In celebration of 100 years of pediatric care in Augusta, MCGHealth Children's Medical Center is inviting everyone in the community to become a 100-year-old kid.

Be a 100-year-old kid!
Letter from the Chairman

A Team That Helps Children Win

I have been coordinating the interdisciplinary care of children with brain tumors for 25 years, an approach that brings together in “huddle” fashion neuroradiologists, neurosurgeons, pathologists, radiation oncologists, oncologists, psychologists, social workers and nurses.

The result has been a treatment recommendation and plan-of-action that truly leaves no stone unturned for kids like Carly Rivers and her family, who are featured in this month’s Georgia Kids First.

Each member of a multi-disciplinary team of health professionals contributes his or her part to patient care, whereas an interdisciplinary team involves every specialty in the care of the whole patient.

The fact is, no one doctor can treat all problems. Quality of care very much depends upon well-coordinated medicine involving multiple health professionals.

Team medicine nets high-quality care, with each member focused on unity and the patient’s needs. When the team functions optimally, providing care in a collaborative and supportive way, it’s the children who win.

Sincerely,

Bernard L. Maria, MD/MBA
Pediatrician-in-Chief,
MCGHealth Children’s Medical Center
Ellington Charles Haws Professor
Chairman, Department of Pediatrics
Medical College of Georgia

Centennial Chiefs’ Corner

We are excited and honored to serve the children of Georgia and our department as this year’s pediatric chief residents. We hope to continue the legacy of previous chiefs as we celebrate the centennial year of caring for children in the South.

As we start a new academic year, we will assess our current practices and policies. We will implement changes to increase our efficiencies and capacities, and look forward to the challenges ahead.

Our goals for this new year include:

- Revitalize our residency curriculum to better train Georgia pediatricians
- Restructure resident work hours to increase patient safety and decrease physician fatigue
- Improve transitions in patient care through more efficient and effective handovers
- Increase resident autonomy by self-directed learning and more elective opportunities
- Continue to recruit high-quality physicians to our program

All-in-all, it is a daunting task but one that we will strive for, and achieve, with the help of our colleagues and other team members.

During this time of change and transition, we will ensure that the safety and care for our patients is at the forefront of our decisions. As chief residents, we hope to inspire our residents to greatness in our field and our communities. We ask you to work with us as we pursue these goals. We know we will succeed with your help.

Joshua Smith, MD
Co-Chief Resident

Nancy Wood, MD
Co-Chief Resident
Feature Story

Being Cancer-Free Feels Like Freedom

As a toddler, Carly Rivers had a little tummy, what her mom Marty called a pot belly. Her twin Kyla didn’t. “We just thought Carly was a little chubby,” says mom.

The two-year-old had been passing blood clots, which were diagnosed as urinary tract infections. But when she developed a small knot that protruded from her stomach, Kyla and Carly’s dad Tommy, grew alarmed.

Their pediatrician ordered an ultrasound and referred them to pediatric surgeon Dr. Robyn Hatley at MCGHealth Children’s Medical Center, who admitted Carly to the children’s hospital that day.

When a resident came in Carly’s room the next morning and said she was with the oncology team, Marty says her “mind started racing, and what they said after that was a blur. I asked them, ‘Are you telling me my daughter has cancer?’ It took two weeks for me to grasp the situation.”

Carly had a Wilms’ tumor, a cancer of the kidneys and the fourth most common cancer in children. Highly responsive to treatment, it afflicts about 500 children in the U.S. each year.

“She had a tumor on the left side of her kidney that was extending to the right side, with involvement of the pancreas, spleen and other organs,” says Dr. Hatley.

She began the first of 11 chemotherapy treatments that same afternoon, in an effort to shrink the tumor so it could be more safely removed. “It was the size of a small watermelon, inside her little, two-year-old body,” says her mom incredulously.

“We didn’t want to do anything life threatening,” says Dr. Hatley. “Chemo works very well on this type of tumor.”

“One thing that really helped me, when we were diagnosed, was that the hospital gave us these binders with important information like doctors’ names, facts on childhood cancers, the treatment plan, home health care instructions, and common questions,” says Marty. “We knew exactly what day she’d be getting what type of chemo, common side effects — everything we wanted to know and even things we wouldn’t have thought to ask.”

The mass shrunk significantly, and Dr. Hatley safely removed it. After a few more rounds of chemo, Carly was in remission.

But three months later the cancer returned, this time in her right lung.

“It was a whirlwind. Carly got an immediate diagnosis and we began treatment right away,” he continues. “That’s one of the great benefits of a children’s hospital — all the pediatric specialists that are needed are right here and ready to participate.”

“Now I was scared that she was going to die, because it had come back,” says Marty. Throughout it all, when she needed answers, reasons or just reassurance, Marty says she would call physician assistant Beth Fisher. She also continued to have faith in Carly’s doctors. “There weren’t many times that I had a question that they didn’t have an answer.”

continues
Carly endured another surgery, 48 weeks of chemo and radiation treatments. Constant tests, including EKGs, ensured no organs or other part of her body were being compromised.

Meanwhile, Carly continued to act like herself. “She ran and played with her sisters — she got tired more often, but that seemed to be all. She went to school the entire time,” recalls Marty.

She praises the hospital’s child life specialists, professionals who help children understand and cope with cancer.

“They keep these kids going, not letting them stop long enough to get down about what they are enduring,” she explains. “They come up with lots of things to keep them happy and free from worry.”

There was just one thing that phased Carly.

“One day she suddenly asked me why her hair was falling out,” says Marty. “I explained it would come back. And boy, did it ever!” she laughs about Carly’s curly, thick, bright red mane. “After her hair came back in, she dealt with her condition better.”

