectious Disease on an ongoing basis with funded vaccine studies. Recent studies involve vaccines against meningococcus, pneumococcus, and influenza.

Child Sex Abuse Evaluation

Dr. Ann Botash was one of the founders of the McMahon/Ryan Child Advocacy Center in 2002 and serves as medical director to the board of this non-profit organization. Dr. Botash is the primary investigator for a grant through the New York State Office of Children and Family Services, to fund the Advocacy site and is primary investigator of the New York State Department of Health grant to support the Child Abuse Medical Provider Program. This program began as a model network of child abuse medical providers with the creation of a training manual and now provides continuing education to child abuse medical professionals throughout New York State. It is a resource for child abuse professionals nationally as well as statewide.

Foster Care

Drs. Steven Blatt and Victoria Meguid have collaborated with researchers from Cornell University on the relationships between prenatal drug and alcohol use and subsequent involvement in the child protection system. The same faculty have also worked with colleagues at the University of Rochester to examine the effectiveness of foster care clinics at both institutions in meeting the needs of children in foster care.

PUBLICATIONS


PRESENTATIONS AT NATIONAL MEETINGS


HONORS, VISITING PROFESSORSHIPS, EDITORIAL DUTY

Blatt SD: Member, New York State Permanent Judicial Committee on Justice for Children

Blatt SD: New York State Children’s Cabinet Advisory Board

Blatt SD: National Center for Medical-Legal Partnership, Medical Advisory Board Member

Botash AS: Ray E. Helfer Society President, 2009-2010

Cavanaugh RM: Executive Committee, American Academy of Pediatrics Section on Adolescent Health

Friedman J: Island Peer Review Organization, Vice President


GRANTS AND CONTRACTS

Blatt SD: New York State Medical-Legal Partnership Expansion Project, Funded through LegalHealth, funded by New York State Health Foundation. 2011 (With Syracuse University College of Law) $50,000
Botash AS (PI): Child Abuse Medical Provider Education Initiative, Education and Networking of Physicians, Nursepractitioners and Physician Assistants:
July 2010 - June 2011 (5 year renewal) NYS DOH, Rape Crisis Program
January 2010-June 2010: NYS DOH, Rape Crisis Program

Botash AS (PI): McMahon/Ryan Child Advocacy Center Initiatives:
Child Fatality Review Team, NYS OCFS, 2011-2012
Child Fatality Review Team, NYS OCFS, 2010-2011

Botash AS (PI): New York State ECRIP Award:
2009-2011: Griciene P (Pl-4-6), Botash AS, Sills R. Study of newborn jaundice and hemoglobin measures

Weinberger HL: Regional Lead Poisoning Resource Center, NY State Health Department in the amount of $200,000 per year for five years.

SELECTED CLINICAL DATA

General Pediatrics
2010 Outpatient: .......................... 19,559
2011 Outpatient: .......................... 19,239
2012 Outpatient: .......................... 19,621

Adolescent
2010 Outpatient: .......................... 581
2011 Outpatient: .......................... 781
2012 Outpatient: .......................... 924

CARE
2010 Outpatient: .......................... 300
2011 Outpatient: .......................... 262
2012 Outpatient: .......................... 272

Enhance
2010 Outpatient: .......................... 1,736
2011 Outpatient: .......................... 1,413
2012 Outpatient: .......................... 856

Upstate Pediatrics
2010 Outpatient: .......................... 12,079
2011 Outpatient: .......................... 12,918
2012 Outpatient: .......................... 13,000
GENETICS

FACULTY

Robert Roger Lebel, MD, FACMG, Chief Section Medical Genetics, Professor of Pediatrics, Internal Medicine, Ob/Gyn and Pathology
Joan Pellegrino, MD, FAAP, FACMG, Associate Professor of Pediatrics

Adjunct faculty:
Constance Stein, PhD, Director Cytogenetics Laboratory
Antony Shrimpton, PhD, Director, Molecular Diagnostic Laboratory

AFFILIATED CLINICAL STAFF

Bonnie R. Braddock, MPH, CGC, Senior Certified Genetic Counselor
Ryan T. Miller, MS, CGC, Certified Genetic Counselor

CLINICAL OVERVIEW:

The section of Medical Genetics provides high quality and comprehensive clinical genetics services, including screening, diagnosis, treatment, counseling and preventive services to the 11 counties defined as Health Services Area 3 (HSA3) and to other surrounding counties. Medical Genetics provides genetic evaluation and genetic counseling services for a wide range of neonatal, pediatric and adult onset indications. The Medical Genetics staff of clinical geneticists and genetic counselors work in a team approach for provision of services. The program includes general genetic evaluation clinics, Inherited Metabolic Specialty Center, inpatient genetic evaluation consultations, cancer and general genetic counseling, and genetic counseling within various specialty clinics at Upstate, including the Multidisciplinary Breast Cancer Program, the Cystic Fibrosis Newborn Screening program, and the Craniofacial Clinic. Medical Genetics also provides monthly outreach genetic evaluation services at satellite clinics in Watertown and Binghamton.

Medical Genetics is staffed by clinical geneticists, Robert Roger Lebel, MD, FACMG, and Joan Pellegrino, MD, FAAP, FACMG, and two full time board certified genetic counselors, Bonnie R. Braddock, MPH, CGC, and Ryan T. Miller, MS, CGC. Dr. Lebel supervises the activities of the genetic counselors and administers the section.

Dr. Joan Pellegrino manages the Inherited Metabolic Specialty Center (IMSC), a NYSDOH designated referral center, which has continued to grow. The center is staffed by a dedicated nurse practitioner, registered nurse, dietician, social worker, genetic counselor and geneticist. The IMSC evaluates infants with abnormal newborn screens or suspected metabolic disorders and manages those individuals with a known inborn error of metabolism. The IMSC is actively involved with the other metabolic centers in the state.

The IMSC sees about 35-40 abnormal newborn screening patients per year, of whom about 20 have an underlying inborn error of metabolism. We have 17 patients in our storage diseases program, many of whom receive enzyme replacement therapy.

Ryan T. Miller, MS, CGC, works closely with Dr. Pellegrino in the IMSC. He also works closely with the Craniofacial Clinic and the Pediatric Pulmonary section providing genetic counseling input at their locations.

Bonnie R. Braddock, MPH, CGC, provides genetic counseling for inherited cancer risk services, which has continued to grow over the last several years.
RESEARCH HIGHLIGHTS

The IMSC participates with the Lysosomal Storage Registry sponsored by Genzyme and has IRB approval to participate in studies on Gaucher, Fabry, Pompe and MPS1 diseases. Patients are enrolled who were identified by newborn screen to have an increased risk for Krabbe disease into long term follow-up studies.

Dr. Lebel’s research interests include syndrome identification and ethical issues in genetics. Dr. Stein’s research interests include investigation of chromosomal fragile sites, cytogenetic and molecular characterization of malignant tumors and chromosome imprinting. Dr. Shrimpton has research interest in sequencing neuroserpin in patients with autism.

PUBLICATIONS


PRESENTATIONS AT SCIENTIFIC MEETINGS


GRANTS AND CONTRACTS:

2009 – 2013: New York State Department of Health Genetic Services Program grant, $140,858.

3/4/2009: Annually renewed: Lysosomal Storage Registry Program, funded by Genzyme Therapeutics. Pellegrino (PI). The goal of this project is to collect clinical data on individuals with Gaucher, Fabry, Mucopolysaccharidosis Type I, and Pompe in order to enhance the understanding of the variability, progression and natural history of these diseases with the ultimate goal of assessing therapeutic intervention and developing recommendations for patient monitoring.

SELECTED CLINICAL DATA:

Outpatient visits, 2010: 962
Outpatient visits, 2011: 1,115
Outpatient visits, 2012: 1,234
Inpatient visits, 2010: 71
Inpatient visits, 2011: 81
Inpatient visits, 2012: 88
HEMATOLOGY & ONCOLOGY

FACULTY

Richard H. Sills, MD, Professor of Pediatrics, Division Director
Irene Cherrick, MD, Associate Professor of Pediatrics
Andrea Dvorak, MD, Assistant Professor of Pediatrics (as of Sept., 2012)
Gloria Kennedy, MD, Assistant Professor of Pediatrics
Karol Kerr, MD, Assistant Professor of Pediatrics
William Kerr, PhD, Murphy Family Professor of Children's Oncology Research
Jody Sima, MD, Assistant Professor of Pediatrics
Trisha Tavares, MD, Assistant Professor of Pediatrics

AFFILIATED CLINICAL STAFF

Kristi Griffin, MS Ed, Education Specialist
Diane Groth, RN, CPNP, Pediatric Nurse Practitioner
Karen Leshko, LMSW, Licensed Medical Social Worker
Ruth McKay, MA, LMFT, Licensed Family Medical Therapist
Brittany Metcalf, CCLS, Certified Childlife Specialist
Barbara Niedziolka, FNP, Family Nurse Practitioner

AFFILIATED RESEARCH STAFF

Amanda Balch, Undergraduate Research, Syracuse University
Robert Brooks, BS, Graduate Student, Dept of Microbiology and Immunology
Michelle Cavallerano, CCRP, Clinical Research Associate
Sandra Fernandes, PhD, Post Doctoral Fellow
Matthew Gumbleton, BA, Medical/Graduate Student, MD PhD Program
Sonia Iyer, MS, Graduate Student, Dept of Microbiology and Immunology
Sudha Neelam, PhD, Post Doctoral Fellow
Mi Young Park, PhD, Post Doctoral Fellow
Neetu Srivastava, PhD, Post Doctoral Fellow
Bonnie Toms, BS, Instructional Support Technician, Lab Manager
Gayle Withrow, MT, Clinical Research Associate
Christie Youngs, BS, Instructional Support Associate

CLINICAL OVERVIEW

The Division of Hematology/Oncology cares for infants, children and adolescents with the full spectrum of hematologic and malignant disorders. Serving a 21 country area in New York and Northern Pennsylvania, we are the sole regional provider for the specialty. The division also provides the primary source of patients for the T1G Pediatric Hematology/ Oncology Inpatient unit in the Golisano Children's Hospital.
The division cares for over 50 newly diagnosed children with cancer annually and more than 70 children on active chemotherapy programs. The division also provides care to children with a wide variety of hematologic disorders on an ongoing basis as well as providing consultative services for regional primary care providers who need assistance caring for children with potential hematologic or oncologic diagnoses.

