

# Medical *Currents*

A Children's National Medical Center Quarterly Publication for Physicians

Summer 2011



**Kurt Newman, MD**  
**Our New President**  
**and Chief**  
**Executive Officer**

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# Alumni *Spotlight*

## **Kurt Newman, MD, Selected as New President and CEO of Children's National**

On July 14, 2011, the Board of Directors at Children's National Medical Center announced that it selected Kurt Newman, MD, as the new President and Chief Executive Officer, effective September 1, 2011. Dr. Newman has been at Children's National for more than 25 years where he started as a fellow under the guidance of Judson Randolph, MD, a pioneer in pediatric surgery. He has served as the Senior Vice President of the Joseph E. Robert, Jr., Center for Surgical Care since 2004. Dr. Newman was central in the creation of the Sheikh Zayed Institute for Pediatric Surgical Innovation, and has led a period of tremendous growth and innovation, in both facilities and strategic partnerships.

"Dr. Newman articulated an impressive vision to lead Children's National," said James Lintott, Chairman of the Board of Directors at Children's National. "He is an accomplished physician, researcher, educator, and administrator, and is poised to lead an already vibrant team dedicated to caring for kids."

"Dr. Newman has an ability to think big, but also maintains a down-to-earth, approachable nature, which really appealed to the search committee," said Andrew Blair, Vice Chairman of the Board of Directors. "He conveys a commitment to translating his successes leading the surgical team to the full complement of pediatric professionals at Children's National." We hope you join us in welcoming Dr. Newman to his new role.

# News *Notes*

## **Future of Pediatrics 2011 Recap**

On June 22 and 23, members of Children's National Health Network gathered together for two days of CME presentations. This year, presenters came with updates on practical pediatrics—news you can use in your practice—and program updates to share with colleagues. Mark Weissman, MD, facilitated the two-day event which kicked off with a presentation and update on the new food allergy guidelines. Other highlighted topics on day one included: prevention and detection of bullying, cranial shape abnormalities, common sleep disorders, the basics of newborn screening and more.

Attendees also enjoyed the CNHN-Children's National annual staff dinner followed by a keynote presentation from Kurt Newman, MD. The second day was filled with informative presentations on various topics relevant to the pediatric patient including: advances and controversies in cystic fibrosis, adolescent contraception, syncope and risk of sudden death in children and adolescents, and much more.

To view videos and Powerpoints from all of the presentations at the 2011 Future of Pediatrics meeting, visit: [www.ChildrensNational.org/CNHN](http://www.ChildrensNational.org/CNHN).

## **Paul Kaplowitz, MD, Attends Summit on Global Trends**

Paul Kaplowitz, MD, Chief of Endocrinology at Children's National recently participated in former Vice President Al Gore's summit on global trends in population and demographics,

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## Tell Us *What You Think*

To help us to continue to provide information you need, we have created a brief survey on your satisfaction with *Medical Currents*.

**To take the survey today, visit:**  
**[www.zoomerang.com/Survey/WEB22CE5RYHSKZ](http://www.zoomerang.com/Survey/WEB22CE5RYHSKZ)**

*\* One lucky winner will receive a Children's national goody bag\**



# Heat *and the Pediatric Athlete*

By Nailah Coleman, MD, FAAP

The human body is a master of effective thermoregulation. During this time of year, we are all very aware of evaporation, or sweating, as a way of releasing body heat.

Multiple factors can predispose us to heat stress, including our own neglect of our bodies' warning signs. Dehydration can lead to heat stress, hindering evaporation and convection. Improper clothing or equipment, such as too much or of the wrong material, can lead to heat stress, affecting evaporation, conduction, convection, and radiation. As a febrile illness raises the core body temperature at baseline, reaching a point of heat stress during that time is much quicker. Certain medications also can predispose children to heat stress, including diuretics, which can lead to dehydration,

and stimulants, which can increase the metabolic rate and core temperature. Of note, female thermoregulation is better than male thermoregulation.

As with most medical conditions, prevention is the key. Maintaining hydration, acclimatizing for seven to 10 days within the new environment before attempting any significant athletic activity, and wearing appropriate clothing and equipment are all essential. Avoiding participation during a febrile illness and minimizing the use of medications that can affect temperature control also should be considered. Pre-cooling also can be helpful, as it lowers the body temperature before the athletic activity begins.

Although the warm feel of the sun can result in a pleasant afternoon, too much heat can affect athletes negatively, leading to decreased performance. Athletes can suffer from heat cramps, heat syncope, heat exhaustion, and heat stroke.

## Environmental Conditions *and the Athlete*

Children's National has both primary care and orthopaedic sports medicine physicians and an athletic trainer, who covers local athletic events and provides talks and information sessions to the local community.

