

INSIDE

PEDIATRICS

A Publication by Children's of Alabama

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2017

Oncolytic Virotherapy
Ushers in New Era of
Treatment

Tele-mentoring Brings
Autism Expertise to
Remote Areas

Research Offers Hope
to Newly Diagnosed
Type 1 Diabetics



Children's
of Alabama®

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Teamwork is vital to our culture and our ability to provide top-tier health care at Children's of Alabama. Multidisciplinary expertise is at the heart of our cutting-edge research and innovation, as evidenced by the work of physicians and staff who strive to treat and comfort patients and their families every day.

One such collaboration is our oncolytic virotherapy study spearheaded by Gregory Friedman, M.D., whose focus is improving outcomes for children with malignant brain tumors using a genetically altered herpes simplex virus that attacks cancer cells while sparing normal cells (page 8). The study is a true partnership among University of Alabama at Birmingham (UAB) and Children's experts, and has garnered both domestic and international interest since its launch in late 2016.

On non-brain solid tumors, Elizabeth Beierle, M.D., is at work developing a drug treatment to better the odds of children diagnosed with high-stage metastatic neuroblastoma (page 4). Beierle is hopeful preliminary studies using new retinoid therapies in adults will prove promising in treating children, as well. And with access to the UAB patient-derived xenograft bank, a tumor bank for preclinical cancer research, Beierle and staff have incorporated a pediatric tumor bank into their studies.

Research also is ongoing in efforts to treat children newly diagnosed with type 1 diabetes. Ken McCormick, M.D., studies the preservation of beta cells to help children better maintain insulin production and lower blood sugar levels (page 3). McCormick and his colleagues are the only people in the world who are testing the effectiveness of gamma-aminobutyric acid, or GABA, in humans, with more than 60 children enrolled in the study since 2015.

Jayne Ness, M.D., credits collaboration and communication among her colleagues at UAB and Children's, and peers across the country, for identifying a condition initially marked by a strange pattern of weakness. Now that acute flaccid myelitis has an official name, Ness and the care team are taking steps toward learning how to cure it (page 11).

In another display of partnership, Justin Schwartz, M.D., is part of a UAB and Children's panel designed to improve access to autism experts in communities that need it most (page 6). Project ECHO (Extension for Community Healthcare Outcomes) gives primary care clinicians in rural and underserved areas access to expert autism care as demand for pediatric developmental-behavioral care continues to climb.

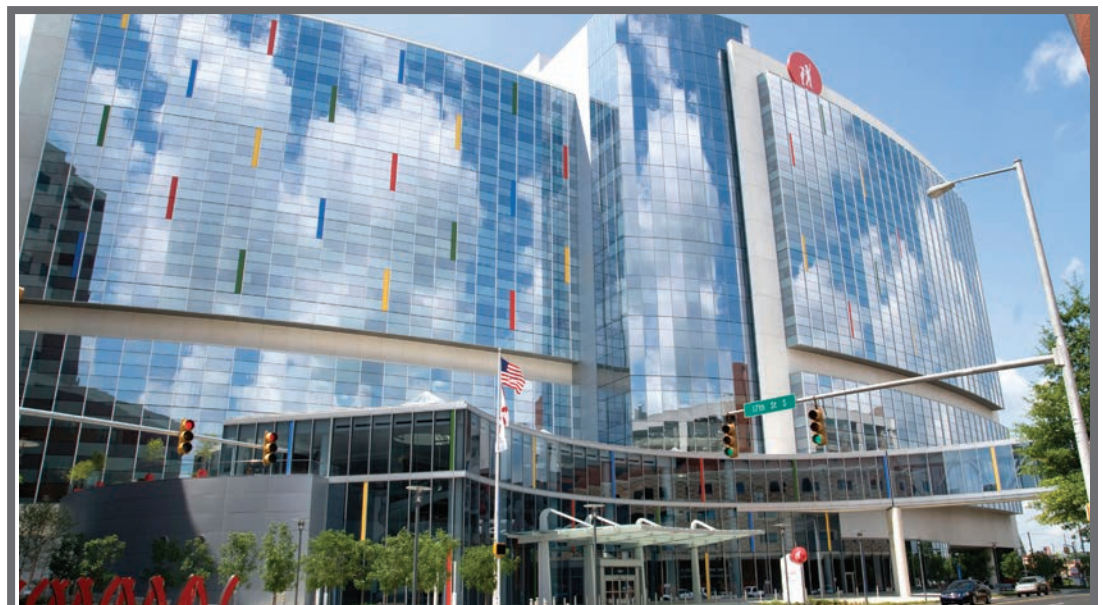


On the following pages, you can read more about our dedicated staff and their discoveries as they carry out Children's mission of providing the finest pediatric health services to children in our backyard and around the world.