**Children’s Oncology Group**

The division continues as a full member of the Children's Oncology Group under the leadership of Dr. Karol Kerr, who assumed the principal investigator role from Dr. Cherrick in 2011. All COG research protocols are available to our patients and we have been very effective at entering the great majority of newly diagnosed patients onto research protocols.

**Survivor Wellness Program**

This is our program of long-term follow up for late effects which was one of the first of its kind in the nation. It has been renamed from the KNOT program to give it a more inclusive approach. The program follows more than 600 patients. Barbara Niedziolka, FNP provides the primary clinical services under the supervision of Dr. Jody Sima. Dr. Sima's prime research interest has been late effects, providing a research component to this clinical service.

Patients usually enter the Survivor Wellness Program when they are five years from diagnosis and at low risk for relapse. Specific protocols are followed to assure that the longer term effects of chemotherapy, radiation and surgery are recognized and managed appropriately. They also help provide and identify further psychosocial support given the increasing recognition of post traumatic stress syndrome in the children and their families.

We are now examining potential collaboration with the adult oncology service, which does not have an organized late effects program.

**Neuro-Oncology**

The multidisciplinary neuro-oncology program is now directed by Dr. Gloria Kennedy. The program is held in the CCCBD on a monthly basis and is regularly attended by pediatric neurology, radiation oncology and an educational specialist. The visits focus not only on the medical care and management of long term complications but also focus on the psychosocial and educational needs of these children. It has been a true multi-disciplinary program which makes it much simpler for patients and their families; they are able to see all their neuron-oncology providers at a single visit. The staff shortages in pediatric neurology have been a challenge to this approach, but hopefully recruitment of additional faculty will help.

**Hemophilia**

Diane Groth, RN, PNP and Dr. Dvorak coordinate the federally funded hemophilia program. More than fifty patients with hemophilia and more than 220 with other coagulopathies receive consistent, comprehensive care through this program. Camp High Hopes, co-founded and operated by Ms. Groth, provides a wonderful week-long camp experience for boys with hemophilia. It is open to boys from the entire upstate region and is unique for this area.

**New York State Designated Hemoglobinopathy Center**

This program is directed by Dr. Richard Sills. Its primary role is to provide the focus of care for children with hemoglobinopathies; most of these children are identified by the New York State Newborn Screening Program and referred to us directly as the regional center. Smaller numbers of children are referred when they move into the area. We currently care for approximately 100 children with sickle cell disease. We also provide service to children with other hemoglobinopathies such as thalassemia and hemoglobin C or E disorders. In addition we provide genetic counseling to families identified as having infants with hemoglobinopathy traits identified by newborn screening or referred by outside physicians.
**Autologous Stem Cell Transplantation**

The pediatric stem cell transplant program continues to develop and serve the needs of patients with a variety of solid tumors, particularly those with neuroblastoma and brain tumors. We are an approved autologous transplant center for COG studies.

**Pediatric Infusion Center**

The role of the division has been established in directing the Pediatric Infusion Center under the supervision of Dr. Richard Sills. With the increasing use of biologics in children with non-oncologic disorders, the center’s activity has grown substantially.

**Educational and Neuropsychology Services**

This is an area of innovation in our division. Kristi Griffin is our educational coordinator. Her role is to coordinate tutoring, school re-entry, assessing and guaranteeing adaptation of the educational system to the unique needs of our children, the monitoring of school performance and active participation in the educational planning for children with neurocognitive deficits. Close collaboration with the regional school districts and the use of school visits is integral to the success of this program. She also coordinates our “When Cancer Enters the Classroom” program for school nurses and teachers in our region to learn more about working with our children. Brian Rieger, PhD, a neuropsychologist in the Department of Physical Medicine and Rehabilitation, is a close collaborator with the service and supervises all of the neuropsychological testing. Participation of PhD students from the School of Education at Syracuse University has been funded by the CCCBD and has been an integral part of an innovative research program. Dr. Richard Sills has also been involved in providing lectures and communication with the Syracuse School Nurses Association.

**Pediatric Palliative Care**

Dr. Irene Cherrick has very successfully expanded the palliative care program which has become a separate program as much of its activity has moved beyond pediatric hematology and oncology. It has been very successful and it fills a tremendous void by organizing and providing support for children who are still receiving some therapy to improve their quality of survival in spite of an inability to cure their disease. The traditional hospice programs manage patients only after therapies, such as chemotherapy, are no longer being used.

**CLINICAL RESEARCH HIGHLIGHTS**

The division remains highly involved in the clinical research of COG. In addition, we have been involved in some other clinical trials. Dr. Kennedy is a co-author of an article submitted for publication involved important brain tumor studies which are done outside the COG arena.

Dr. Sima has effectively examined the current understanding of late effects of childhood cancer by primary care providers. As these children age out of pediatrics and begin to often be followed by primary care providers, it is essential to improve the ability of these providers to understand and recognize potential complications. We are working with her to expand this work.

Dr. Sills is still attempting to re-establish the planned regional consortium involving Rochester, Buffalo and Syracuse for a research basis into children with sickle cell disease. The loss of the primary providers of sickle cell care in Rochester and Buffalo has impaired this progress.

**BASIC RESEARCH HIGHLIGHTS**

Dr. William Kerr’s basic research program, centered on the role of SHIP, continues to be remarkably successful. Several aspects of the program have already resulted in publications, as noted below, and Dr. Kerr’s funding record continues to be remarkable. Several post doctoral students and undergraduate students as well are involved in the laboratory. The role of SHIP in maintaining a diverse repertoire of activating and inhibitory receptors in mature
natural killer (NK) cells is expanding beyond its role in oncologic disorders and graft-versus-host disease. This has increased the potential for future research and support.

**Editorial Activities**

Dr. Sills served as a consulting editor of PREP 2001-until late in 2011 and continues to be a question writer for PREP.

**PUBLICATIONS**


PRESENTATIONS AT SCIENTIFIC MEETINGS


Kerr W G. Inhibitor and Activator: Dual Functions of SHIP in Immunity and Cancer. Hebrew University. Jerusalem Israel, October 10, 2010


GRANTS AND CONTRACTS

Kerr K

Children's Oncology Group (Principal Investigator for our center). Principal Investigator.

Kerr W


NIH: 2010-2014 RO1 HL107127: Chemical Inhibition of SHIP1 to Facilitate Allogeneic Bone Marrow Transplantation. Principal Investigator.
**Sils R**

Novartis Exjade Study: Exjade (deferasirox, IC670A) Study No. CIC670A2411--A 5-year observational study (registry) of children aged 2 to <6 years at enrollment with transfusional hemosiderosis treated with deferasirox. Principal Investigator for this center.

Novartis Sickle Cell Family Study: A 3-year, Prospective, Non-Interventional Multicenter Registry in Sickle Cell Disease Patients. Principal Investigator for our center.

### SELECTED CLINICAL DATA

#### Hematology/Oncology Outpatient Visits:

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<thead>
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<th>Year</th>
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#### Hematology/Oncology Inpatient Visits:

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#### Palliative Care Outpatient Visits:

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<td>2011</td>
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<td>2012</td>
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#### Palliative Care Inpatient Visits:

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<tr>
<td>2011</td>
<td>229</td>
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<td>2012</td>
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</table>
INFECTIOUS DISEASES

FACULTY

Leonard B. Weiner, MD, Professor of Pediatrics, Pathology and Family Medicine, Director, Division of Infectious Disease and Immunology

John A. Bradshaw, MD, Clinical Assistant Professor of Pediatrics

Joseph B. Domachowske, MD, Professor of Pediatrics, Microbiology and Immunology

Jana Shaw, MD, MPH, Assistant Professor of Pediatrics

Jeffrey D. Snedeker, MD, Clinical Assistant Professor of Pediatrics

Manika Suryadevara, MD, Assistant Professor of Pediatrics (as of July, 2012)

FELLOWS

Nicolas J. Bennett, MD – completed September, 2011

Manika Suryadevara, MD – completed June, 2012

AFFILIATED CLINICAL STAFF

Kathie Contello, RN, MS, CPNP

M. Christine Crandall, RN, MS, PNP

Wendy Holz, RN, MS, PNP

AFFILIATED RESEARCH STAFF

Karen Bilynsky, RN, CRC, Study Coordinator

Cynthia A. Bonville, MS, MT(ASCP), Principal Research Support Specialist

Maureen Butler, RN, BSN, Study Coordinator

Beatriz Kovar, CCRP, Data Manager

Linda Markell, Fellowship Program Coordinator

Kay Scott, NP, MS, Study Coordinator

Lisa Susko, RN, Study Coordinator

Christy Tabarani, MD, Research Assistant

Nuala Wheat, LMFT, HIV/AIDS Project Administration

CLINICAL OVERVIEW

The Division of Infectious Diseases provides care for infants, children and adolescents with severe or unusual infections and immune deficiency syndromes, including HIV. Infectious disease specialists evaluate and treat children with recurrent infections, persistent or periodic fever syndromes, unusual or severe bacterial, viral, fungal and parasitic diseases, and innate or acquired immune deficiency syndromes. As a designated New York State Department of Health Pediatric AIDS Center of Excellence, we provide medical care for pediatric and young adult patients infected with, or exposed to human immunodeficiency virus. Our outpatient care is provided in the Pediatric and Adolescent Infectious Disease and Immunology Center in the pediatric subspecialty outpatient setting located in the Golisano Children’s Hospital. Patients referred by their primary care physicians for infectious disease and immunologic
diagnostic evaluations or who need intravenous antibiotics and immunoglobulin infusions are cared for in this Center. Follow-up evaluations on recently hospitalized patients also take place in this setting.

Hospitalized patients are evaluated upon the request of their physicians at Golisano Children’s Hospital, Crouse and Saint Joseph’s Hospitals. Our infectious disease specialists work closely with primary care pediatricians and family physicians, surgical specialist, intensivists, hospitalists, and neonatologists to direct the diagnostic and therapeutic evaluations of patients with infectious disease and/or immunologic problems.