**Heat cramps** are the mildest of the heat-related injuries. Heat cramps are involuntary contractions of exercising muscles, particularly the calf muscle complex. Pediatric athletes should rest, massage, hydrate, and intake electrolytes, should they occur.

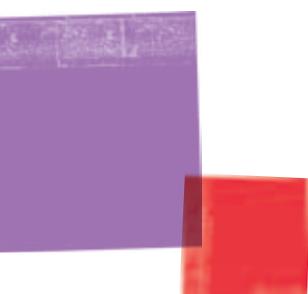
**Heat syncope** typically occurs in the elderly or poorly acclimatized individual but also can occur in the pediatric athlete, and results from volume depletion, peripheral vasodilatation, and decreased vasomotor tone. Hydration is important. In addition, placing the athlete in the Trendelenburg position and actively cooling him will aid in temperature reduction. An assessment of the cardiac and neurologic systems also may be warranted.

**Heat exhaustion**, more severe than heat cramps and heat syncope, results from an inadequate cardiac response to heat stress. Athletes can present with fatigue, weakness, lightheadedness, poor neuromuscular coordination, piloerection, and headaches. Rapid cooling with ice water immersion is essential for bringing the core temperature down rapidly.

**Heat stroke** occurs when the core body temperature surpasses 40°C and the athlete's mental status is altered. He may or may not be sweaty. Heat stroke portends organ system dysfunction, including acute renal failure, rhabdomyolysis, disseminated intravascular coagulation, and altered mental status. Affected individuals can have elevated white blood cell counts, liver function tests, and creatine kinase. Potassium levels can be low initially but will eventually rise to high levels. Sodium levels may or may not be affected. Treatment is the same as for heat exhaustion and must be instituted as soon as there is a suspicion that the individual is suffering from a heat injury.

The main role of the sports medicine physician is prevention. Education of athletes, coaches, trainers, parents, and communities helps make everyone aware of concerning environmental conditions, how to prepare for them, and what to do emergently when an athlete or spectator suffers an injury. Sports medicine physicians work with other sports medicine providers to create regulations, policies, guidelines, and recommendations on event participation under various environmental conditions, as well as emergency action plans to manage environmental injuries.

Children's National has both primary care and orthopaedic sports medicine physicians and an athletic trainer, who cover local athletic events and provide talks and information sessions to the local community. Sports medicine services are provided in Washington, DC, at the Sheikh Zayed campus, at the Regional Outpatient Centers in Montgomery County and Annapolis, and at Children's National Specialists of Virginia, LLC, an affiliated private practice. Dr. Coleman can be reached at 202-476-2112 or [ncoleman@childrensnational.org](mailto:ncoleman@childrensnational.org).



### Orthopaedics and Sports Medicine Program Team

Laurel C. Blakemore, MD\*  
*Division Chief*

Nailah J. Coleman, MD\*

Jeffrey L. Hanway, MD\*

John F. Lovejoy, MD

Suzanne Walters, MD

\* Denotes physicians who are employees  
of Children's National Specialists  
of Virginia, LLC.

# The Importance of *Newborn Screening Program*

By Brian Kirmse, MD



*It's quite concerning when a newborn has an abnormal screen. Fortunately, **the Newborn Screening Follow-Up Program at Children's National** is here to exclusively guide newborns, their families, and their primary care physicians through the process following an abnormal newborn screen – from the first abnormal screen until a diagnosis is confirmed or disproved.*

After birth, all babies who are born in the United States, when they are still in the hospital, are screened for diseases that can be harmful or life-threatening if they are not identified and treated early.

This screening test (which some still call the “PKU test”) is done when a baby is a day or two old and is done from a few drops of blood from his or her heel that is then sent to the state newborn screening lab (either DC, Maryland, or Virginia, depending on where the baby was born). Every baby is tested for more than 30 diseases that can affect his or her metabolism (the production of energy from protein, fat, and sugar).

Our program has 10 board-certified medical geneticists who are specially trained and experienced in the confirmation of positive newborn screens and the treatment of metabolic diseases. In addition, the program has a dedicated pediatric nurse practitioner to coordinate the program, including office visits and definitive biochemical/genetic testing, two full-time metabolic nutritionists, nine genetic counselors as well as hospital-provided social workers, child-life specialists, insurance specialists, and medical interpretation services.

Working within the Division of Genetics and Metabolism allows for seamless transfer of care between the Newborn Screening Follow-up Program and the Inherited Metabolic Disorders Program when a newborn is confirmed to truly have a metabolic disease. The two programs share the same clinical space and utilize many of the same clinical staff and hospital resources.

These programs are offered at the Sheikh Zayed campus of Children's National Medical Center.

