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WINTER 2010

# Stanford Medicine News

UPDATES  
FOR THE  
LOCAL  
COMMUNITY

STANFORD HOSPITAL & CLINICS | LUCILE PACKARD CHILDREN'S HOSPITAL | STANFORD UNIVERSITY SCHOOL OF MEDICINE

## Reduce TV time to burn more calories

Stanford researchers have found a simple way to avoid weight gain: Spend less time in front of the television set.

"Taking time away spent in front of the television has the potential to improve a person's activity levels," said Jennifer Otten, PhD, a post-doctoral scholar at the Stanford Prevention Research Center. She and her colleagues followed 36 adults who watched an average of five hours of television daily. Half of the participants had their television time cut in half; these study participants burned 120 more calories a day on average, equivalent to walking a mile.

The results were similar to those found in studies of children. "We've known for a decade that reducing children's television viewing is one of the most effective ways to prevent weight gain, so it is great to finally see a study like this in adults," said Tom Robinson, MD, director of the Center for Healthy Weight at Packard Children's Hospital.

The more time adults spend in front of the television, the more likely they are to suffer from obesity, diabetes and cardiovascular disease, added Otten.

## Did you know?

By age 60, most people have lost half of their taste buds.

## Helping in Haiti



Stanford physician Paul Auerbach, MD, carries a boy to a Haiti emergency clinic.

PHOTO: CHUCK LIDDY/THE NEWS AND OBSERVER

## Stanford team recounts a devastating medical mission

**P**aul Auerbach, MD, and Heather Tilson, RN, were among a team of emergency physicians and nurses from Stanford Hospital & Clinics who traveled to Haiti shortly after the catastrophic earthquake struck on Jan. 12. At the University Hospital in Port-au-Prince, they operated in a sea of patients. During their two-week stay, the team treated an estimated 2,000 people. Auerbach and Tilson were interviewed about their work there by **Paul Costello**, executive director of the medical school's Office of Communication & Public Affairs.

**What were the first days like? You arrived in Port-au-Prince amid devastation that I assume you've really never encountered before.**

**Tilson:** It was overwhelming—the sights that we saw, the smells. It's kind of indescribable. Driving into Port-au-Prince, we followed a police car, and it had its lights and sirens on. We actually went through a riot, with gunfire, and that was definitely a scary time.

**Describe the condition you walked into. Was the hospital standing?**

**Auerbach:** It was a shell of a hospital before the earthquake, and now it was just a couple of buildings, some on the verge of collapse. And the staff had left, because they had lost loved ones. There was one little operating room

being manned by a surgeon from Boston, and there were a few doctors who had done the best they could by themselves. The rest of it was just patients.

**Tell me about the team that went in. How did you decide who did what?**

**Auerbach:** Bob Norris, MD, the chief of the Division of Emergency Medicine, had a pre-existing relationship with International Medical Corps, who contacted him and asked, "Can you get a team together?" And he did, very quickly. The team was four emergency physicians and four emergency nurses, and we all knew each other. We all had the same fundamental clinical strengths, so every person in the group was a very, very strong clinician. It was the best of the best.

SEE HAITI ON PAGE 7

## ► Los Angeles Times

***“We have had more success in preventing obesity in children than we have in trying to treat obesity in adults. Most (adults) regain the weight they lose.”***

—THOMAS ROBINSON, MD, director of the Center for Healthy Weight at Lucile Packard Children’s Hospital, on studies suggesting that Americans have reached an obesity plateau. *Jan. 14*

## ► People

***“Making it to 25? It’s a bit of a miracle.”***

—PHILIP OYER, MD, professor of cardiothoracic surgery, on Elizabeth Craze, one of the youngest patients to survive a heart transplant. Oyer was one of the surgeons who operated on Craze at Stanford in 1984 when she was a toddler. *Dec. 21*

## ► The New York Times

***“It’s fair to say Stanford is once again leading the pack.”***

—DAVID J. ROTHMAN, PhD, president of the Center on Medicine as a Profession at Columbia University, on Stanford’s new model for the continuing education of physicians. The model aims to ensure that corporate donors do not exert influence over the curriculum. *Jan. 11*

## ► Medscape

***“Really important things happen during the course of hospitalization that affect when an extremely premature baby will be discharged.”***

—SUSAN HINTZ, MD, a neonatologist at Packard Children’s, who developed a method to estimate when the tiniest preemies will go home. *Dec. 17*

## ► npr

***“I think I was drawn to medicine with a strong sense of it being a romantic pursuit, a calling. I often think writing emanates from that stance of being a physician.”***