The activities of the Division of Infectious Disease include the only New York State Department of Health Pediatric Designated AIDS Center in the region. This program has also received a Center of Excellence designation and is funded by the New York State Department of Health. The Division of Infectious Disease is also a NYSDOH-designated newborn screening center for evaluation of T-cell lymphopenia disorders.

The Pediatric Infectious Disease Division has an accredited fellowship program that accommodates one postgraduate resident a year. The focus of this specialty education is on clinical care and research.

**RESEARCH HIGHLIGHTS**

**Clinical Trials**

A major effort of the infectious disease physicians is participation in multi-center, national and international clinical trials to evaluate the safety and efficacy of new pharmacologic agents and vaccines for children and adolescents. Specifically, Dr. Weiner currently supervises protocols to evaluate novel antiviral therapies and multiple clinical vaccine trials. Studies involving newer meningococcal, pneumococcal, influenza, DTAP/Hib/IPV and MMRV vaccines are currently underway. Vaccine trials take place at University Pediatric and Adolescent Center and other sites.

Dr. Domachowske’s clinical research interests focus on the epidemiology and clinical manifestations of lower respiratory tract viral infections. He has paralleled these interests with an extensive laboratory program involving the study of severe respiratory virus infection utilizing animal models. Severe viral bronchiolitis and pneumonia depend on both active viral replication, and on the host cell immune responses to that infection. Studies to elucidate these host responses and to determine the clinical effects of inhibiting these responses have revealed that combination therapy with antiviral compounds and specific immunomodulatory agents offer dramatic clinical benefits. Laboratory studies are ongoing to identify compounds of promise to move in to human clinical trials. Dr. Domachowske’s clinical and epidemiologic trials include RSV-prevention protocols, RSV/parainfluenza vaccine trials, pediatric influenza vaccine trials.

Dr. Shaw’s clinical research interests focus on epidemiology and severity of S. aureus infection among healthy children. Current research focuses on establishing the role of S. aureus virulence factors among seriously ill children and the importance of S. aureus colonization among children with cystic fibrosis. Dr. Shaw has also been interested in quality of life and clinical outcomes among immunocompromised patients receiving immunoglobulin replacement therapy. She has also undertaken a series of epidemiologic studies aimed at elucidating the causes of vaccine refusal among various populations.

Dr. Suryadevara’s basic science research focuses on the study of the pathogenesis of Sendai virus (murine parainfluenza) and pneumovirus of mice. Currently that work is directed toward the future development of therapeutic options for human RSV infection using the pneumovirus mouse model. Her clinical research involves improving vaccine uptake in the community through community education and outreach interventions, as well as studying respiratory virus epidemiology in hospitalized children.


PRESENTATIONS AT SCIENTIFIC MEETINGS

Bennett NJ, Domachowske JB. An intervention to improve the diagnostic evaluation for suspected neonatal herpes simplex virus infection. Infectious Disease Society of America, Boston MA, 2011.


Bernstein D, Makin E, Charenkavanich S, Dubovsky F, Domachowske JB representing the MICP 150 study team. Safety profile, immgenicity and viral shedding of MEDI-534, a live attenuated respiratory syncytial virus (RSV) and parainfluenza virus type 3 (PIV3) vaccine in RSV/PIV3 seronegative children. RSV 2010. Rotterdam Netherlands, Dec 2010.


Bernstein D, Makin E, Charankavanich S, Dubovsky F, Domachowske JB representing the MICP 149 study team. Safety profile, immogeneity and virus shedding MEDI-554, a live, attenuated respiratory Syncytial virus (RSV) and parainfluenza virus type 3 (PIV3) vaccine in RSV/PIV3 seronegative children. RSV 2010 Rotterdam, Netherlands Dec 2010.


Suryadevara M, Domachowske JB. Parainfluenza virus causes clinically severe lung infection in mice. Infectious Disease Society of America, Boston MA, 2011.


HONORS, VISITING PROFESSORSHIPS, BOOK CHAPTERS, AND EDITORIAL DUTY

BOOK CHAPTERS

Leonard B Weiner, MD

Joseph Domachowske, MD


EDITORIAL DUTY

Joseph Domachowske, MD

Editor, Clinical Microbiology Reviews . . . . . . . . 2007-2011
Editorial Board Member, Open Virology Journal 2007-2011
Editor, World Journal Vaccine . . . . . . . . . . . . . . 2011
Managing Editor, Pediatrics e-medicine . . . . . . . . 1999-2011
Infectious Diseases Section . . . . . . . . . . . . . www.emedicine.com

GRANTS AND CONTRACTS

Weiner LB

2010-2012 University of Alabama at Birmingham: A Phase III, Randomized, Placebo-Controlled, Blinded Investigation of Six Weeks Vs. Six Months Of Oral Valganciclovir Therapy In Infants With Symptomatic Congenital Cytomegalovirus Infection (NIH/NIAID/CASG 112) Protocol Number: 06-0046: Principal Investigator

2011-2015 New York State, Department of Health, AIDS Institute – Adolescent/Young Adult HIV Specialized Care Center (SCC): Principal Investigator

2010-2013 GlaxoSmithKline Biologicals: A Phase Ii, Randomized, Multicenter Study, Doubleblind For The Immunogenicity And Consistency Evaluation Of 3 Lots Of Gsk Biologicals, Haemophilus Influenzae Type B (Hib) Conjugate Vaccine And Single Blind And Controlled For The Evaluation: Principal Investigator

2011-2013 Pfizer – A PHASE 2, RANDOMIZED, ACTIVE CONTROLLED, OBSERVER-BLINDED TRIAL, TO ASSESS THE SAFETY, TOLERABILITY, AND IMMUNOGENICITY OF GARDASIL® (HPV) VACCINE AND rLP2086 VACCINE WHEN ADMINISTERED CONCOMITANTLY IN HEALTHY SUBJECTS AGED ≥11 TO <18 YEARS (Bi971011): Principal Investigator

2011-2013 Pfizer – A PHASE 2, RANDOMIZED, ACTIVE-CONTROLLED, OBSERVER-BLINDED TRIAL, TO ASSESS THE SAFETY, TOLERABILITY, AND IMMUNOGENICITY OF MCV4, Tdap VACCINE AND rLP2o86 VACCINE WHEN ADMINISTEREDCONCOMITANTLY IN HEALTHY SUBJECTS AGED ≥10 TO <13 YEARS (Bi971015): Principal Investigator

2010-2013 Novartis Pharmaceuticals: A Phase 3b, Randomized, Open-Label, Multi-Center Study to Evaluate the Safety and Immunogenicity of 2 or 3 Doses of MenACWY Conjugate Vaccine In Healthy Infants and the Effects of a Booster Dose of MenACWY Administered in the Second Year of Life (V59-36): Principal Investigator

2011- 2013 Sanofi Pasteur: Td537 “Safety and Immunogenicity in Adults of Revaccination with Adacel Vaccine 10 Years after a Previous Dose”: Principal Investigator

2012 - Merck: A Phase III Double-Blind, Randomized, Multicenter, Controlled Study to Evaluate the Safety, Tolerability, and Immunogenicity of Measles, Mumps, Rubella, Varicella (MMRV) Vaccine Made with an Alternative Manufacturing Process (AMP) PROTOCOL No.: V221-027: Principal Investigator


2012- GlaxoSmithKline Biologicals: A phase IIIA, randomized, observer-blind, multinational consistency study to evaluate the immunogenicity and safety of GSK Biologicals' MMR vaccine (209762) (Priorix®) compared to Merck & Co., Inc.'s MMR vaccine (M-M-R®II), as a first dose, both co-administered with Varivax, Havrix and Prevnar 13 (subset of children) to healthy children 12 to 15 months of age. (MMR-160): Principal Investigator

Domachowske JB

2011-2012 Community-based initiatives to decrease barriers to pediatric immunization. Award in Pediatric Vaccine Research sponsor: Pfizer. Role: Mentor

2010-2012 Medimmune Research Grant: A phase 1/2a randomized, double blind, placebo controlled study of MEDI534, a live attenuated vaccine against RSV and PIV3 in healthy infants: Principal Investigator

2009-2011 National Institutes of Health, NIAID. The Innate Immune Shield: Lactobacillus species promote resistance to the lethal sequelae of respiratory virus infection. Role: Collaborator

2009-2012 Medimmune Research Grant: Respiratory events among premature infants (32-36 week GA): Outcomes and risk tracking study: Principal Investigator

2009-2012 Medimmune Research Grant: A phase 1/2a, randomized, double-blind, placebo-controlled study to evaluate the safety, tolerability, immunogenicity, and viral shedding of MEDI-559, a live attenuated intranasal vaccine against respiratory syncytial virus in health 1 to <12 month-old children: Principal Investigator

2007-2012 Medimmune Research Grant: An expanded phase 1/2a, randomized, double-blind, placebo-controlled dose escalation study to evaluate the safety, tolerability, immunogenicity, and viral shedding of MEDI-560, a live attenuated recombinant parainfluenza virus type 3 (PIV3) vaccine administered to healthy infants 1 to <12 mos of age: Principal Investigator


2011 Pfizer: Investigator Award in Pediatric Vaccine Research

2010-2011 A phase III double-blind randomized study to evaluate the immunogenicity and safety of GSK Biologicals' quadrivalent influenza vaccine compared to GSK Biologicals' trivalent influenza vaccine administered intramuscularly in children aged 3 to 17 years and to describe the safety and immunogenicity of GSK Biologicals' quadrivalent vaccine in children aged 6 to 35 months: Principal Investigator

2010-2011 A phase II, observer-blinded, multi-center, controlled study to assess the safety and immunogenicity of one dose of GlaxoSmithKline (GSK) Biologicals’ meningococcal serogroup ACWY tetanus toxoid conjugate vaccine (MenACWY-TT) versus one dose of sanofi pasteur’s meningococcal serogroups A, C, W-135 and Y Vaccine (Menactra®) in healthy subjects aged 10 through 25 years: Principal Investigator

2010 A Phase 1/2a, Randomized, Double-Blind, Placebo-Controlled, Dose-Escalation Study to Evaluate the Safety, Tolerability, Immunogenicity and Viral Shedding of MEDI-534, a Live, Attenuated Intranasal Vaccine Against Respiratory Syncytial Virus (RSV) and Parainfluenza Virus Type 3 (PIV3), in Healthy Children 6-24 month-old and in 2 month-old Young Infants: Principal Investigator.
2010 Medimmune Research Grant. A Phase 1/2a Randomized, Double Blind, Placebo Controlled Study of MED1534, a Live Attenuated Vaccine Against RSB and PIV3 in Healthy Infants: Principal Investigator.