Enjoy,

Mike Warren

On the Cover: Gregory Friedman, M.D., is the principal investigator for the first-ever pediatric clinical trial using oncolytic virotherapy to improve outcomes for children with malignant brain tumors. Read more about the trial on page 8. Photo courtesy of UAB News.



GABA Diabetes Research Brings Hope to Patients

Research underway at Children's of Alabama is bringing new hope to children recently diagnosed with type 1 diabetes.

The research, led by Ken McCormick, M.D., professor at the University of Alabama at Birmingham (UAB) and director of the Division of Pediatric Endocrinology at Children's, seeks to preserve beta cells to help patients better preserve insulin production.

"Patients with diabetes don't exhibit symptoms until 80 to 90 percent of beta cells in the pancreas, the ones that make insulin, have been lost," McCormick said. "If we are able to preserve the remaining cells, it means a great deal in managing the disease. Patients still require insulin shots, but if they can still make some of their own insulin, the disease is much easier to manage. The fluctuations in blood sugar are reduced if some of those cells are still alive."

The study is double-blind with three arms. In addition to the placebo group, there is a group receiving GABA (gamma-aminobutyric acid) for one year and a group receiving GABA for a year plus two injections of the Diamyd vaccine, the world's furthest developed antigen-based therapy for preventing, delaying or stopping the autoimmune attack on beta cells.

GABA holds promise on two levels.

"In a study several years ago, diabetic mice on GABA experienced regeneration of beta cells," McCormick said. "Other studies corroborated the findings, so we went to the FDA for approval to treat children. That process took nearly a year and a half because GABA was considered a drug, even though it can be purchased over the counter."

"We don't recommend taking it over the counter, however, because vitamins aren't regulated and the dose may be crucial," he added.

In addition, there is evidence that GABA calms the immune system, so it helps preserve the beta cells even as it regenerates them. "Since type 1 diabetes is an autoimmune disease, you can't just maintain or regenerate the beta cells," McCormick said. "Somehow you have to suppress the immune system, which involves fairly toxic drugs. If we regenerate the cells with GABA, you still have to address the autoimmune destruction. Immune cells actually have GABA receptors, and there is evidence GABA also suppresses the immune response."

During the year-long test period, patients receive GABA orally twice a day, at morning and evening meals. "Ideally, we would like to have them take it at every meal," McCormick said, "but the logistics of having a research drug administered at schools is complicated and could affect compliance, so we compromised at two times a day."

The first patient was accepted in 2015, and more than 60 have now been enrolled. When the 100th patient has enrolled and completed a year of the study, the researchers will analyze and publish the results.

While GABA holds great promise, McCormick cautioned against getting ahead of the results. "Many therapies have been attempted to preserve these beta cells in the past, and so far, nothing has worked. We are the only people in the world testing this in humans. We have compelling data from diabetic mice, but any scientist can tell you that humans are not good mice. What works in mice doesn't necessarily work in humans."

He and his colleagues are focusing on finding patients for the study. While study participants come from all over the country, a large percentage of the patients come from Children's. Every child with new onset type 1 diabetes at the hospital between the ages of 4 and 18 receives a visit from McCormick or one of his colleagues, and the study is explained to them. They have one month to decide if they wish to enroll their child.

"Many parents are dissuaded by the chance of being in the placebo group," McCormick said. "But in many studies, the chance of placebo is 50/50. We can offer a two out of three chance to end up in one of the groups receiving GABA."

Time is of essence following the diagnosis, since we are trying to preserve the remaining beta cells. "We get calls regularly from people around the country who were diagnosed two or three months ago, and we can't accept them. We have to start the treatment within a month of diagnosis."

Depending on how quickly McCormick finds his 100 participants, it could still be a couple of years before he has results to analyze and publish. More information is available at www.childrensal.org/endocrinology.



Ken McCormick, M.D., said time is of the essence following diabetes diagnosis to preserve remaining beta cells, as detailed in his GABA study. "We have to start the treatment within a month of diagnosis," he said.

New Findings Show Promise in Treating Neuroblastoma

Despite tremendous strides over the past 30 years in pediatric oncology, a high-stage metastatic neuroblastoma diagnosis still brings only a 50 percent chance of cure.

That's an unacceptable prognosis for Elizabeth Beierle, M.D., first holder of the Charles D. McCrary Endowed Chair in Pediatric Surgery and surgical director of the Hepatobiliary Clinic at Children's of Alabama. An active practitioner as well as lab researcher, she is seeking to develop a drug treatment that will improve the odds.