—ABRAHAM VERGHESE, MD, senior associate chair for the theory and practice of medicine program, on physician–authors. *Nov. 17*



**Cornelia Dekker, MD, a national authority on vaccines, consults with a participant in the H1N1 vaccine trial.**

## Probing the mysteries of an unpredictable flu

**W**hen Cornelia Dekker, MD, was an intern in 1976, a surprise outbreak of swine flu at Fort Dix, N.J., set health-care providers scrambling to immunize Americans against a possible epidemic. Instead of causing widespread disease, the virus disappeared as unexpectedly as it had come, piquing Dekker’s interest in the mysteries of influenza.

After three decades of studying viral infections, Dekker, now a professor of pediatrics in infectious disease at Stanford, again finds herself trying to understand swine flu. This time, the flu’s spread has reached pandemic levels. Yet its mysteries haven’t abated.

“You can plan all you want, but nature always provides us with a unique experiment,” said Dekker, who is also an infectious disease specialist at Lucile Packard Children’s Hospital (LPCH) and medical director of the Stanford-LPCH Vaccine Program.

### Expert perspective

Dekker is a widely recognized authority on vaccines and serves on the National Vaccine Advisory Committee, which oversees national vaccine issues and sets research priorities.

She said public health experts had fully anticipated an epidemic of deadly avian flu, but the H1N1 swine flu startled everyone when it appeared in April 2009. This pandemic has delivered other surprises, too—physicians are relieved that the disease is less lethal than expected but frustrated that H1N1’s slow growth in the lab has delayed vaccine production and led to national vaccine shortages in the early stages of the public campaign.

Dekker and her colleagues at the Stanford-LPCH Vaccine Program are now investigating a strategy that could help stretch vaccine supplies. As part of a large multicenter trial funded by the National Institutes of Health, the team is evaluating whether injecting an immune-stimulating substance called an adjuvant could boost the vaccine’s effectiveness in producing antibodies. If the trial works as hoped, it could allow doctors to immunize with smaller vaccine doses.

### Strategy study

The team recruited 126 adult volunteers for the adjuvant-plus-vaccine test—just a fraction of the several hundreds of people from Palo Alto and Menlo Park who responded when the trial was announced in August.

“We were very fortunate. A lot of people wanted to help science,” Dekker said. “Some of them, especially our elderly volunteers, were interested because they wanted to be protected against the H1N1 flu and didn’t think they would have another chance to receive the vaccine.”

Unlike the seasonal flu vaccine, H1N1 shots are being given to the elderly last, since older people may have more natural resistance to swine flu than other populations.

While she’s following the trial volunteers, whose immune responses will be monitored for a year, Dekker is also participating in public discussions about the pandemic. She has been working with local and national press as part of an effort to help dispel myths about the H1N1 vaccine.

### Flu fallacies

In particular, Dekker worries about people who are avoiding the vaccine because of misconceptions that it is riskier than the seasonal flu vaccine. The seasonal flu vaccine targets different flu strains each year but uses the same manufacturing process that was used for the H1N1 shot. Both the process and the vaccines it produces have excellent safety records.

People who are not immunized shouldn’t view reports that H1N1 cases have peaked with complacency, she added. Influenza pandemics often come in two waves: an early peak in the fall and then a second, sometimes more severe, peak in spring.

“None of us has a crystal ball, but theoretically we are just starting to come into the beginning of our normal flu season,” Dekker said, adding that it’s still wise to get vaccinated. “I’ve spent my whole career studying vaccination, and I’m a strong, strong believer in the value of that prophylactic protection—the ability of vaccines to protect people from getting sick.”

For scientists monitoring H1N1, Dekker thinks the flu pandemic may have a few more surprises up its sleeve. “Will this virus settle in and become the dominant strain of flu, as has happened after prior pandemics?” she said. “Or will it develop another mutation that will change the whole picture?”

*To learn more about the Stanford-LPCH Vaccine Program, visit its Web site at [vaccines.stanford.edu](http://vaccines.stanford.edu).*

# Aiming for the Super Bowl of hospitals

## Steve Young

### *In My Opinion*

Former 49ers quarterback Steve Young, Pro Football Hall of Famer and Super Bowl champion, has been a member of the Stanford Hospital & Clinics Board of Directors for the past 10 years. He is also the founder of Forever Young, a nonprofit that serves children who face significant physical, emotional and financial challenges. Through the foundation, Young has been a major benefactor to Lucile Packard Children's Hospital at Stanford. He recently spoke at a reception for Stanford Hospital Partners, an organization whose financial support helps sustain the excellence and innovation of patient care at Stanford. Young talked about his personal experience with Stanford Hospital and the need for a new state-of-the-art facility.