2010 Golisano Children’s Hospital Research Grant: The effects of prematurity and chronologic age on the immune responses to viral respiratory infections in infants: Principal Investigator.

SELECTED CLINICAL DATA

Outpatient visits, 2010: .......................... 1,264
Outpatient visits, 2011: .......................... 1,137
Outpatient visits, 2012: .......................... 839

Inpatient visits, 2010: .......................... 574
Inpatient visits, 2011: .......................... 650
Inpatient visits, 2012: .......................... 502
INPATIENT PEDIATRICS

FACULTY

John S. Andrake, MD, Associate Professor of Pediatrics, Division Director
Olamide Ajagbe, MD, Assistant Professor of Pediatrics
Celeste Madden, MD, Associate Professor of Pediatrics
Jennifer Nead, MD, Assistant Professor of Pediatrics
Melissa Schafer, MD, Assistant Professor of Pediatrics, Assistant Professor of Medicine
Manika Suryadevara, MD, Assistant Professor of Pediatrics
Thomas R. Welch, MD, Professor and Chair, Department of Pediatrics

CLINICAL OVERVIEW

The Division of Pediatric Inpatient Medicine provides care for hospitalized children from newborn to adolescence at the Golisano Children’s Hospital. The division serves the 17 county referral area of Central New York with patients referred for specialized inpatient care for a wide range of disorders, from community hospitals in the region. In addition, we provide inpatient care for patients for over 50 local pediatricians and all local family physicians. Our pediatricians deliver direct care, as well as consultative services to subspecialists and surgeons. Together with specialized nurse practitioners, case managers, social workers, pharmacists, and resident and medical student teams, the Hospitalists provide comprehensive care and case coordination. We work alongside many of our subspecialists, medical and surgical, to co-manage non-critical care inpatients. As the division moves forward, an important part of patient care will include the development of clinical pathways, some of which are already being drafted.

The faculty members of the Division of Pediatric Inpatient Medicine have other clinical interests. Some of our hospitalists are also subspecialists and work in the Divisions of Pediatric Nephrology and Infectious Diseases. As general pediatricians, some also work in general ambulatory pediatrics.

Along with clinical care, the faculty in Inpatient Medicine is very involved in medical student education as well as that of pediatric and pharmacy residents. The division provides the inpatient education for medical students in the Pediatric Clerkship and Acting Internship. We play a vital role in the education of all pediatric residents, family medicine interns, and transitional year interns in this field. Pharmacy residents also participate in teaching rounds to give them education in the clinical aspects of their discipline.

RESEARCH HIGHLIGHTS

As a young division, the research enterprise is in its early stages. Dr. Suryadevara is actively participating in the Division of Pediatric Infectious Diseases. These interests include: respiratory virus pathogenesis and methods to improve vaccination rates.

Dr. Welch has been an avid researcher in the role of the human complement system in immune glomerular disease.

Other areas of research for the division include studying methods for hand-offs at discharge, complications of stomach acid suppression, antibiotic choices in skin and soft tissue infections, and the development of quality and safety measures.

PUBLICATIONS


PRESENTATIONS AT SCIENTIFIC MEETINGS

Dr. Andrake:

3/2012 Introduction to Educational Scholarship: How to make your great ideas count!
Presented at the Annual Meeting of the Association of Pediatric Program Directors, with Su-Ting, Li, MD, UC Davis, Heidi M. Sallee, MD, St. Louis University, Richard Robus, MD, Blank Children’s Hospital, Daniel West, MD, UC San Francisco, Linda Waggoner-Fountain, MD, MEd, University of Virginia, Heather McPhillips, MD, MPH, University of Washington. San Antonio, TX

Dr. Nead:

5/2011 Predictors of surgical intervention in childhood cervical lymphadenitis, Poster Presentation, Pediatric Academic Society Meeting, Vancouver, BC

Dr. Suryadevara:

04/2012 Respiratory viruses are frequently detected from the nasopharynx of febrile neutropenic children. Poster Presentation. Pediatric Academic Society Meeting, Boston, MA
03/2012 Respiratory viruses are frequently detected from the nasopharynx of febrile neutropenic children. Platform Presentation. Beyond the Doctorate Research Day, Upstate Medical University. Syracuse, NY
10/2011 Parainfluenza virus causes clinically severe lung infection in mice. Poster Presentation. Infectious Disease Society of America Meeting. Boston, Massachusetts

SELECTED CLINICAL DATA

Inpatient visits, 2010: 15,865
Inpatient visits, 2011: 16,125
Inpatient visits, 2012: 17,385
Nephrology

Faculty

James Listman, MD, Assistant Professor of Pediatrics (left department January, 2011)
Scott Schurman, MD, Associate Professor of Pediatrics, Section Head
Lawrence Shoemaker, MD, Associate Professor of Pediatrics (joined faculty March, 2012)
Thomas Welch, MD, Professor of Pediatrics, Chairman, Department of Pediatrics

Affiliated Clinical Staff

Susan Sheffield, MS, PNP, Nurse Practitioner and Coordinator Voiding Improvement Program

Affiliated Research Staff

Lisa W. Blystone, MS, Instructional Support Specialist
JoAnne E. Race, MS, Instructional Support Specialist (left department Dec., 2011)

Clinical Overview

The Section of Nephrology provides inpatient consultation and acute dialysis care, including peritoneal dialysis, hemodialysis, and hemofiltration at the Upstate Golisano Children’s Hospital. Outpatient dialysis care, both peritoneal dialysis and hemodialysis, is provided at the University Dialysis Center in Syracuse. Other outpatient services are provided at our primary site in Syracuse, 725 Irving Ave., Suite 401, and satellite facilities in Watertown, Utica, and Binghamton. In 2012, we will be opening a new facility for hemo- and peritoneal dialysis on our campus.

The section evaluates and treats infants, children, and adolescents with the full spectrum of disorders of the urinary tract. This activity includes basic nephrology, disorders such as nephrotic syndrome, glomerulonephritis, and all stages of chronic renal insufficiency. However, the section’s activity has few limits. We have an established expertise in the diagnosis and treatment of children with hypertension, including 24 hour ambulatory blood pressure monitoring. We care for patients with mineral metabolism disorders and metabolic bone disease, including inherited and acquired forms of rickets, osteogenesis imperfecta, and osteoporosis. Metabolic evaluations of children with urolithiasis are performed, stressing dietary measures that can minimize risk of recurrence.

The section provides coordinated care to infants and children with simple and complex urologic abnormalities, including prenatal visits. Patients with congenital or other hydronephrosis and vesicoureteral reflux are evaluated and followed. We work closely with our section of pediatric urology.

In addition, the section has attempted to address the growing number of children with voiding dysfunction, particularly children with associated daytime urinary urgency/incontinence and recurrent urinary tract infections. This effort, the “Voiding Improvement Program” (VIP) is coordinated by our pediatric nurse practitioner and nephrology nurse specialist, Susan Sheffield and Vickie Keeler. A multimodal approach to treatment is employed, including dietary, behavioral modification, and medication therapy.

Research Highlights

Role of Local Complement Synthesis in the Kidney

Dr. Welch’s laboratory has continued its study of novel roles for the human complement system in progressive renal disease. The role of activation and deposition of serum complement in the glomerulus as a major mediator of glomerulonephritis has long been established. We were the first laboratory to demonstrate that the human kidney itself could be a source of a number of complement components and that activation of these components in the peritubular interstitium was a major mediator of progressive renal damage.
Over the past few years, we have developed a murine model of chronic immune complex glomerulonephritis and have used animals lacking various complement components as a mechanism for dissecting the specific role of complement in this process. We have further demonstrated that expression of the third component of complement, C3, is differentially regulated in the kidney and the liver. This has opened the possibility of specifically targeting renal complement expression without interfering with the important role of the complement cascade in the systemic immune response.

We are now using the technique of gene expression analysis through microarray in order to examine differences in gene expression profiles between wild type animals and those lacking specific complement components. This is permitting us to understand the downstream molecular mechanisms by which peritubular complement activation induces renal damage.

Most recently, we have developed a collaboration with Alexion pharmaceuticals. Alexion has developed some specific monoclonal antibodies to murine complement components. We are testing the extent to which such antibodies may mimic the effect of complement absence in this model. This has significant translational potential, as there are similar antibodies to some human complement components.

**PUBLICATIONS**


**PRESENTATIONS AT SCIENTIFIC MEETINGS**


**HONORS, VISITING PROFESSORSHIPS, EDITORIAL DUTY**

**Welch TR:** Associate editor, the *Journal of Pediatrics*
## SELECTED CLINICAL DATA

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<td>Kidney transplants</td>
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NEURODEVELOPMENTAL PEDIATRICS

FACULTY

Gregory Liptak, MD, MPH, Upstate Foundation Professor of Development, Division Director (deceased March, 2012)

Nienke Dosa, MD, MPH, Associate Professor of Pediatrics

Carol Grant, PhD, Clinical Assistant Professor

Louis Pellegrino, MD, Assistant Professor of Pediatrics

Henry Roane, PhD, Gregory S. Liptak, MD Endowed Professor in Child Development, Associate Professor of Pediatrics and Psychiatry, Division Director, and Director, Kelberman Feeding and Behavior Program

AFFILIATED CLINICAL STAFF

Laura Jacobsen, FNP

CLINICAL OVERVIEW

The Center for Development, Behavior and Genetics provides evaluation, treatment, and management services for children and adolescents with developmental delays and disabilities. Outpatient clinical services are located in the Physician Office Building, Suite 112, at 600 E. Genesee Street, Suite 124, and at 215 Bassett Street. These include interdisciplinary programs in Autism Spectrum Disorders, Behavior and Feeding Disorders, Child Development, Clinical Genetics, Inherited Metabolic Diseases (accredited by New York State), Physical Disabilities, and Spina Bifida. Dr. Nienke Dosa focuses on the care of children with physical disabilities, Dr. Louis Pellegrino focuses on children with cognitive challenges, while Dr. Liptak provided care for children with cognitive disorders and physical disabilities. Genetic services are also provided under the umbrella of this program, and are described separately in the “Genetics” section.