#### **Program contact information:**

Primary care providers, hospitals, and newborn screening laboratories should page Nicole Lavin, CPNP (Program Coordinator), with urgent referrals at **202-259-2601**. On weekends and at night, call **202-476-5000**, and ask for the geneticist on-call.

For non-urgent questions and appointments, call Nicole Lavin at **202-476-4388** or email [newbornscreening@childrensnational.org](mailto:newbornscreening@childrensnational.org)



#### **AREA NEWBORN SCREENING PROGRAMS**

- District of Columbia Newborn Screening Program:  
<http://genes-r-us.uthscsa.edu/resources/consumer/StatePages/DistColumbia.htm>
- Virginia State Newborn Screening Program:  
<http://www.vahealth.org/VNSP/>
- Maryland State Newborn Screening Program:  
<http://dhmh.maryland.gov/labs/html/nbs.html>

# Endocrinology *Establishes New Programs*

By Paul Kaplowitz, MD, Chief of Endocrinology and Diabetes

The Division of Endocrinology and Diabetes has established two new clinics and one new program to better meet the needs of children with complex problems that require the expertise of more than one Children's National division.

## **Clinic for Small Dysmorphic Children**

The Divisions of Endocrinology and Diabetes and of Genetics and Metabolism at Children's National have started a new clinic for evaluation of children with distinctive or dysmorphic physical features who also are growth-retarded, particularly those whose growth retardation is apparent at birth (e.g. children who are born small for gestational age). Until now, patients have been referred to either department and two separate visits were required for evaluation. To provide coordinated patient care, both divisions now see these children during the same visit, discuss findings with the families, and have the parents leave with a better understanding of what testing needs to be done and whether the child would be eligible for growth hormone therapy.

The clinic is staffed by Paul Kaplowitz, MD, Chief of Endocrinology and Diabetes, and Brian Kirmse, MD, of the Division of Genetics and Metabolism. It will meet at the downtown Sheikh Zayed campus location on Thursday afternoons initially every other month and then as demand increases, monthly. It also will be attended by a genetic counselor. Patients with Down syndrome should not be referred to this clinic, and patients who have obvious abnormal body proportions (short limbs or short trunk) are more likely to have a skeletal dysplasia and should be referred to the Skeletal Dysplasia Clinic, which is run jointly by the Divisions of Genetics and Metabolism, and Orthopaedics.

Families should call **202-476-2187** to schedule an appointment and specify that they want to schedule a consultation for the next Endocrine Genetics Growth (EGG) Clinic. It is not necessary to schedule with a specific physician. Parents should allow 2 hours for the appointment and should bring a copy of the child's growth chart to the appointment.

## **Thyroid Tumor Program**

In response to an increase in the number of cases, a new program has been established for evaluation of children with thyroid nodules and possible thyroid cancer. This program is staffed by Priya Vaidyanathan, MD, and Radha Nandagopal, MD, of the Division of Endocrinology and Diabetes, Cindy Gingalewski, MD, from General and Thoracic Surgery, Brian Reilly, MD, from Otolaryngology, and Chris Rossi, MD, from Pathology (for performing a fine needle aspiration biopsy at the time of the initial visit), Radiology (to assist with locating the smaller nodules by ultrasound), and Nuclear Medicine staff from the Washington Hospital Center for those patients with proven cancer who need radioiodine therapy.

If an ultrasound has identified one or more nodules of less than 1.0 cm in diameter, a common finding, referral is not needed unless there is a family history of thyroid cancer or a history of neck radiation. Such nodules are rarely malignant and are often too small to biopsy. There is no scheduled clinic for these referrals. Contact Lisa Michele Pincham, RN, in the Division of Endocrinology and Diabetes, to schedule new appointments and follow-up visits. She can be reached at **202-476-2121** or **202-476-4134**. We hope with this program to provide more family-friendly and coordinated care for children with thyroid nodules of 1 cm or greater.

## **Menstrual Disorders Clinic**

A new clinic for new evaluations of teenage girls with menstrual problems such as: no periods for 6 or more months, very irregular periods occurring less than every 3 months, or unusually heavy periods has opened. It is staffed by Rinku Mehra, MD, from Endocrinology, and Veronica Gomez-Lobo, MD, a pediatric gynecologist with a special interest in these conditions. Our goal is to standardize the evaluation of these girls, many of whom will prove to have polycystic ovary syndrome, and to provide the most evidence-based options for therapy. The clinic will be held once a month on Tuesday afternoons at the main hospital 3-orange clinic. Patients can be scheduled by contacting **202-476-3440** or **202-476-3508** and requesting an appointment for the Endo-Gyn Menstrual Disorders Clinic.

## There's a Regional Outpatient Center Near You!

In each issue of *Medical Currents*, we will update you on expansions and services at our outpatient centers. This issue, we are highlighting the Laurel Regional Outpatient Center.