BROMBERGER HOOVER PHOTOGRAPHY

Former 49ers quarterback Steve Young is an advocate of Stanford Hospital's renovation plans.

OK, I'm sure you're saying, "What's the gimmick? Why Young? What has he got to do with this?" Well, at the end of my career a lot of people knew that I was suffering some trauma from concussions. When I was going through some of the meat of that, I was sent to Dr. Gary Steinberg at Stanford Hospital, at the Neuroscience Clinic. I learned that we have one of the world's foremost neuroscience clinics, right here in Palo Alto.

And then I got to see that not only do we have world-class neuroscience, we also have a lot of other world-class clinical departments.

Through a series of events, I was asked to join the Board of Directors at Stanford Hospital. I don't think the board wanted tips on throwing the ball or anything. I think they sensed that I was a guy living in the community who had some association with Stanford and a real interest in what was going on at the hospital.

I remember my first board meeting, and people were saying, "Well, we should probably work to be, maybe, one of the top 10 or top 15 hospitals," and I said, "Well, wait a second. As a 49er, I never went into the season and didn't go for the Super Bowl. If we're not going to be the best hospital in the country, I'd rather leave the board." That was 10 years ago. Since then, we have seen the hospital, under Martha Marsh's leadership, accomplish some amazing things.

Now we are looking toward a transformational event—building a new hospital. I can tell you that we are in the midst of some really heavy lifting in getting this hospital under way, and I hope that you recognize what it is going to mean to you.

As a resident of Palo Alto, I look at the hospital as *my* hospital. It is not solely Stanford University's hospital. The university is a great friend of the hospital, but the hospital stands alone. It rises and falls on its own merits. And I think it's important that we, as members of the community, recognize that this has to be *our* hospital.

What it means to you personally, to your family, is the same as what it means to me and to my own kids when I need to take them to the emergency room every once in a while. Do I want a world-class emergency room? Do I want an emergency room that services my community? I absolutely do. Do I want to drive 10, 20 or 30 miles for an emergency room? No, I do not. That's just one of the simple things that this hospital will offer—not to mention the more complex services it will provide as I age and need more care. Hopefully, Dr. Steinberg, I won't need too much help with my head!

I'm going to be able to go down the street to one of the world's greatest hospitals. And I think that we're looking for people to join us, and, more than anything, I want you to see that.

I don't believe that I am a gimmick in coming up and representing the hospital. I have deep roots now with the Stanford community, and Stanford Hospital in particular. I don't know if you've been seeing the mailings from the hospital or getting information on how to get involved with the fund drive for the new hospital. But I'm going to be part of that, and I welcome it as part of my duty in the community, as a part of my community outreach. ■

For more information and updates on the Medical Center Renewal Project, visit the project's Web site, [stanfordpackard.org](http://stanfordpackard.org).

To learn more about Stanford Hospital Partners, please contact Cliff Harris at 650-721-5659 or [cliff.harris@stanford.edu](mailto:cliff.harris@stanford.edu).

*"I think it's important that we, as members of the community, recognize that this has to be our hospital."*

# Second-generat

## *Studies focus on identifying teens most at risk*

**P**eggy finished her last final of her first college semester, walked off the UC Berkeley campus, headed down Telegraph Avenue and bought a bottle of sleeping pills from the nearest pharmacy. “I was going to wait until my grandmother went out shopping,” said Peggy, “and take the pills with a bottle of whiskey that she kept hidden in the linen closet. I couldn’t see any other way out.”

She had flirted with depression from the age of 5, and the stress of her first year of college had sent her into her blackest downward spiral yet. At 19, she felt helpless and utterly drained. Suicide seemed like her only option.

Today Peggy is a mother of two living in Danville and, along with her 15-year-old daughter, is a participant in one of a wave of scientific studies that could help prevent depression in adolescents. Scientists are examining brain scans, measuring stress hormone levels and testing prevention programs. The hope is that by understanding the interplay between human biology and environmental stressors, which together increase vulnerability for depression, researchers can better define those most at risk and get them treatment before it escalates.

### **A pervasive problem**

All people feel some degree of sadness at times, but clinical depression is something else entirely. It destroys the ability to feel pleasure. It exhausts both mentally and physically. It makes it impossible to get out of bed and impossible to fall asleep. It takes away appetite or causes overeating. It creates obsessive guilt and overwhelming grief.