Dr. Dosa directs the Physical Disabilities Program for children with cerebral palsy and those with other physical disabilities. She also directs the Spina Bifida Clinic. Dr. Pellegrino directs the Autism Spectrum Program and the Child Development Program, which includes children with developmental delays from other causes.

Dr. Roane directs the Kelberman Behavior and Feeding Program at 600 E. Genesee Street. He also serves as the division director.

Dr. Grant directs the Margaret Williams Developmental Evaluation Clinic.

In addition, the Center is staffed by a nurse practitioner, Laura Jacobsen, PNP, who provides care for patients with developmental disabilities. The Center also has professionals in pediatric nursing, nutrition, genetic counseling, psychology, and social work. Pediatric specialists in orthopaedics, psychiatry, neurosurgery, and urology provide on-site consultation.

PROGRAMS

The Child Development Program offers diagnostic, management and counseling services to the families of children with a variety of neurodevelopmental concerns, including the autism spectrum disorders, cognitive and learning disabilities, speech and language disorders, attention deficit hyperactivity disorder, motor coordination disorders, and Down syndrome. Children from birth through the teenage years are served through the program. Diagnostic evaluations are provided by Dr. Lou Pellegrino, who is certified in general pediatrics and neurodevelopmental pediatrics. Special, standardized testing is employed in the assessment of children on the autism spectrum. The physicians, with the support Laura Jacobsen, also provide ongoing care and management for children with a variety of neurodevelopmental disorders, including targeted medication management when appropriate.
The Physical Disability Program provides specialty care to children who are multiply disabled by conditions such as cerebral palsy, vision impairment/blindness, and genetic disorders. The focus is on habilitation. Some children may be referred for a single visit, such as spasticity evaluation and management, including injections with botulinum toxin (Botox), while other children may receive ongoing care for complex medical problems. The program offers a multidisciplinary approach and addresses both medical and behavioral/developmental issues. It helps to establish a diagnosis and to develop a care plan. The Physical Disability Program offers an interdisciplinary approach and collaboration with other pediatric specialists and surgeons. The program is staffed by Dr. Dosa who is board-certified in pediatrics and in neurodevelopmental disabilities, and professionals in occupational therapy, physical therapy, nutrition, and specialty nursing.

The Spina Bifida Center of Central New York provides comprehensive specialty care to children and adolescents with spina bifida. The center is staffed by Dr. Dosa who is board-certified in pediatrics and in neurodevelopmental disabilities, and professionals in physiatry, occupational therapy, physical therapy, social work, nutrition, and specialty nursing. Our focus is on wellness and the prevention of secondary conditions. The Spina Bifida program schedules screening studies as needed and coordinate care with surgical sub-specialists in neurosurgery, orthopaedics and urology. It also collaborates with specialists in wound care and facilitates the ordering of adaptive equipment. It offers a multidisciplinary approach and address both medical and behavioral/developmental issues.

In collaboration with faculty in adapted physical education from SUNY Cortland, Dr. Dosa has developed a Group Visit Model for individuals with spina bifida, cerebral palsy, and other motor disabilities. Group Visits focus on adapted sports and physical activity for the entire family. Group Visits take place at a state-of-the-art gym and pool facility at the Institute for Human Performance on the SUNY Upstate campus.

The Kelberman Behavior and Feeding Program uses the basic principles of learning and behavior analysis to assess and treat behavior problems displayed by children with developmental disabilities. Children appropriate for this clinic are those who are at risk for a change in their living or school placement or whose behaviors put them or their family at serious risk for diminished health. The program offers a continuum of services for children (2-21 years) with developmental disabilities who display the following types of behavioral difficulties: property destruction, aggression, and self-injurious behavior, food refusal and food selectivity. Although the majority of the treatment occurs in the clinic setting, treatments are evaluated across multiple environments including the home and school/daycare.

**RESEARCH HIGHLIGHTS**

Dr. Dosa’s work is focused on improving community-based health services for children and adolescents with disabilities and complex medical conditions, especially as they transition from adolescence to adulthood. She heads the New York State Institute for Health Transition Training (www.HealthyTransitionsNY.org) and coordinates the Parent Partners in Health Education home visit program for residents in pediatrics, psychiatry and family medicine. She is collaborating with the Family Medicine Department on a funded grant entitled, “Center for Excellence in Primary Care,” whose purpose is to increase the knowledge of primary care providers in areas of developmental pediatrics. She is part of a multi-institutional study, funded by the NIH, to evaluate the safety and efficacy of oral Baclofen in children who have cerebral palsy.

Dr. Liptak was interested in researching the health services received by children who have special needs. He completed a project that examined the use of group visits in children with vision impairments to evaluate its feasibility as a model of care. He analyzed data from the National Longitudinal Transition Study-2 to evaluate the transitions of adolescents who have spina bifida as well as those who have autism. He worked on the clinical trial of Baclofen with Dr. Dosa, and served as an epidemiological consultant to NASPGHAN (North American Society for Pediatric Gastroenterology Hepatology and Nutrition).

Dr. Roane’s work focuses on developing novel treatments for severe behavior disorders and feeding disorders in children with autism and related disabilities. Dr. Roane recently completed a research project that was funded by the National Institutes of Health, which examined treatments for problem behavior that was occasioned by periods of
diverted caregiver attention. At present, he serves as a consultant on a Department of Defense contract to develop and delivery internet-based training for caregivers of children with autism. He is also the lead investigator on a project funded by the Office of Persons with Developmental Disabilities to develop in-home caregiver training programs for children with autism.

**PUBLICATIONS**


Falcumata TS, Roane HS, Muething CS, Stephenson KM, Ing AD. Functional communication training and chained schedules of reinforcement to treat challenging behavior maintained by terminations of activity interruptions. *Behav Modif.* 2012;36(5):630-49.


**PRESENTATIONS AT SCIENTIFIC MEETINGS**


**Dosa NP.** HealthyTransitionsNY.org, NYMAC Summit (New York-Mid-Atlantic Consortium for Genetic and Newborn Screening Services). Improving Quality and Coordination of Care and Services for Children with Special Health Care Needs and their Families. Baltimore, Maryland, May 18-19, 2011.

**Dosa NP,** moderator for plenary panel: Physical Activity, Health Promotion and Participation, 2nd World Congress on Spina Bifida Care, Las Vegas, NV. March 11-14, 2012


**Dosa NP,** LaValley R, Flaherty MG, Garver K, Liptak GS, Morley C. Health Status, Health Care Utilization, and Health Information Sharing: Patterns of Adult Patients at a Regional Spina Bifida Center. 2nd World Congress on Spina Bifida Care, Las Vegas, NV. March 11-14, 2012.


Bellin MH, Osteen P, Zabel A, Aparicio E, Dicianno BE, **Dosa N.** Family functioning, self-management, and the trajectory of psychological symptoms in emerging adults with Spina Bifida. 2nd World Congress on Spina Bifida, Las Vegas, NV. March 11-14, 2012. (Awarded First Place, Investigator Awards)


Kadey, H J & Roane HS. The effects of continuous access to preferred stimuli on infant behavior during tummy time. In A. Karsten (Chair), Assessing and Treating Noncompliance of Young Children. Symposium conducted at the 36th annual convention of the Association for Behavior Analysis International, San Antonio, TX, May, 2010.


Falcomata, T. S., Roane HS, Stephenson, K., & Ing, A. Further evaluation of the use of multiple schedules of reinforcement in during functional communication training. In K. Sloman (Chair), Variables Influencing the Effectiveness of Communication Training in Individuals with Autism Spectrum Disorders and Developmental Disabilities. Symposium conducted at the 37th annual convention of the Association for Behavior Analysis International, Denver, CO, May, 2011.


HONORS, VISITING PROFESSORSHIPS, BOOK CHAPTERS, AND EDITORIAL DUTY

BOOK CHAPTERS


Dual Diagnosis: A Guidebook for Caregivers by Susan Scharoun PhD (associated CME module developed by Nienke Dosa MD). This is a 34-page booklet published on-line June 2011 at www.HealthyTransitionsNY.org with funding support from the New York State Developmental Disabilities Planning Council.


Columna, L, Davis T, Dosa NP, Foley J, Garver K, Liptak GS. Fit Families Group Visits: Promoting Physical Activity for Kids with Spina Bifida Instructional DVD and Manual, published March 2012 with grant support from the Christopher and Dana Reeve Foundation.

www.HealthyTransitionsNY.org: Web resource includes 10 continuing education modules and 40 instructional DVD with moderator guide, developed for the New York State Institute for Health Transition Training. (Fred Sage Award, AACPDM, 2011)


**HONORS**

**Nienke Dosa, MD:**

Friend of Social Work Award, SUNY Upstate Medical University (2013)

First Place Investigator Award: *Self-Management, Satisfaction With Family Functioning, and the Course of Psychological Symptoms in Emerging Adults With Spina Bifida.* World Congress on Spina Bifida Care, Las Vegas, NV. (2012)


Parents for Public Schools Celebration of Excellence Award, Syracuse City School District (2010)

Gold Standard Award for Faculty Excellence, SUNY Upstate Medical University (2010)

**GRANTS**

**Dosa N**

HRSA-11-153. *Academic Administrative Units: Support for a Collaborative Primary Care Research Infrastructure*  Co-Principal Investigator with Drs Morley and Epling, Department of Family Medicine, SUNY Upstate Medical University (0.1 FTE) $798,095.00 (September 1, 2011-August 30, 2016).