"Neuroblastoma is the most common non-brain solid tumor of childhood," Beierle said. "We think there is a subset of

neuroblastoma cells that evade chemotherapy and radiation and stay in a quiescent state for a while, then reactivate to cause new tumor growth and resistance. This is the subset of tumor cells we are focusing on.

"Retinoid therapy is the standard treatment for these kids as part of their maintenance therapy, but it has a lot of side effects," she continued. "We are trying to find a way to use a form of retinoid therapy to target those cells, often referred to as cancer stem cells, so they mature into less of a cancer cell. There are new formulations of retinoids that are less toxic and which may target the stem cells better."





Beierle said there have been some preliminary studies using the new retinoids in adults that have proven to be extremely safe in humans, so she is hopeful that they can use this new approach in children, as well.

"We've had some pretty exciting findings. We've been able to show that these new formulations of retinoids are just as effective, if not more effective, on these neuroblastoma tumors in mice," she said. "We are trying to figure out how to give more of the drug over a longer period of time with fewer side effects."

The next step is to translate the findings from the laboratory bench to the patient's bedside. Beierle hopes that could happen within the next three to five years. "We have a significant amount of pre-clinical data to move into the clinical realm," she said. "It could be a paradigm shift in the treatment of children with neuroblastoma."

One big advantage Beierle has in her work is access to the University of Alabama at Birmingham (UAB) patient-derived xenograft bank. "When we take a tumor biopsy in a child, we are able to take a piece of the tumor and plant it in a mouse. It grows slowly, and only 60 percent grow at all; but then the tumor can be used in experimentation. These tumors mimic

the human condition better than the cell lines we've had since the 1960s. We've developed quite a nice pediatric tumor bank that we have incorporated into our studies. When we have a success in the lab, we are showing we can target an actual tumor from a patient," she said.

Beierle works on other pediatric solid tumors in addition to the neuroblastoma research. She is also working on a new treatment for hepatoblastoma. "Again, we have patient-derived xenografts that are showing promise for innovative drugs that have been approved for adult liver cancers but haven't been looked at for pediatric liver cancers," she said.

She spends about half her time in research and the other half working in clinical pediatric surgical care, including the Hepatobiliary Clinic, as surgical director. One of only two such clinics in the southeastern U.S., the multidisciplinary clinic also boasts transplant surgeons, hepatologists, nutritionists and nurse

practitioners, serving as a one-stop clinic for any child with liver and bile duct abnormalities.

"The clinic offers a multidisciplinary approach that allows families to see all the specialists in one visit," she said. "We see people from other states, and it's easier for them to make one appointment and see everyone while they are here. Even for people in Birmingham, it saves taking off time for work and school each time they need to see a different doctor. We provide an opportunity to relieve some of that burden."

Of course, the greatest relief would be to improve the prognosis for neuroblastoma patients. Beierle's research may prove to do that in the coming years.

More information on the Hepatobiliary Clinic at Children's is available at www.childrensal.org/hepatobiliary-clinic.

Elizabeth Beierle, M.D., second from left, surrounded by research students, spends half her time in research and the other half in clinical pediatric surgical care. In addition to her work to improve the odds for patients diagnosed with high-stage metastatic neuroblastoma, Beierle also is working on a new treatment for hepatoblastoma.

Project ECHO Merges Expertise and Technology to Improve Care

Nationwide, an estimated one in six children is diagnosed with a developmental disorder such as autism, attention deficit and hyperactivity disorder, and cerebral palsy. According to a recent study published in the *Journal of Developmental & Behavioral Pediatrics*, there are only 1,000 developmental-behavioral pediatricians in the United States specially trained to treat these disorders.

Of those 1,000, six practice in Alabama. And of those six, three are based at the University of Alabama at Birmingham (UAB) and Children's of Alabama.

"If the demand says anything about growth potential, then there's definitely growth potential here," said Justin Schwartz, M.D., assistant professor of pediatrics at UAB and developmental-behavioral pediatrician at Children's.

Children's is home to two developmental-behavioral pediatric clinics – Development Medicine Clinic (DMC) and Medical Autism Clinic (MAC). The DMC provides developmental-pediatric consultation for children of all ages diagnosed with or at risk for the above-mentioned disorders, as well as intellectual disabilities, learning disabilities, developmental delays and genetic or other medical conditions. The MAC, developed by a team of doctors who sought to provide better medical care specifically for those on the autism spectrum, assists a child's primary pediatrician via multidisciplinary evaluations with emphasis in certain areas that may be affected by autism.