With clinical depression now affecting 20 million Americans, there’s a growing need to stop the disorder. Young people who have experienced a major depressive episode are at a greater risk of cycling through depression again within the next five years and are at a higher risk of suicide and other mental health problems.

About 4,400 Americans between the ages of 10 and 24 commit suicide each year, making it the third most common cause of death in that age group, according to the Centers for Disease Control and Prevention. Between 60 and 70 percent of these individuals had a history of a mental health disorder, most commonly depression.

Stanford mental health experts, in particular, have been focusing on the need for early and effective treatment of mood disorders during adolescence in the wake of the suicides of five teens in the past year—a pattern that stunned the community (*see sidebar*).

### **Signs of trouble**

Peggy’s teenage daughter is among those participating in studies at the Stanford Mood and Anxiety Disorders Laboratory, directed by Ian Gotlib, PhD, a professor of psychology. Gotlib and his colleagues are comparing the stress responses of 100 girls who have depressed mothers with the responses of a control group of girls whose mothers have not suffered from depression.

In the lab, the girls undergo tests that can detect high cortisol levels, reduced hippocampus size (the brain structure that

stores and retrieves memories), brain responses to various stimuli and susceptibility to negative moods—all of which have been linked to depression.

Initially, researchers thought they’d have to wait for the at-risk girls to become depressed before they saw physiological or psychological differences between the groups. But even before experiencing depression, the at-risk girls are more reactive to stress than the control girls. They have higher levels of the stress hormone cortisol; they perceive more stress day to day; and they have smaller hippocampi than the control group, the researchers found.

Gotlib believes this finding provides evidence that a certain response to stress may push these girls over the edge into depression.

“Reducing reactivity to stress should be a critical target for prevention efforts,” he said. “We could assess stress reactivity within a sample of children at risk for depression (for example, those who have a depressed parent) and offer prevention programs to those with the highest levels of reactivity.”

### **Breaking the cycle**

In theory, stress reduction programs such as yoga, meditation, self-hypnosis or exercise could help prevent depression in adolescents. That’s what researchers like Judy Garber, PhD, a professor of psychology and human development at Vanderbilt University, are exploring. She published a study last summer showing that relatively modest intervention—fewer than a dozen sessions of cognitive behavioral intervention—goes a long way toward preventing episodes of depression in high-risk teens.

“Basically, you’re trying to teach kids to evaluate the way they view the world,” said Garber. “For example, when something bad happens, like you lose your job, a person at risk for depression might think, ‘My God, my life is over. I’m never going to get another job. It’s my fault I lost the job.’ Someone else might see this as an opportunity to try something new.”

For people with chronic depression, like Peggy, preventing



# tion depression



ILLUSTRATION BY MATT BANDSUCH

depression in young people before it has the chance to spiral out of control makes the most sense. She's hoping for any tips that would help her own children avoid the lifetime of depression that she's cycled through most of her life.

Peggy never took those sleeping pills when she was a freshman at Berkeley. She went on to graduate. She worked many years as a magazine editor. She's successfully raising a family now, and going back to college.

"It's hard for kids," she said. "All they think is, 'I want my pain to stop. I'm miserable,' and sometimes they don't see any way out. I have gotten better, and I think what helps me the most is to have somebody to talk to. They don't realize that life does get better." [SMH](#)

## On track to deter teen suicides

**T**wice an hour, red warning lights flash at the Meadow Drive train crossing in Palo Alto. The gates lower to stop cars, a whistle blares and a silver commuter train blasts past. Sitting nearby is a security guard. In the afternoon, when streams of kids cross the tracks on the way home from school, nobody talks to him but everybody knows he's there. Posted on a small sign next to him is a suicide hotline number.

Since May of last year, five Palo Alto teens traveled to this spot to end their lives. Spurred by a group of parents who began patrolling the tracks as part of a coordinated effort to stop future suicides, the city hired a private security firm to help.

"At first people thought we were crazy, but it just seemed to be common sense," said Caroline Camhy, the mother of two small children who helped to start Track Watch by recruiting volunteers to stand guard at the train crossing. "If suicide wasn't so easy to do, it seemed like fewer people would do it."

Following months of collaboration among mental health experts and city and school personnel, a plan is in place to conduct routine screening of students at risk for mental health disorders, maintain a database of mental health services, and conduct psychological and circumstantial reviews of the suicides, looking for possible patterns, trends or causes. And patrols will continue at the Meadow Drive crossing, as well as other nearby sites.