If we could bring world-class care to your practice, we would. Instead, we have done the next best thing by providing the same quality of care as the hospital, only closer to your practice.

### Laurel Regional Outpatient Center

Laurel Lakes Corporate Center  
13922 Baltimore Avenue, Unit 4A  
Laurel MD 20707  
240-568-7000/1-800-787-0006 (p)  
240-568-7010 (f)

### Other Regional Outpatient Centers

- Children's National Specialists of Virginia, LLC  
*\*An affiliated private practice*
- Children's Center for Cancer and Blood Disorders of Northern Virginia
- Northern Virginia Regional Outpatient Center and Neurosurgery Office
- Annapolis Regional Outpatient Center
- Upper Marlboro Regional Outpatient Center
- Montgomery County Regional Outpatient Center, Ambulatory Surgery Center, Neuropsychology
- Frederick Regional Outpatient Center
- Spring Valley Regional Outpatient Center

### SPECIALTY SERVICES OFFERED AT THE LAUREL REGIONAL OUTPATIENT CENTER INCLUDE:

SPECIALTY	SPECIALIST	SPECIALTY	SPECIALIST
Audiology	Maju Kaku, CCC-A Irene Sideris, PhD	Neurology	Joseph Scheller, MD
Cardiology	Stanley Beder, MD Linda Bradley-Tieman, MD Sarah Clauss, MD Roger Ruckman, MD	Ophthalmology	Marlet Bazemore, MD Marijean Miller, MD
Developmental Pediatrics	Elliott Gersh, MD	Orthopaedics/Sports Medicine	Shannon Kelly, MD Matthew Oetgen, MD Nancy Zonarich, PA
Ear, Nose, & Throat (Otolaryngology)	Joshua Bedwell, MD Sukgi Choi, MD	Plastic Surgery	Gary Rogers, MD
Endocrinology & Diabetes	Audrey Austin, MD Radha Nandagopal, MD	Rheumatology	Lawrence, Jung, MD
Gastroenterology	Laurie Conklin, MD Parvathi Mohan, MD	Speech-Language Pathology	Caelie Giappon, MS, CCC-SLP Stephanie Nixon, PhD
Nephrology	Jonathan Heiliczzer, MD	Surgical Consult	Cynthia Gingalewski, MD
		Urology	Christine Danielson, NP Nadia Kalloo, MD Stephen Sparks, MD

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which took place in New York, NY, on July 21. Dr. Kaplowitz was asked to speak on a panel discussing the role of gender and family in driving global change. In addition, he also presented on the suspected early maturation of girls and the possible causes. To view Dr. Kaplowitz's presentation, visit: [www.ChildrensNational.org/Kaplowitz](http://www.ChildrensNational.org/Kaplowitz).

### Introducing the Parent's Letter Project

The Parent's Letter Project lets a parent whose child has been a patient at Children's National reach out to families who are about to undergo similar treatment by writing a letter of advice and support.

Parents can go online to **AParentsLetter.org** to watch videos and read letters from other parents who have experienced the ups and downs of having an ill child. Children's National invites you to share this project with newly diagnosed families to use as a resource. After all, sometimes the only way to be sure you're making the right decision about something important is to get a little advice from someone who has been through the same thing.

Contact Sarah Wagoner at [swagoner@childrensnational.org](mailto:swagoner@childrensnational.org) for additional information about The Parent's Letter Project.

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## People *in the News*



Lori Luchtman-Jones, MD

**Lori Luchtman-Jones, MD**, Chief of the Division of Hematology, has been invited to participate in the Best Pharmaceuticals for Children Act (BPCA) Hematology Therapeutics Area Working Group sponsored by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD). This working group will discuss and provide recommendations to the NICHD and the U.S. Food and Drug Administration on current therapeutic needs in pediatric patients.



Naomi Luban, MD

**Naomi Luban, MD**, Chief of the Division of Laboratory Medicine, has been appointed as a member of the National Heart, Lung, and Blood Advisory Council, one of the NIH's research advisory councils, effective immediately and ending in October 2014.



John van den Anker, MD

**John van den Anker, MD**, Chief of the Division of Pharmacology has recently been appointed as a member of the Committee on Drugs (COD) of the American for a 2-year period, effective July 1, 2011.



Roger Packer, MD

**Roger Packer, MD**, was Visiting Professor at the Massachusetts General Hospital on May 26, 2011. As part of the professorship, Dr. Packer gave the John K. Barlow Memorial Lecture on "Improved Outcomes for Children with Medulloblastoma in the Molecular Era" as part of Neurology Grand Rounds. On June 1, 2011, Dr. Packer also gave the Mark Nesbitt Memorial Lecture on "Molecular Insights of Medulloblastoma: Towards More Effective Therapy."