"We wear a lot of hats and we have to be prepared to see anything and everything," Schwartz said. "Our efforts are definitely ones of partnership and working with professionals in other disciplines, including those in psychiatry, psychology, speech therapy, occupational therapy and genetics. We want to be known as an integral part of the care landscape here."

Because demand for subspecialty care for children with autism and other developmental disabilities is high, and because timely intervention is vital to help families develop strategies to manage medical, behavioral, emotional, social and educational struggles, UAB and Children's experts are working to merge medical education and care and technology via a new tele-mentoring initiative – Project ECHO (Extension for Community Healthcare Outcomes) – to improve access to autism experts in communities that need it most.

Project ECHO provides access to subspecialty expertise in rural and underserved areas by equipping primary care clinicians with the knowledge and support they need to manage patients with complex conditions. Clinicians in these





communities partner with specialist mentors at an academic medical center or hub, and mentors share their expertise across a virtual network via case-based learning.

Schwartz said Project ECHO initially launched at the University of New Mexico to meet local health care needs of patients with hepatitis C who could not get treatment they needed because there were no specialists where they lived. Two years ago, the University of Missouri adopted the initiative to offer meaningful access to expert autism care. A pilot study revealed Project ECHO lowered the barrier between primary and specialty care and left clinicians more comfortable and efficient at evaluating children in their communities.

“Our hope is that our team can share our knowledge with community practitioners so that we can help kids be better seen in their medical homes,” Schwartz said. “Alabama is a state where there’s a huge need for access to subspecialty care and we’re grateful to Children’s of Alabama because they provided us the initial funding to get started.”

Project ECHO is a joint collaboration among UAB and Children’s, including UAB Civitan-Sparks Clinics and Children’s Behavioral Health, as well as the UAB Regional Autism Network and the Autism Society of Alabama. The panel is comprised of Schwartz, a clinical psychologist, child psychiatrist, nutritionist, social worker and parent advocate/educator. The next step, now underway, is recruitment of pediatric primary care practices and family medicine health care providers across Alabama.



“We want to get the word out to our existing network of practices and practices that make frequent referrals to our clinics,” Schwartz said.

More information about the Children’s clinics is available at www.childrensal.org/developmental-medicine-clinic and www.childrensal.org/MedicalAutismClinic.

Justin Schwartz, M.D., checks in with 4-year-old patient Autumn Florence. Schwartz is part of the Project ECHO tele-mentoring initiative, which aims to provide access to autism experts in communities that need it most. “Our hope is that our team can share our knowledge with community practitioners so that we can help kids be better seen in their medical homes,” Schwartz said.

Oncolytic Virotherapy Offers Novel Approach in Treatment

For Jennifer Amsley and daughter Xia Martinez of Maryland, an oncolytic virotherapy study at Children's of Alabama has strengthened their resolve to fight and their desire for a sense of normalcy.