"It's important to know this is not completely out of our control," said Shashank Joshi, MD, a pediatric psychiatrist at Lucile Packard Children's Hospital and director of the hospital's school mental health team, which provides support to the Palo Alto Unified School District. "We're trying hard to spot at-risk kids. We're keeping watch. We're helping kids and families by teaching coping skills and resiliency."

"Ninety percent of people who die by suicide are suffering a psychiatric illness such as depression," said Frances Wren, MD, an assistant professor of psychiatry and of pediatrics, who directs the Child and Adolescent Depression Clinic at Packard Children's. Wren was instrumental in organizing an alliance of mental health, medical and educational professionals that began meeting last summer. "Effective treatments are available. The key is getting treatment to the kids who need it, quickly."

*Volunteers are needed to patrol the tracks.*

*For information, e-mail [hopepaloalto@gmail.com](mailto:hopepaloalto@gmail.com).*

*"If suicide wasn't so easy to do, it seemed like fewer people would do it."*

**Caroline Camhy,**  
founder of  
Track Watch

# LEARN MORE ABOUT YOUR HEALTH

EVENTS ARE FREE UNLESS OTHERWISE NOTED. SPACE MAY BE LIMITED, SO PLEASE CALL TO REGISTER IN ADVANCE.

## Strong for Life

*Presented by Aging Adult Services*

A muscle strengthening exercise program for older adults

**DATE:** Wednesdays at 10:30 am

**LOCATION:** Oshman Family Jewish Community Center, 3921 Fabian Way, Palo Alto

**Registration required. To register, call 650-498-7826.**

## Understanding Inflammatory Bowel Diseases

*Presented by Stanford Health Library*

**SPEAKER:** Shamita Shah, MD  
Clinical Assistant Professor, Medicine  
(Gastroenterology-Hepatology)

**DATE:** Wednesday, Feb. 24, at 7 pm

**LOCATION:** Redwood City Public Library,  
1044 Middlefield Road

**To register, call 650-498-7826.**

## Alzheimer's and Communication: Connecting the Dots

*Presented by Stanford Health Library*

**SPEAKER:** Judith L. London, PhD  
Author, *Connecting the Dots*  
Adjunct Professor, New York University

**DATE:** Thursday, Feb. 25, at 7 pm

**LOCATION:** Oshman Family Jewish Community Center, 3921 Fabian Way, Palo Alto

**To register, call 650-498-7826.**

## Help! My Kid Doesn't Let Me Sleep!

*Presented by Friends of Preschool Family and Packard Children's Hospital*

**SPEAKER:** Rafael Pelayo, MD  
Director, Pediatric Sleep Clinic

**DATE:** Tuesday, March 2, 7:30-9 pm

**LOCATION:** Cubberley Theater, Cubberley Community Center, 4000 Middlefield Road, Palo Alto

**To register, call 650-856-0833.**

## Multiples Seminars

*Presented by Packard Children's Hospital*

### Preparing for Multiples

**DATE:** Sunday, March 7, 12:30-5 pm

### Multiples Breastfeeding

**DATE:** Wednesday, March 10, 7-9 pm

**LOCATION:** Packard Children's Hospital Board Room, 725 Welch Road, Palo Alto

**Attendance fee. To register, call 650-723-4600 or visit [birthclasses.lpch.org](http://birthclasses.lpch.org).**

## Heart to Heart: A Seminar on Growing Up for Parents and Kids

*Presented by Packard Children's Hospital*

### For Girls Only (ages 10-12)

**MONDAYS,** March 8 and 15, 6:30-8:30 pm

**FRIDAYS,** March 12 and 19, 6:30-8:30 pm

**TUESDAYS,** March 16 and 23, 6:30-8:30 pm  
(Roosevelt Room, Campbell Community Center,  
1 W. Campbell Ave., Campbell)

**WEDNESDAYS,** March 24 and 31, 6:30-8:30 pm

**MONDAYS,** April 19 and 26, 6:30-8:30 pm

### For Boys Only (ages 10-12)

**SUNDAYS,** March 7 and 14, 3-5 pm

**WEDNESDAYS,** March 10 and 17, 6:30-8:30 pm

**THURSDAYS,** March 25 and April 1, 6:30-8:30 pm  
(Roosevelt Room, Campbell Community Center,  
1 W. Campbell Ave., Campbell)