ARRA/HRSA 1 D5AHP19904-01-00. *Development of a web-based continuing education program for HealthyTransitionsNY.org.* 0.1 FTE (September 1, 2010-August 30, 2011).

Florida Developmental Disabilities Planning Council: “My Health Care” initiative in collaboration with Florida Self Advocates and Robert Ciota and the Syracuse University Center for Human Policy. $30,000 (2010-2011).


New York-Mid Atlantic Consortium for Genetic and Newborn Screening Services Grant *Competency in Transition for Physicians in Training.* Robert Ostrander MD, PI (sub-award with Kim Garver MSW) $32,000 (2010).

**Roane HS**

**Enhanced Intensive Behavioral Services**; service contract funded by the New York State Office of People with Developmental Disabilities.

Amount: $387,000 annually

Funding dates: 10/1/12 to 9/30/15

Role: Lead Clinician

**Using Technology to Expand and Enhance Applied Behavioral Analysis Programs for Children with Autism in Military Families;** FY10 Clinical Trial Award funded by the United Stated Department of Defense Autism Research Program of the Office of the Congressionally Directed Medical Research Programs through the Office of the United States Army (PI: Wayne Fisher).

Amount: $1,484,879 in direct costs

Funding dates: 10/1/11 to 9/30/15

Role: Co-investigator
Family Behavior Analysis Clinic – Community Based Services; 2009 Autism/Crisis Family Support Services grant funded by the Central New York Disabilities Service Office (CNYDSO) within the New York State Office of Mental Retardation and Developmental Disabilities.
Amount: $318,090 in direct costs
Funding Date: 7/1/10 to 6/30/15
Role: Principal Investigator

Efficacy of Various Positive Reinforcers in the Treatment of Destructive Behavior; Small Research Grant (R03) funded by the National Institute of Mental Health within the National Institutes of Health.
Amount: $100,000 in direct costs
Funding Dates: 5/1/09 to 4/30/11
Role: Principal Investigator

SELECTED CLINICAL DATA

Neurodevelopmental Pediatrics
Outpatient Visits 2010: ......................... 1,575
Outpatient Visits 2011: ......................... 1,892
Outpatient Visits 2012: ......................... 1,472

Physical Disabilities (excluding spina bifida)
Outpatient Visits 2010: ......................... 346
Outpatient Visits 2011: ......................... 429
Outpatient Visits 2012: ......................... 402

Spina Bifida Program
Outpatient Visits 2010: ......................... 221
Outpatient Visits 2011: ......................... 266
Outpatient Visits 2012: ......................... 175
NEUROLOGY

Child neurology services are provided through the Section of Child Neurology of the Department of Neurology. These faculty members have joint appointments in the Department of Pediatrics.

FACULTY

Carl J. Crosley, MD, Professor of Neurology and Pediatrics (retired October, 2012)
Yaman Eksioglu, MD, PhD, Assistant Professor of Neurology and Pediatrics, Director
Nancy Havernick, MD, Clinical Assistant Professor of Neurology, Pediatrics and Psychiatry
Melissa Ko, MD, Assistant Professor of Neurology and Pediatrics
Klaus Werner, MD, PhD, Assistant Professor of Neurology and Pediatrics

AFFILIATED CLINICAL STAFF

Kara Donato, NP
Stephany Hess, NP
Katherine Tornabene, NP

CLINICAL OVERVIEW

The Section of Child Neurology provides diagnosis, treatment, and management for children and adolescents with neurodevelopmental and neurologic disorders. The outpatient offices are located in the University Health Care Center, 90 Presidential Plaza, Syracuse, NY 13202. Extensive services are available for children with epilepsy, headaches, cerebral palsy, muscular dystrophy, neurofibromatosis. The neurodevelopmental conditions of developmental delay, attention deficit disorder and autism also receive full attention.

Children with epilepsy are reviewed as appropriate with the additional input and services of the epilepsy team of the Department of Neurology and have the full services of the Department of Clinical Neurophysiology available to them including, electroencephalography, long-term video electroencephalographic monitoring, ambulatory electroencephalograms, and epilepsy surgery. In 2011, we began a program of inpatient epilepsy monitoring in the Golisano Children's Hospital. With the Department of Neurosurgery, we have begun an epilepsy surgery program.

Children with muscular dystrophies are eligible for care under the auspices of the Muscular Dystrophy Association weekly clinic centrally located in Syracuse with continuing care available in Utica and Watertown New York.

In collaboration with Dr. Gloria Kennedy, children with brain tumors and other tumors of the central nervous system are cared for at the monthly neuro-oncology clinic at Golisano Children's Hospital.

PUBLICATIONS

domain of the ARX gene leads to ohtahara syndrome, global developmental delay, and ambiguous genitalia in males and neuropsychiatric disorders in females. Epilepsia. 2011;52(5):984–92.


ABSTRACTS AND PRESENTATIONS

Oral presentations
National/International Meetings

PULMONOLOGY

FACULTY

Ran D. Anbar, MD, Professor of Pediatrics and Medicine, Division Director
Larry Consenstein, MD, Clinical Associate Professor of Pediatrics
Courtney E. Du Mond, PhD, Clinical Assistant Professor of Pediatrics
Christopher Fortner, MD, Assistant Professor of Pediatrics
Robert V. Hingre, MD, Assistant Professor of Pediatrics
Lawrence E. Kurlandsky, MD, Assistant Professor of Pediatrics (retired Dec., 2010)
Kevin G. Ragosta, DO, Associate Professor of Pediatrics
Zafer N. Soultan, MD, Associate Professor of Pediatrics

AFFILIATED CLINICAL STAFF

Kathie Contello, NP, Nurse Practitioner
Mary Forell, RT
Mary Foster, NP, Nurse Practitioner, Cystic Fibrosis Center Coordinator
Timothy Hatch, RT
Peter Scharoun, RT
Theresa Stanton, RT
Marilyn Sullivan, RT

AFFILIATED RESEARCH STAFF

Christine Hall, CCRP
Donna Lindner, RT, CCRC
Valoree Suttmore, CCRP

CLINICAL OVERVIEW

The Division of Pulmonology provides care for children and adolescents with lung and airway diseases. Major clinical activities of the Division include care of patients with asthma, allergies, cystic fibrosis, bronchopulmonary dysplasia, sleep disorders, and children who require assistance from technology, such as patients with tracheostomies, some of whom are ventilator dependent.

The Asthma Program includes the Pulmonary Function On-Site Testing Program, through which respiratory therapists from the Division of Pediatric Pulmonology travel to the offices of primary care providers and to school-based health clinics in Central New York. These therapists perform pulmonary function testing for patients who have been diagnosed with or are suspected of having asthma. Interpretation of this testing is provided by a Pediatric Pulmonologist from our Division, and results are faxed or mailed to the primary care providers within a few days. This Program has helped improve the care of patients with asthma who are followed by primary care providers exclusively.

In the Golisano Children’s Hospital, the Division provides state-of-the-art pulmonary function testing including, spirometry, lung volume measurements, measurement of diffusion capacity, measurement of exhaled nitric oxide, and oscillometry. Exercise pulmonary function testing is provided in coordination with the Division of Cardiology.
The Cystic Fibrosis (CF) Foundation accredited CF Care Center for pediatric patients is directed by Dr. Anbar assisted by Dr. Fortner. The Center staff includes two nurse practitioners, a psychologist, three respiratory therapists, three research coordinators, a social worker, a child life specialist, and a dietician. The Center evaluates all patients referred for possible CF through the State of New York Newborn Screening Program. The Division transitions its patients between the ages of 18 to 21 to an adult CF program administered through the SUNY Upstate Medical University Department of Medicine Division of Pulmonology.

An active flexible bronchoscopy service is under the direction of Dr. Soultan. Patients utilizing the bronchoscopy service include those who are technology dependent, and patients with airway illnesses of unclear etiology, e.g., patients with stridor, or recurrent lower respiratory infections, including some of our patients with cystic fibrosis.

The Bronchopulmonary Dysplasia Program is under the supervision of Dr. Hingre. This Program provides follow-up care to all high risk newborns who are discharged from the Neonatal Intensive Care Unit, and helps coordinate their care between different sub-specialty services and their primary care providers.

The High Technology Program is under the supervision of Dr. Ragosta. This Program provides long-term care and coordination of services for patients who require ventilator support, including both in the in-patient and out-patient settings.

The Pediatric Sleep Program is under the supervision of Dr. Soultan. Through this program, patients who have been referred for evaluation of sleep disorders to our Center undergo a comprehensive medical and psychological evaluation. Sleep studies are performed, when indicated, at the Pediatric Sleep Laboratory at Upstate Upstate Golisano Children’s Hospital at Community General Hospital. Dr. Larry Consenstein recently joined Dr. Soultan in this program.

The Hypnotherapy Program is under the supervision of Dr. Anbar. Common reasons for referral for hypnotherapy include patients with chest pain, habit cough, shortness of breath without a clear etiology, vocal cord dysfunction, anxiety, chronic pain, enuresis, habits, headaches, and irritable bowel syndrome.

Outpatient care in Syracuse by the Division of Pulmonology is provided at the Pediatric multi-specialties Center at Upstate Golisano Children’s Hospital. Plans for a new, expanded clinic space are in progress. The Division also supplies care in satellite clinics in Binghamton and Watertown.

CURRENT RESEARCH HIGHLIGHTS

Members of our division are conducting studies involving asthma, cystic fibrosis, hypnosis, and sleep.

Dr. Anbar is principal investigator in a number of epidemiological studies involving pediatric patients with asthma, which include evaluation of drug effects, environmental pollutants, and family dynamics in these patients.

Division physicians have been involved in 15 studies of patients with cystic fibrosis including multi-center therapeutic trials, national observational studies, and local epidemiological research projects.

Dr. Anbar is a national authority regarding use of hypnotherapy with children, and has authored several publications regarding hypnosis. Current research includes the effects of hypnosis in the treatment of asthma.

Dr. Du Mond, is well-recognized for her expertise in pediatric sleep medicine, and has been involved in multiple research studies involving pediatric sleep.