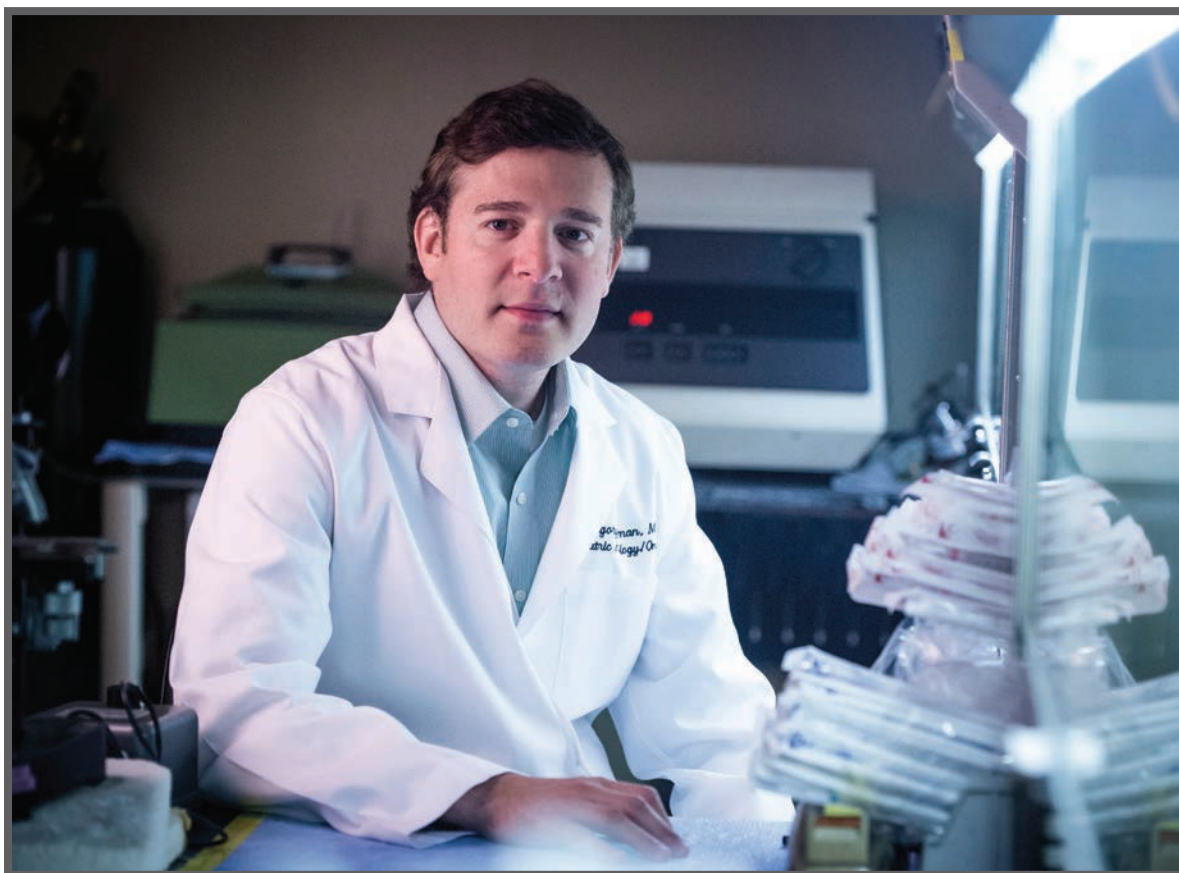
Xia, 14, has an aggressive glioma brain tumor, and an MRI showed new growth. That's when doctors in Maryland informed Xia and her family of a clinical trial conducted by Gregory Friedman, M.D., associate professor of pediatrics at the University of Alabama at Birmingham (UAB) and Children's, and scientist at the UAB Comprehensive Cancer Center. Friedman's goal is improving outcomes for children with malignant brain tumors using herpes simplex virus, which typically causes cold sores but has been genetically altered, to target gliomas and other types of aggressive brain tumors by killing cancer cells while leaving normal cells intact.

"In addition to infecting and killing cancer cells, the virus stimulates the patient's immune system to attack the tumor. The virus is killing the cancer cells, the immune system can recognize newly exposed proteins on the cancer cells that have been killed and that allows the immune system to fight other tumor cells not killed by the virus," Friedman said. "So you get a one-two punch of the virus killing the cancer cells and the patient's immune system fighting the tumor, too."

Friedman began his research in 2006 under the mentorship of Yancey Gillespie, Ph.D., professor in the Department of Neurosurgery at the UAB School of Medicine. Gillespie, James Markert, M.D., professor and chair of the Department of Neurosurgery, and Richard Whitley, M.D., distinguished professor in the UAB Department of Pediatrics, studied the application of the herpes simplex virus to treat malignant glioma in adults.

"The investigators at UAB were pioneers in moving this therapy forward by conducting the first studies in humans in the world," Friedman said. "At the time I came into the lab, their focus was adult glioblastoma, so it gave me the opportunity to move this novel therapy in a pediatric direction.

"There were many patients who responded in the adult studies and a few who had an extended response. If our laboratory data in pediatric brain tumors holds up, we're very hopeful we'll see some excellent responses in children," Friedman said.



Xia is one of three patients who has taken part thus far in the Phase I clinical trial, funded by the National Institutes of Health and the U.S. Food and Drug Administration to test the safety and tolerability of the virotherapy. "Phase I patients for this trial are between 3 to 18 years old with recurrent or progressive malignant tumors and typically have an average life expectancy of three to six months," Friedman said. For Xia and her mother, the question of whether to pursue the clinical trial garnered a simple answer.

"I told Xia let's go big or go home," Amsley said.

It's a team effort from top to bottom, Friedman said, from Children's neuro-oncology CRNP Kara Kachurak, who helps with study enrollment and arranges all visits, to Children's pharmacist Clay Tynes, who mixes and prepares the virus, to UAB assistant professor and neuroradiologist Asim Bag, M.D., who reads all film related to the trial. Once a patient and caregiver consent and the patient is deemed eligible for the clinical trial, pediatric neurosurgeon James Johnston, M.D., associate professor of surgery at UAB and Children's, performs a biopsy to determine tumor recurrence. Pediatric pathologist Rong Li, M.D., then examines the biopsy sample for further confirmation.