**LOCATION** (except where otherwise noted):

Page Mill Center, 1520 Page Mill Road, Room P140,  
Palo Alto

**Attendance fee. To register, call 650-724-3783 or visit [hearttoheart.lpch.org](http://hearttoheart.lpch.org).**



## Staying Close While Standing Back: The Art of Parenting Teens While They Learn How to Navigate Life

*Presented by Packard Children's Hospital*

**SPEAKER:** Julie Metzger, RN

**DATE:** Tuesday, March 9, at 7 pm

**LOCATION:** Packard Children's Hospital Auditorium,  
725 Welch Road, Palo Alto

**Attendance fee: \$40/person, \$60/family; to register, call 650-724-3783.**

## Nutrition and Cancer

*Presented by Stanford Health Library*

**SPEAKER:** John W. Farquhar, MD

Professor, Medicine / Health Research and Policy

**DATE:** Wednesday, March 10, at 7 pm

**LOCATION:** Redwood City Public Library, 1044  
Middlefield Road

**To register, call 650-498-7826.**

## Celiac Disease

*Presented by Stanford Health Library*

**SPEAKER:** Nielsen Fernandez-Becker, MD  
Instructor, Medicine

(Gastroenterology-Hepatology)

**DATE:** Thursday, March 11, at 7 pm

**LOCATION:** Oak Room East, Tresidder Student Union, Stanford University

**To register, call 650-498-7826.**

## Hearing Loss and the Latest Advances in Hearing Aid Technology

*Presented by Stanford Health Library*

**SPEAKER:** Gerald R. Popelka, PhD

Professor, Otolaryngology-Head and Neck Surgery

**DATE:** Thursday, March 18, at 7 pm

**LOCATION:** Oshman Family Jewish Community Center, 3921 Fabian Way, Palo Alto

**To register, call 650-498-7826.**

## Health Care Reform Explained and Debated

*Presented by Stanford Health Library*

**SPEAKER:** Robert Jackler, MD

Edward C. and Amy H. Sewall Professor in Otorhinolaryngology

**DATE:** Wednesday, March 24, at 7 pm

**LOCATION:** Oshman Family Jewish Community Center, 3921 Fabian Way, Palo Alto

**To register, call 650-498-7826.**

## The Aging Eye

*Presented by Stanford Health Library*

**SPEAKER:** Mark Blumenkranz, MD  
Professor, Ophthalmology

**DATE:** Thursday, March 25, at 7 pm

**LOCATION:** Oak Room East, Tresidder Student Union, Stanford University

**To register, call 650-498-7826.**

## Long-Term Care for You or Your Loved One

*Presented by Stanford Health Library*

**SPEAKER:** Don Rush

Counselor, Health Insurance Counseling and Advocacy Program

**DATE:** Thursday, March 25, at 7 pm

**LOCATION:** Oshman Family Jewish Community Center, 3921 Fabian Way, Palo Alto

**To register, call 650-498-7826.**

## Dads of Daughters: The Joys and Challenges of Raising Teen Girls

*Presented by Packard Children's Hospital*

**SPEAKER:** Julie Metzger, RN

**DATE:** Tuesday, April 27, at 7 pm

**LOCATION:** Packard Children's Hospital Auditorium,  
725 Welch Road, Palo Alto

**Attendance fee: \$40/person; to register, call 650-724-3783.**

## SCOPE

### Insider perspectives on medical news

Stanford's medical school recently launched a blog, called Scope, to provide the public with high-quality, timely information about biomedical research and health-care policy.

Scope covers achievements of Stanford faculty, staff and students, but also offers insight on medical and scientific developments around the world. Its writers discuss stories and issues that might not receive adequate attention or analysis by mainstream media. Recent posts covered research on ways to prevent certain cancers, the importance of teenagers' getting enough sleep and a local program that provides veterans with mental-health services.

"Our goal is to offer depth and perspective to biomedical and health-care news, and to add a meaningful voice to the blogosphere," said Paul Costello, executive director of the medical school's communications office.

Scope is the latest offering in a series of new media initiatives from the medical school, including its "1:2:1" podcast, which features interviews with notable scientists, policy makers and journalists; a Flickr photo stream; a YouTube channel; a Twitter feed; and a Facebook fan page. Links to those resources can be found at [mednews.stanford.edu](http://mednews.stanford.edu).

You can view the blog at [scopeblog.stanford.edu](http://scopeblog.stanford.edu).

# A 30-year legacy of firsts

Children and adults undergoing surgery, victims of trauma, newborn infants, people with cancer and leukemia, transplant recipients—these are just a few of those who need blood to survive.