PUBLICATIONS


PRESENTATIONS AT SCIENTIFIC MEETINGS


HONORS, VISITING PROFESSORSHIPS


Anbar RD. Visiting Professor at Kaohsiung Medical University Noon Conference presentation on, “The Young Athlete with Shortness of Breath”, Kaohsiung, Taiwan, 2010.

Anbar RD. Visiting Professor at University Medical Center of Southern Nevada Grand Rounds presentation on, “Use of Hypnosis in Pediatrics”, and Department of Pediatrics presentation on, “Hypnotic Phenomena and Pain Control”, Las Vegas, NV, 2010.

GRANTS AND CONTRACTS

Cystic Fibrosis Foundation Care Center Grant, $276,570 total for 2010-2012.

Cystic Fibrosis Foundation Clinical Research Facilitation Award, $254,017 total for 2010-2012.

SELECTED CLINICAL DATA

Outpatient Visits

2010: ........................................ 7,106
2011: ........................................ 6,892
2012: ........................................ 6,409

Outreach Visits

2010: ........................................ 565
2011: ........................................ 632
2012: ........................................ 680
### Inpatient Encounters

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### Bronchoscopies

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### Sleep Studies

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### Hypnotherapy Encounters

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### Cystic Fibrosis Patients

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### New York State Cystic Fibrosis Newborn Screening Program evaluations

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### Pulmonary Function Tests at Upstate Golisano Children’s Hospital

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### Pulmonary Function Tests at Outreach visits

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<td>2011</td>
<td>437</td>
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</table>
Exercise Pulmonary Function Tests

2010: ...................................... 130
2011: ...................................... 137
2012: ...................................... 153

Pulmonary Function Tests at On-Site locations

2010: ...................................... 275
2011: ...................................... 212
2012: ...................................... 221
RHEUMATOLOGY

FACULTY

William P. Hannan, MD, Associate Professor of Pediatrics, Director, Pediatric Arthritis Center
Paul E. Phillips, MD, Professor of Medicine and Pediatrics
Caitlin Sgarlat, DO, Assistant Professor of Pediatrics (started Sept., 2011)

CLINICAL OVERVIEW

The Division of Pediatric Rheumatology provides comprehensive evaluation and treatment of children, adolescents and young adults with juvenile idiopathic arthritis (JIA), systemic lupus erythematosus (SLE), juvenile dermatomyositis, and related disorders. Other children seen in the Pediatric Arthritis Center include those referred for evaluation of acute and chronic joint pain, limp, fevers of unknown origin, and post-infectious causes of joint pain and arthritis. With the arrival of Dr. Sgarlat, a fellowship-trained pediatric rheumatologist, expanded areas for patient consultations and diagnostic/therapeutic procedures has been realized.

All patients referred to the Pediatric Arthritis Center are seen and evaluated by a pediatric rheumatologist. There is a nurse dedicated to the Pediatric Arthritis Center who is available for teaching families and children. Other ancillary services available to assist in the care of referred children include pediatric physical and occupational therapists, social workers, and child life specialists. Approximately 200 children with chronic rheumatologic disease are followed in the Pediatric Arthritis Center.

PUBLICATIONS


EDITORIAL DUTY

Phillips PE Editorial Board, Clinical and Experimental Rheumatology.

CLINICAL DATA

Total Pediatric Arthritis Center visits:
2010: ................................................. 732
2011: ............................................... 773
2012: ................................................. 984

New patient referrals:
2010: ................................................. 182
2011: ............................................... 187
2012: ................................................. 261
PEDiatric Surgical specialTies

It is impossible to operate a tertiary pediatric program without substantial surgical support. Syracuse has a group of pediatric surgeons and surgical subspecialists that are technically superb and extraordinarily collegial with their pediatric medical colleagues. While these surgeons have primary appointments in a surgical department, most have joint appointments in the Department of Pediatrics.

Pediatric Anesthesia

FACulty

Full-Time:

James Foster, MBBS, MBA, Professor of Anesthesiology, Chair, Department of Anesthesiology
Bettina Smallman, MD, Associate Professor of Anesthesiology and Pediatrics, Director of Pediatric Anesthesiology
Jadwiga Bednarczyk, MD, Assistant Professor of Anesthesiology
Rahila Bilal, MD, Assistant Professor of Anesthesiology
Elizabeth Demers-Lavelle, MD, Assistant Professor of Anesthesiology
Robyn Iglehart, MD, Instructor of Anesthesiology
Venkata Sampathi, MD, Instructor of Anesthesiology
Karolina Wrzeszc-onyenma, MD, Instructor of Anesthesiology

Part-Time:

Richard Beers, MD, Professor of Anesthesiology
Tracy Buckingham, MD, Assistant Professor of Anesthesiology
Robert Calimlim, MD, Associate Professor of Anesthesiology
Fenghua Li, MD, Assistant Professor of Anesthesiology
David Romano, MD, Assistant Professor of Anesthesiology
Sarah Stuart, MD, Assistant Professor of Anesthesiology
Xiuli Zhang, MD, Associate Professor of Anesthesiology

Clinical overview

The Division of Pediatric Anesthesia in the Department of Anesthesiology experienced significant growth in 2011. More than 5,000 children were anesthetized for over 7,000 procedures in the Pietrafesa Center for Children’s Surgery (CCS). Surgeons from all specialties provide care for children requiring surgery in CCS. In addition, the demand for procedures conducted outside the operating room environment (CT, MRI, Interventional Radiology, Radiation Therapy and Nuclear Medicine) continues to grow steadily.

The pediatric medical specialties, such as pulmonology and gastroenterology, have increased their procedural volume, and the pediatric oncologists have continued to utilize pediatric anesthesia services frequently for interventional procedures. As one of the few referral centers in Central New York for children undergoing MRIs and CTs, we have been able to streamline the process, making it safe and efficient to accommodate an ever-increasing demand.

The section of pediatric Anesthesia participates actively in anesthesia coverage at the Upstate Ambulatory Surgical Center. With the arrival of new pediatric surgeons and pediatric urologists many pediatric patients are cared for in the outpatient setting.
The Pediatric Anesthesia Division continued to show a strong commitment to the education of our anesthesiology residents and medical students. In addition to active participation in patient care, residents rotating in pediatric anesthesiology undergo a series of didactic lectures and journal clubs. Our team also teaches basic pediatric airway skills to Pediatric and Emergency Medicine residents and fellows who rotate through the CCS.

**PUBLICATIONS**


**PEDIATRIC CARDIOVASCULAR-THORACIC SURGERY**

**FACULTY**

George Alfieris, MD, Assistant Professor of Clinical Surgery and Pediatrics

Francisco Gensini, MD, Assistant Professor of Clinical Surgery

**CLINICAL OVERVIEW**

For a city of its size, Syracuse is very fortunate to have a high quality, nationally known program in congenital cardiac surgery. Part of the reason this program has been successful is the innovative arrangement Dr. Alfieris has developed with the University of Rochester, by which his time is shared between both institutions. This has enabled both programs to benefit from skilled surgery and has allowed Dr. Alfieris to undertake a higher volume of cases than he would in either center alone.
PUBLICATIONS


PEDIATRIC SURGERY

FACULTY

Michael H. Ratner, MD, Professor of Clinical Surgery in Pediatrics, Director, Division of Pediatric Surgery (retired July, 2012)

Tamer A. Ahmed, MD, Assistant Professor of Surgery and Pediatrics

Kim G. Wallenstein, MD, PhD, Assistant Professor of Surgery and Pediatrics

Andreas H. Meier, MD, MEd. Michael and Risa Ratner Professor of Surgery and Pediatrics, Director, Division of Pediatric Surgery (as of July, 2012)
AFFILIATED CLINICAL STAFF

Cathleen Desimone-Caltabiano, RNFA, MSN, PNP-BC
Kristin Schweizer, MSN, PNP

CLINICAL OVERVIEW

Members of the Division of Pediatric Surgery provide care to children at the Golisano Children's Hospital as well as the Neonatal Intensive Care Unit at Crouse Hospital. Our neonatal patients demonstrate a wide range of congenital anomalies as well as those conditions acquired in the very early days of infancy. Close rapport with our neonatal colleagues has been the hallmark of our neonatal effort for the past 40 years. At the Golisano Children's Hospital, our patients comprise the full range of the surgical problems of infancy and childhood and the division has done close to 2,000 operations per year. A close working relationship with the Division of General Pediatrics as well as all pediatric medical subspecialties affords the close collaboration that patients with these complex issues deserve. In addition, excellent relationships with all pediatric surgical subspecialties exists leading to a wide array of treatments necessary for the care of the children of Central New York. We have developed a significant interest in intestinal failure and severe constipation and have worked closely with our colleagues in the section of pediatric gastroenterology.

Both inpatient and outpatient procedures are performed at the Pietrafesa Center for Children's Surgery, a separate children's operating room in Upstate Golisano Children's Hospital. We have also begun to do outpatient surgeries at the Harrison Center outpatient facility, a short distance from Upstate Golisano Children's Hospital. Our outpatient clinic is located at 725 Irving Ave. with many other pediatric specialty programs. This entire suite has been redesigned within the last five years and is completely up to date and is completely electronic. Our intention within the next one to two years is to open satellite facilities in Watertown, Utica, and Binghamton and offer services in those facilities for outpatient visits.

Our educational thrust consists of teaching third and fourth year medical students as well as our junior and senior level general surgery residents. We have had a long history of having our general surgery residents go on to complete pediatric surgery fellowships.

Our research program is just getting underway but we have recently been involved in the development of a model very promising for neonatal necrotizing enterocolitis.

PUBLICATIONS


PEDIATRIC NEUROSURGERY

FACULTY

Zulma Tovar-Spinoza MD, Assistant Professor of Neurosurgery, Director of Pediatric Neurosurgery
Satish Krishnamurthy MD, MCh, Professor of Neurosurgery, Director Minimally Invasive Surgery

CLINICAL OVERVIEW

The Pediatric Neurosurgery division provides care for children with structural disorders of the brain and spinal cord. Our patients are from the regional community with some referrals from other states including from other countries. We enjoy collaborating with expert pediatric neurologists, neuroradiologists, neonatologists and intensivists. We participate regularly with the Pediatric Epilepsy Center, Spina Bifida Program, Cranio-facial Center, Center for Development, Trauma, Behavior and Genetics and the Physical Medicine and Rehabilitation Programs.