"Based on the size and location of the tumor, one to four catheters are inserted into enhancing areas of the tumor, which are areas thought to be most active or malignant as evidenced by the MRI," Friedman said. Once the catheters are inserted, the patient recovers in the intensive care unit overnight, and Johnston and his team check the catheters again the following morning to ensure they are in the precise location.

"When [the catheters] are in the right place, the virus is infused through the catheters into the tumor over a six-hour period," Friedman said. "After the infusion, the catheters are removed at bedside, and the patient is observed for three days in the hospital."

Upon discharge, the patient returns to Children's for follow-up appointments one week after the virus infusion and again the following week. As Xia sat in the waiting room for her first follow-up appointment, she reflected on her hospital stay.



"I got to sleep a lot, and I felt really good sitting there," she said. "When they put the stuff in my head, I couldn't feel it. I was fine."

Xia will return home to Maryland and resume normal activities between subsequent appointments every other month. "Quality of life measures are also vital to the study," said Friedman, who works with Avi Madan-Swain, Ph.D., UAB associate professor of pediatrics and director of the Hope and Cope Psychosocial Program at Children's, to maximize the quality of the patient's time.

"What's nice about this therapy is that while it is a little more involved up front with a neurosurgical procedure and a hospital stay, the patient gets the virus one time and that's it. There are no other chemotherapy agents. There are no long periods of radiation," Friedman said. "Our hope is to stabilize or shrink the tumor for an extended period of time so the patient is able to do whatever they want without having their lives disrupted as much as it typically is with a recurrent tumor that becomes an all-encompassing thing, where the patient and their family are spending all their time either in the hospital or in clinic."

Friedman said it's too early to talk results as the clinical trial is ongoing, but so far, it's been safe and tolerable with some evidence suggesting response. Meanwhile, the study fields inquiries from prospective candidates stateside and internationally, and Friedman has secured additional funding from the Cannonball Kids' cancer Foundation in Orlando to work on expanding the study to include patients with medulloblastoma, the most common malignant brain tumor in childhood. Currently, the area of the brain where medulloblastoma often recurs – the cerebellum – is excluded from testing in the trial. One long-term goal, Friedman said, is adding virotherapy to upfront therapies for patients, such as those receiving radiation to the brain and spine. This may enable the dose of radiation to be decreased, which could reduce harmful side effects and improve outcomes.

Also, Friedman seeks to expand the study to another pediatric hospital.

"The goal over the next year is to make the study multi-institutional, so we can recruit patients faster and families may not have to travel quite as far," Friedman said. "We would be in a position to advance this quicker and get this therapy to as many children as possible."

More information on the study is available at www.childrensal.org/cancer-clinical-trials.

Gregory Friedman, M.D., said it's too early to talk results as the Phase I clinical trial is ongoing, but so far, it has been safe and tolerable with some evidence suggesting response. Friedman, pictured alongside 14-year-old Xia Martinez, who is one of three patients who has taken part thus far in the trial, during Martinez' follow-up appointment two weeks after her neurosurgical procedure. Martinez will return home to Maryland and resume normal activities between subsequent appointments every other month.



Mysterious Neurological Condition Spawns Questions



As director of the Center for Pediatric Onset Demyelinating Disease (CPODD) at Children's of Alabama, pediatric neurologist Jayne Ness, M.D., sees many patients who have been referred to her following a diagnosis of multiple sclerosis (MS).

"We tend to think of MS as an adult disease, but children can get MS, too. In addition, they can get a lot of other illnesses that look like MS but are something else. The picture fits, but the story doesn't," she said.

"We don't know why the body decides to attack the myelin. Often we'll get kids whose MRI indicates MS, but they look a little bit different. It can be another immune disorder, such as transverse myelitis," Ness said.

In 2014, Ness and her colleagues at the clinic, one of only six MS Centers of Excellence in the country, saw some children whose initial diagnosis just didn't seem to fit.

"Their MRI made us think they had a demyelinating condition, but they were a little different. We see enough of them; we have over 100 patients with transverse myelitis, and those patients usually are not able to move and they are stiff. These children were profoundly floppy. We treated them like others with demyelinating disease, with steroids and immune globulin, and some with chemical plasmapheresis, but nothing really worked."

During a collaborative phone call with doctors around the country, Ness found that there were other patients with similar symptoms in California. These symptoms looked a lot like polio. She also discovered that emergency department doctors at Children's were seeing cases of severe asthma related to enterovirus D68.

"They were calling it asthmageddon," Ness said. "At the same time we were seeing these other patients with a strange pattern of weakness that we were calling transverse myelitis but who weren't responding to treatment.