This month marks five years of Carly being cancer-free, a particularly important milestone for this type of cancer since second re-occurrences are often fatal.
From Behind the Desk

MCGHealth Children’s Medical Center is proud of our expertise in Patient Family Centered Care, clinical care, research, quality, education and safety. We continually try to improve in each of those areas by constantly evaluating our services and care, technology and facilities. As with all children’s hospitals, we must continue to evolve to ensure the best possible care.

Most importantly, we must look for areas where we could do better for our children. The Hematology/Oncology Practice Site is one place we could definitely improve – and it was our kids who told us so. This is where our young patients receive chemotherapy infusion treatments which can last between six to eight hours. The clinic had no natural light, and it had exceeded its capacity. It was even nicknamed “The Cave” by some of the children who came for treatments.

The renovations are funded by donations. We are so fortunate to have the support and financial commitment from our community. While more than half of the renovation costs are covered, we still need $500,000 to complete the project. If you are interested in donating to this project, please call (706) 721-3957 or e-mail philanthropy@mcg.edu.

Taking care of children is what we do best, and we are proud to be able to make the facilities for our cancer patients better than ever. After all, these children are facing illnesses that no child should have to face. It’s our job to make it as easy as possible for them while getting them on the road to recovery.

Jim Mumford, MHSA, FACHE
Administrative Director of Pediatrics Ambulatory and Network Services
MCGHealth Children’s Medical Center

Fortunately, this will no longer be the case. Last month, we invited our pediatric patients and our Kids ART Advisory Council to help us demolish “The Cave.” The demolition was the beginning of $1.2 million in renovations which included improved lighting, new furniture, windows, individual DVD players, more restrooms and Wi-Fi capabilities.
Health First

Drowning Prevention

Sadly, during Memorial Day weekend, tragedy struck at Langley Pond in Aiken when a 14-year-old boy jumped off a bridge at dusk with his friend and drowned. For children between the ages of 1 and 19, drowning is the second leading cause of accidental death in the U.S. The highest rates are among African American boys 15-19 years of age and Caucasian boys 4 years old and younger. The higher rate among males is related to greater exposure to water, greater risk taking, overestimation of swimming ability and greater alcohol consumption.

Here are a few safety tips to prevent drowning:

• Since the majority of infant drownings occur in the bathtub, there should be constant supervision of children in the tub. Bath seats are no substitute for an adult presence. These seats can turn over, the child may be able to climb out of them or become entangled in the seat.

• All backyard pools require fencing around the pool, including inflatable and portable pools. Isolation of the pool with a fence close to the pool is better than perimeter fencing.

• Body entrapment in swimming pool drains can lead to drowning (for example, long hair can get sucked into a drain, with the child being unable to free herself). There are specific recommendations for prevention, including the use of anti-vortex drain covers.

• Consumption of alcohol can play a significant role in boating-related drownings, due to impaired judgment, as well as disorientation and hypothermia in the water.

When should children receive swimming lessons? The American Academy of Pediatrics cautiously states that lessons between 1 and 4 years of age may decrease drowning. They do not recommend that all children 4 years old and younger receive swimming lessons, but rely on parents to make this judgment call. Swimming lessons are no substitute for adult supervision and other safety measures.


For more information on water safety, visit our online health encyclopedia at mcghealth.org/kids.

Alice Little Caldwell, MD
Assistant Professor of Pediatrics
News from the Child Health Discovery Institute

New Drug Studies Could Help Fight Cancer

Researchers at MCGHealth Children’s Medical Center are getting closer to helping the body attack and eliminate cancerous tumors.

Clinical trials have just begun using one-methyl-tryptophan, an immune system stimulator designed to prevent the immune system from shutting down when invaded by cancerous tumors.

“The body’s immune system is great at recognizing and fighting off viruses and bacteria, but it fails to recognize cancer cells as foreign and dangerous,” explains Dr. David Munn, director of the cancer immunotherapy program at MCGHealth.

With their rough-and-tough immune systems, most kids respond to, and tolerate, chemotherapy well. More than 40 years of pediatric oncology clinical trials around the world have led to tremendous success using chemotherapy for patients like Carly Rivers (see feature story), who suffered from a Wilms’ tumor.

“Somehow a cancerous tumor is able to persuade the immune system to leave it alone and not reply to its foreign antigens.”

The stimulator drug acts by redirecting the immune system so it responds to the tumor as it should, attacking and eliminating it.

Going from bench to bedside at MCGHealth Children’s Medical Center, the study originated in the lab and is now in human clinical trials, with the hope that testing will expand to children in the next few years.

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For these kids, as well as children with other disorders that don’t respond well to chemo, the immune system stimulator will serve as another method of defense.

“It’s another frontline weapon,” explains Dr. Munn. “This attack is for kids who need something additional, in combination with chemo.”

David H. Munn, MD
Professor of Pediatrics
Historical Reflections: Celebrating 100 Years of Caring for Kids
Reaching out to the Community

The Wilkenford Hospital, the South’s first children’s hospital, addressed community health issues, including the ongoing problem of making clean, fresh milk available to Augusta’s children.

“Our physicians not only care for the poor, but they also supply, at moderate costs, various preparations of modified milk for their private patients,” read the hospital’s 1912 annual report.

As the need for milk increased, the hospital opened a special room known as the “milk kitchen,” where milk could be sterilized and modified for babies both in the hospital and within the community.

Even though, nowadays, our “milk stations” can be found in the dairy section at our local grocery store, MCGHealth Children’s Medical Center still continues its tradition of providing outreach services. Efforts now focus on a variety of research, screenings and other endeavors designed to foster children’s health and wellness in many ways.

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Learn more at mcghealth.org/kids100