Stanford Hospital and Lucile Packard Children's Hospital are among the largest users of blood products in the country, yet they rarely experience shortages because of Stanford Blood Center's dedication to procuring and providing the safest blood possible. Without a steady and reliable blood supply, surgeries would be postponed and patients would suffer.

Palo Alto resident Chris Zable is among the many thousands who have benefited from the blood center's work. She had a scheduled C-section at Packard Children's in 2007 to deliver her twin daughters, Rebecca and Michelle. The evening before the procedure, she felt dizzy and began losing consciousness. Doctors discovered she was bleeding internally and that her blood pressure had dropped to dangerously low levels. They immediately transfused the first of 20 units of blood to stabilize her while they worked to control the bleeding.

"Twenty people saved my life," Zable said. "Now I get to see my babies grow up, and they get to have a mommy."

Stanford Blood Center is among the few blood centers nationwide based in a medical school. Created within the Department of Pa-



Chris Zable needed 20 units of blood to stabilize her bleeding when she gave birth to her twins, Rebecca and Michelle. The Stanford Blood Center was prepared for her transfusion needs.

thology at Stanford University School of Medicine in 1978, it was designed to meet the increasingly large and complex transfusion needs of Stanford Hospital and Packard Children's Hospital, and to sustain research and teaching programs in transfusion medicine.

The history of Stanford Blood Center is replete with milestones, particularly in the areas of blood safety and compatibility testing:

- In 1983, it became the first blood center to screen for AIDS-contaminated blood, using a surrogate test (T lymphocyte phenotyping) two years before the AIDS virus antibody test was developed.
- It was the first in the world to routinely test for cytomegalovirus (CMV), a leading cause

of mortality in transfused newborns. It provides CMV-negative blood for immune-compromised transfusion recipients.

■ The human leukocyte antigen (HLA) system was discovered at Stanford Blood Center. The finding revolutionized transfusion medicine and compatibility testing for transplantation.

These achievements represent the outcome of a close working relationship between research and clinical personnel, and the integration of the research labs with the Blood Center and Transfusion Service clinical programs.

"There are many ways to help Stanford Blood Center achieve our goal of saving lives," said Ed Engleman, MD, medical director of the Blood Center and a professor of pathology at Stanford. "We urge community members to give blood, host a blood drive, become a volunteer or make a financial donation."

Blood donations can be made at any of the center's three fixed sites: 3373 Hillview Ave., Palo Alto; 780 Welch Road, Palo Alto; or 515 South Dr., Mountain View. Donations can also be made at scheduled blood drives at sites throughout the Peninsula and South Bay. ■■

For more information or to schedule an appointment to donate, call 650-723-7831 or toll-free 888-723-7831, or visit [bloodcenter.stanford.edu](http://bloodcenter.stanford.edu).

## HAITI FROM PAGE 1

### What did you immediately do?

**Tilson:** I went into the pre-op area, where patients needed amputations. They had crush injuries. They had open wounds. They were dehydrated. We pretty much grabbed our bags and went in and began starting IVs on patients, giving them antibiotics, giving them pain medications.

**I understand that you brought down approximately \$20,000 worth of supplies (donated by Stanford Hospital & Clinics).**

**Tilson:** There were limited supplies, so everything we used was what we brought in.

**Auerbach:** And the day before, when we were waiting to get a flight from Santo Domingo into Haiti, we went to a medical supply store that had both drugs and supplies, and we bought everything we could think of that we might need. Between that, the few supplies that were there when we got there and the generous allocation of supplies that we got from Stanford, we had enough to get us through a few hours of our first day. But we faced approximately 750 to 800 patients every day.

### How did you triage these patients?

**Auerbach:** There was a field outside we called "the forest." If you imagine buildings on a perimeter, and a central area that was probably a park but had been converted into a battlefield, that's where a lot of patients were. Outside the ward, the street was packed with patients. We found them behind buildings. We found them under stairs. We found them in every nook and cranny.

**I read a particularly poignant story about a small child who offered you his cracker.**

**Auerbach:** Well, we all have stories like that. Because of my role I was running around the compound pretty much constantly throughout the day. And that tent in particular kind of breaks your heart. There was a child who was a triple amputee; he had one arm left and had a little cracker in his hand. And I walked in, and he tried to smile at me and offered me his cracker.

There was another woman who was a professional ballet dancer who had a below-the-knee amputation. She smiled at me every day; she thanked me every day. I told her that she danced better on one leg than I would ever dance on two legs. These people gave us the energy to do

what we needed to do to help them. There was no question about that.