"With MS, we are used to looking at the spinal fluid and MRIs, but we are not used to looking for samples in the blood, throat or stool," she added. "But for a common summer infectious disease like enterovirus D68, you've got to look in other places, and when we did, these patients were positive for D68."

They named the disease acute flaccid myelitis.

Ness said it would have been far more difficult to see the patterns without the collaboration of doctors from around the country. "When you have just a few cases, you don't notice patterns in the same way. Because we were collaborating, we noticed clusters and had more cases to learn from. We were able to recognize what was happening more quickly."

Later they researched other cases and determined that a cluster of cases in 2010 were likely acute flaccid myelitis, and Ness said they saw another bump in the number of cases in 2016, after seeing very few in 2015.

There's still much to learn about enterovirus D68 and how to treat patients with it. "We now think acute flaccid myelitis is an infectious disease rather than a demyelinating disorder," Ness said, "although we aren't 100 percent certain. The more we know, the more questions we have. But everything we learn helps us treat the next child better."

While Ness credits collaboration and communication among her colleagues for helping to learn more about this disease, she also points to social media as an important dynamic.

Jayne Ness, M.D., is pictured with patient Jasmine Foster, who has been diagnosed with acute flaccid myelitis. Ness admits there's still a lot to learn about the condition, characterized by a sudden weakness in one or more arms or legs, along with loss of muscle tone and decreased or absent reflexes.

"Parents of these children find each other on social media," she said. "They are highly motivated to push for a cure, and they give us a ready-made set of patients to study. It empowers parents and family members to push the field forward. Communication makes a difference."

Recovery is still a long haul for patients and their families, and Ness admits there's still much to learn about this condition, but recognizing the disease and naming it are important steps toward learning how to cure it.

"Knowing what doesn't work is important, too. I tell my patients all the time that I reserve the right to change my mind as we learn more," she said. "Treatment for this condition is still an unmet need, but we will continue to study and collaborate as we search for an answer."

More information on the CPODD is available at www.childrensal.org/neurology-clinics.



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News, Honors & Awards

- DR. ALEXANDER PARTICIPATES IN NIH EARLY CAREER REVIEWER PROGRAM



Matthew S. Alexander, Ph.D., Pediatric Neurology, participated in the NIH Early Career Reviewer (ECR) Program. Specifically, he was assigned to the Therapeutic Approaches to Genetic Diseases (TAG) study section.

- DR. BIASINI RECEIVES CIVITAN MCNULTY SCIENTIST AWARD

Fred Biasini, Ph.D., director of the UAB Civitan-Sparks Clinics, is the 2016-2017 recipient of the coveted Civitan McNulty Scientist Award. Since 2005, the Civitan McNulty Scientist Award has been awarded to outstanding scientists with a long-term career commitment to research on developmental disabilities.

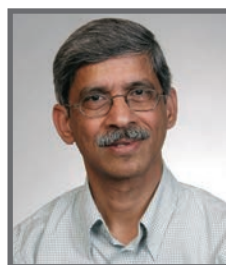


- DR. AMBAL TO SERVE ON NIH LIRR

Namasivayam Ambalavanan, M.D., Neonatology, has been selected to serve as a member of the NIH Lung Injury, Repair and Remodeling (LIRR) Study Section by the Center for Scientific Review. Members will review applications that focus on lung development and the response of non-vascular pulmonary tissue or cells to injury, repair, fibrosis and barrier function.



- DR. BOPPANA NAMED AS HUGH DILLON, M.D., ENDOWED PROFESSOR IN PEDIATRIC INFECTIOUS DISEASES



Suresh B. Boppana, M.D., Pediatric Infectious Disease, is the first holder of the Hugh Dillon, M.D., Endowed Professorship in Pediatric Infectious Diseases. Dr. Boppana's academic interests have centered on pathogenesis of maternal and congenital cytomegalovirus (CMV) infections for the past 20 years, including the definition of the natural history and pathogenesis of congenital CMV and CMV-related hearing loss, understanding the CMV strain diversity and reinfections, and the consequences of such reinfections in relation to fetal outcome.

- DR. ASHRAF SELECTED TO SERVE AS PROGRAM CHAIR FOR THE SECTION ON ENDOCRINOLOGY FOR THE NCE



Ambika Ashraf, M.D., Pediatric Endocrinology, has been selected to serve as the Section on Endocrinology Program Chair for the 2018 AAP National Conference and Exhibition (NCE). As a program chair, Dr. Ashraf will be responsible for developing proposals sponsored by the Section on Endocrinology at the AAP National Conference.