The division has expertise in the treatment of brain and spine tumors, congenital and developmental malformations, epilepsy, hydrocephalus, nervous system vascular lesions, pediatric brain trauma, and spasticity.

Neurosurgeries in the division provide a complete array of pediatric services including:

- Surgical treatment of congenital and developmental lesions of the nervous system [Spina bifida, Chiari Malformation, Cranio cervical spine abnormalities, tethered cord]
- Surgical treatment of brain and spine tumors [Open surgery and endoscopic]
- Surgical treatment of craniosynostosis [skull reconstructive surgery]
- Surgical treatment of epilepsy [invasive monitoring and resection of the brain area producing epilepsy]
- Surgical treatment of hydrocephalus [shunts and endoscopic third ventriculostomies -without shunt]
- Surgical treatment of spasticity [Baclofen Pumps, Dorsal Rhizotomies]
- Surgical treatment of vascular lesions of the nervous system [aneurysms, arterio-venous malformations, Moyamoya disease]

Dr. Zulma Tovar–Spinoza in conjunction with Dr. Yaman Eksioglu, our pediatric epileptologist, opened the Pediatric Epilepsy Surgery Program at Golisano Children’s Hospital. We successfully created the infrastructure for this important comprehensive program and have performed half a dozen surgical cases. We have also established the only center in Upstate New York to offer laser ablation surgery as an option for patients with epilepsy. We are incorporating the use of other new technologies to improve the endoscopic and minimally invasive treatment of brain tumors.

The Spina Bifida program has been consolidated with a multidisciplinary team lead by Dr. Nienke Dosa. The team includes Dr. Danielle Katz from Pediatric Orthopedics, Dr. Jonathan Ridell our new pediatric urologist and Dr. Tovar– Spinoza representing neurosurgery. We have participated in educational sessions with patients and families and have created a network of communication to keep the care of these complex patients up to date.

We have established a continuous and active pre-natal consultation for the parents of individuals identified with central nervous system lesions. That allows correct preparation of the family as well as the discussion of possible immediate surgical procedures.

We continue to provide surgical solution to patients with craniosynostitis, as well as treating patients with Plagiocephaly in our clinic. In conjunction with Dr. Sherard Tatum (ENT) we provide a multidisciplinary approach to these patients.

We are in the process of revising and creating the Golisano’s Children Hospital Pediatric Level 1 Trauma Unit. This will be the only Pediatric Level One center for the region. Pediatric Neurosurgery is taking the lead on treating pediatric spine trauma and its complications. Our protocols for severe traumatic brain injury have been revised and we
can offer a multimodality approach to treatment of patients with severe and refractory intracranial pressure. We have unique collaboration from the inpatient rehabilitation unit and the benefits of follow up of our trauma patients in the outpatient rehabilitation center located on site.

Endoscopic surgery for simple and complex hydrocephalus continues to be the preferred approach in our division. However, when this is not an option and shunts need to be used, we continue our efforts on how to optimize these devices. Dr. Krishnamurthy continues his research on using a sensor to determine if a shunt has a normal or dysfunctional flow.

We have also reviewed the St. Louis Children's and the Vancouver protocols for patients with spastic diplegia. We developed our own protocols and have opened our Tone and Management Program in conjunction with Dr. Turk and Dr. Kanter from the Program of Medicine and Rehabilitation. We can now offer a comprehensive plan for the treatment of these patients.

PUBLICATIONS:


PEDiatric OPHTHALMOLOGY

FACULTY

Leon-Paul Noël, MD, Clinical Professor of Ophthalmology and Pediatrics

Walter W. Merriam, MD, Associate Professor of Ophthalmology

Stephen W. Merriam, MD, Assistant Professor of Ophthalmology

Marc J. Safran, MD, Assistant Professor of Ophthalmology

CLINICAL OVERVIEW

The pediatric ophthalmology service is involved in the gamut of infant and child ocular disorders, ranging from simple errors of refraction to significant anomalies. Dr. Noël also works closely with Dr. Botash and the critical care medicine division in the evaluation and documentation of ocular manifestations of child abuse. The service also has a growing experience with the use of intraocular lens placement in infants as well as the treatment of congenital glaucoma.
PUBLICATIONS


PRESENTATIONS


PEDIATRIC ORTHOPEDIC SURGERY

FACULTY

Stephen Albanese, MD, Professor and Chair, Department of Orthopedic Surgery, Professor of Pediatrics

Timothy Damron, MD, Professor of Orthopedic Surgery

Danielle Katz, MD, Assistant Professor of Orthopedic Surgery

William Lavelle, MD, Assistant Professor of Orthopedic Surgery

Kathryn Palomino, MD, Assistant Professor of Orthopedic Surgery

Brian Harley, MD, Associate Professor of Orthopedic Surgery

CLINICAL OVERVIEW

Upstate Medical University’s pediatric orthopedic group is one of upstate New York’s largest resources for children’s orthopedic care. In addition to the management of traumatic injuries for children in the immediate Syracuse area, the group provides advanced care for complex disorders such as scoliosis and vertebral anomalies for an extensive referral area.

Several orthopedic surgeons within the Department of Orthopedic Surgery play major roles in the care of children. Drs. Albanese, Katz and Palomino are fellowship trained pediatric orthopedic surgeons and manage patients with a wide variety of acute and chronic conditions. Dr. Timothy Damron is trained in orthopedic oncology and is an expert in the management of benign and malignant skeletal conditions. He works closely with the pediatric hematology oncology service. Dr. Brian Harley completed a pediatric hand and upper extremity fellowship. His expertise includes hand surgery, microsurgery and the management of congenital and traumatic conditions. Dr. William Lavelle completed a spine fellowship and along with the three pediatric orthopedists in the Department, provides care for patients with spine deformities and other spinal conditions.

PUBLICATIONS


Bush PG, Pritchard M, Loqman MY, Damron TA, Hall AC. A key role for membrand transporter NKCC1 in mediating chondrocyte volume increase in the mammalian growth plate. J Bone Miner Res. 2010 Jan 29;25(7):1594-1603


**PEDIATRIC OTOLARYNGOLOGY**

**FACULTY**

Anthony Mortelliti, MD, Associate Professor of Otolaryngology and Pediatrics

Robert Shprintzen, PhD, Professor of Otolaryngology and Pediatrics

Sherard Tatum, MD, Professor of Otolaryngology

**CLINICAL OVERVIEW**

The Department of Otolaryngology provides state-of-the-art management for children with ear, nose and throat disorders, as well as severe craniofacial anomalies and airway problems. The department is particularly known for its work with children affected by velocardiofacial syndrome, providing a multidisciplinary approach to evaluation and treatment through the VCFS Center. This program also directs a highly visible research program in this disorder.

**PUBLICATIONS**


AFFILIATED FACULTY

The clinical and educational missions of the Department of Pediatrics are enhanced by several specialty groups in affiliated institutions or private practice. These pediatricians have academic appointments in the department and are fully integrated into our activities.

PEDIATRIC CARDIOLOGY

FACULTY

Nader H. Atallah, MD, Clinical Associate Professor of Pediatrics
Craig J. Byrum, MD, Clinical Professor of Pediatrics and Medicine
Matthew J. Egan, MD, Clinical Assistant Professor of Pediatrics
Daniel A. Kveselis, MD, Clinical Associate Professor of Pediatrics
Frank C. Smith, MD, Clinical Professor of Pediatrics

CLINICAL OVERVIEW

The Division of Pediatric Cardiology provides the full spectrum of non-invasive and interventional diagnostic and therapeutic services. This activity occurs in the neonatal intensive care unit at Crouse Hospital as well as in the inpatient and critical care units at Upstate Golisano Children's Hospital. A number of satellite clinics are staffed by these faculty as well.

PUBLICATIONS


Bloor J, Shukla N, Smith FCT, Angelini GD, Jeremy JY. Folic acid administration reduces neointimal thickening, augments neo-vasa vasorum formation and reduces oxidative stress in saphenous vein grafts from pigs used as a model


**NEONATOLOGY: ST. JOSEPH’S HOSPITAL**

**FACULTY**

Larry Consenstein, MD, Clinical Associate Professor of Pediatrics
James Pergolizzi, MD, Clinical Assistant Professor of Pediatrics
Jonathan Chai, MD, Clinical Assistant Professor of Pediatrics
Michele Chai, MD, Clinical Assistant Professor of Pediatrics

**CLINICAL OVERVIEW**

These physicians staff the Level 3 Neonatal Intensive Care Unit at St. Joseph’s Hospital as well as providing normal newborn coverage at Upstate Golisano Children’s Hospital at Community General, as well as covering normal newborns for several pediatric and family medicine practices. One of the three one-month neonatology rotations in our pediatric residency is served at St. Joseph’s Hospital under the supervision of faculty members of neonatology. This clinical faculty also teaches and certifies our residents in Neonatal Advanced Life Support. They have begun to actively participate in the Practice of Medicine medical student rotation, teaching the students at Upstate Golisano Children’s Hospital at Community General.

**PUBLICATIONS**


**NEONATOLOGY: CROUSE HOSPITAL**

**FACULTY**

Steven Gross, MD, Clinical Professor of Pediatrics
Rebecca Barnett, DO, Clinical Assistant Professor
Ellen Bifano, MD, Clinical Professor of Pediatrics
Michelle Bode, MD, Clinical Associate Professor of Pediatrics
Boura’a Bou Aram, MD, Clinical Assistant Professor of Pediatrics
Thomas Curran, MD, Clinical Assistant Professor of Pediatrics
Bonnie Marr, MD, Clinical Assistant Professor of Pediatrics
Beverly Roy, MD, Clinical Assistant Professor of Pediatrics

**CLINICAL OVERVIEW**

These neonatologists staff the 60 bed neonatal intensive care unit at Crouse Hospital. In addition to the clinical activity in this busy unit, two of the one-month neonatology rotations of our pediatric residents are spent in this NICU.
PUBLICATIONS