### What amazed you the most?

**Tilson:** The devastation of everything, and how resilient and wonderful the Haitians are. They're beautiful people. They've lost their homes and their jobs and their family members, and they're injured, and they're still coming together as a community and helping each other out, and they're so appreciative of everything we did for them.

**Auerbach:** I agree entirely—in terms of fondness for the people we took care of and the genuine fondness for the people that we worked with. I have never seen people pull together like that before. I hope that situation stays in the minds of the public, because this is not something that is going to be remediable in weeks, months or even years. It's going to take a long, long time. So this is a very, very important time for people to stay focused and to do everything they can to support that country. They certainly deserve it. ■■

To hear the full podcast, go to [med.stanford.edu/121/2010/haiti.html](http://med.stanford.edu/121/2010/haiti.html).

# Love on a leash

## *Stanford's canine health-care workers help lift patient spirits*

**A**s Rita moves confidently through the hallways of Stanford Hospital, her official badge swings back and forth with each step. There's no MD after her name, but her skills as a healer could justify it. When Rita visits a patient, the atmosphere instantly brightens.

"Oh, here you go, pretty girl," cooed Stella, a patient in the intermediate cardiac care unit. "What a good dog!"

For more than a decade, dogs like Rita and her animal colleagues in the Pet Assisted Wellness at Stanford program (PAWS) have padded their way into the hearts of patients and staff alike during their weekly therapeutic visits at Stanford and twice-monthly visits to Lucile Packard Children's Hospital.

During those moments when the warmth of a black Labrador or corgi or golden retriever radiates in a patient room, it's much easier to forget the tangle of plastic tubing, the beeping of monitors and the reality of illness. "It's win, win, win all the way around when you see the connection dogs can make," said Rita's owner and handler, Robert Higa. "It's so easy and effortless. You can really see the change you can bring about with a dog."

The program makes an important contribution to getting patients well and out of the hospital, said Barbara Ralston, vice president for guest services and international medicine at Stanford Hospital & Clinics. "It helps normalize their experience. People who have pets really miss them. We can't let their pets in, but we have surrogates for them," she said.

Sessions with each patient last between five and 10 minutes. The PAWS visits are directed first at units where patients have longer stays, when missing home can sometimes lead to depression. Hospital staff members enjoy the event, too, and requests for visits outweigh the program's ability to fulfill them.

The introduction of dogs, cats and sometimes rabbits into a hospital environment is not simple, said program coordinator Jesse Rodriguez. The PAWS animals are as antiseptically clean as pos-



**PAWS veteran Rita, with her handler, Robert Higa (right), stop for a visit with Stanford Hospital patient Norma Jean Jackson.**

sible. At no time are the dogs off leash. Nor do they go to units where patients are on immunosuppressant medications.

Just as crucial is temperament—and that includes obedience: Manners in a hospital must be perfect. Black Labradors and golden Labradors are regular members of the team, but the current PAWS group also includes a Doberman pinscher, a Scottish terrier, a collie, a smooth fox terrier, a Leonberger and a Wheaten terrier.

Each dog is highly trained and has passed the strenuous certification tests created by the Delta Society, which runs training and testing programs for service animals and their handlers.

balanced on her nose.

Rita also happens to be a veteran as a patient. Higa found her at a shelter, left there by owners who couldn't cover the cost of her badly broken front leg, which was ultimately mended with multiple pins. She showed an immediate aptitude for learning and possessed a spirit wide open to interactions with humans. Now she knows 50 commands, and, said Higa, to Rita "every new person is a good thing." [SNM](#)

*For more information about the PAWS program, visit [stanfordhospital.org/forPatients](http://stanfordhospital.org/forPatients) and click on Guest Services in the left-hand menu.*

## Site connects scientists and volunteers

**P**eople interested in participating in research studies can now connect online with scientists through a new nonprofit service called ResearchMatch, the first of its kind in the country. Stanford is one of 51 institutions participating in the free service, a secure online tool that ensures patient confidentiality.

"We are looking forward to participating in this project, which holds the promise of creating an important link between Stanford investigators and study volunteers in the community," said Harry Greenberg, MD, senior associate dean for research.

The ResearchMatch program is coordinated at Stanford by Spectrum, an interdisciplinary group that works to streamline, accelerate and promote the translation of scientific discoveries into practical solutions for improving human health. Steve Alexander, MD, Spectrum's medical director for compliance, training and operations, said there is a great need for participants in research studies, which may fail for lack of volunteers.

*For more information, visit [researchmatch.org](http://researchmatch.org).*