- DR. CASAZZA RECEIVES LACEY ACADEMIC LEADERSHIP AWARD

The Association of the Teachers of Maternal and Child Health (ATMCH) announced Krista Casazza, Ph.D., RD, LD, General Pediatrics & Adolescent Medicine, as the winner of the 2016 Loretta P. Lacey Academic Leadership Award.



- DR. BHATIA ACCEPTED INTO AMSPDC'S PLDP PROGRAM

Smita Bhatia, M.D., MPH, Pediatric Hematology and Oncology, has been invited to participate in the Association of Medical School Pediatric Department Chairs' (AMSPDC) Pediatric Leadership Development Program for the 2017-2018 term.

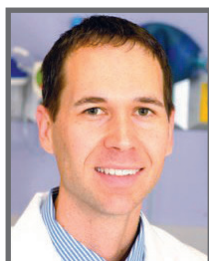


- DR. FEIG ELECTED AS CHAIR OF SUBBOARD OF PEDIATRIC NEPHROLOGY



Daniel Feig, M.D., Ph.D., Pediatric Nephrology, was elected Pediatric Nephrology Subboard Chair of the American Board of Pediatrics (ABP). Dr. Feig will serve in this role from January 2018 – December 2019 and will serve as immediate past chair from January 2020 – December 2021.

- DR. KUTNY APPOINTED TO NCI PDQ PEDIATRIC TREATMENT EDITORIAL ADVISORY BOARD



Matthew Kutny, M.D., Pediatric Hematology and Oncology, has been appointed to the NIH National Cancer Institute (NCI) Physician Data Query (PDQ) Pediatric Treatment Editorial Advisory Board. Dr. Kutny was selected to help address the NCI's recommendations for "Childhood Acute Myeloid Leukemia/ Other Myeloid Malignancies Treatment."

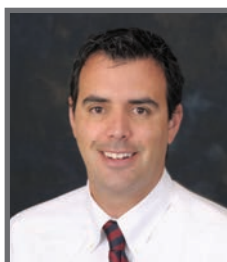
- DR. SORRENTINO TO SERVE ON ACEP STEERING COMMITTEE

Annalise Sorrentino, M.D., Pediatric Emergency Medicine, was selected to serve on the American College of Emergency Physicians (ACEP) Council Steering Committee for 2017. The Steering Committee is a key leadership position in the college.



- DR. LEBENSBURGER TO SERVE ON ASH GUIDELINE PANEL

The American Society of Hematology (ASH) has asked Jeffrey Lebensburger, D.O., Pediatric Hematology and Oncology, to serve on a committee to develop new clinical practice guidelines on sickle cell disease-related cardiopulmonary and kidney disease.



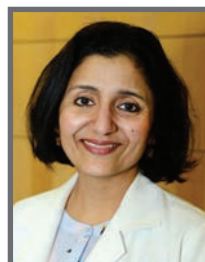
- FOUR FACULTY MEMBERS ELECTED TO SOCIETY OF PEDIATRIC RESEARCH (SPR)

Ambika Ashraf, M.D., Pediatric Endocrinology; Santiago Borasino, M.D., Pediatric Cardiology/Cardiac Critical Care; Jeffrey Lebensburger, D.O., Pediatric Hematology and Oncology; and Julie Wolfson, M.D., Pediatric Hematology and Oncology; have been elected to the Society of Pediatric Research. The goal of the Society for Pediatric Research is to create a network of multidisciplinary researchers to improve child health.

- DR. PRUITT ELECTED TO SSPR EXECUTIVE COUNCIL

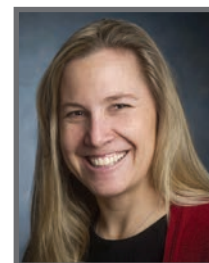
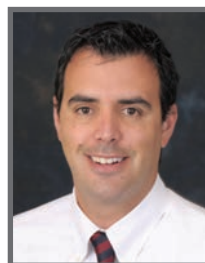


Christopher Pruitt, M.D., Pediatric Emergency Medicine, has been elected to a second two-year term to the Southern Society for Pediatric Research (SSPR) Executive Council. Dr. Pruitt will serve on the council until February 2019. His responsibilities include mentorship of trainee research, judging for trainee research awards and conference organization.



- DR. SIMPSON RECEIVES AMERICAN MEDICAL WOMEN'S ASSOCIATION 2017 EXCEPTIONAL MENTOR AWARD

Tina Simpson, M.D., Adolescent Medicine, received the American Medical Women's Association (AMWA) 2017 Exceptional Mentor Award. This award celebrates those who have made an impact on the lives of medical students and physicians in training, going above and beyond what is required, and actively reaching out to those around them to help guide students in their career paths.





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