The concept of corralling the body’s immune system to combat cancer has been around for decades but recently has emerged as one of the most promising avenues of treatment. Earlier this year, Silicon Valley entrepreneur and philanthropist Sean Parker launched the new Parker Institute for Cancer Immunotherapy, investing $250 million in a multi-institution effort that includes Stanford Medicine. The lead investigator at Stanford is Crystal Mackall, MD, a pediatric oncologist and associate director of the Stanford Cancer Institute, who discussed the venture.

You have said that cancer immunotherapy was at one time considered “fringe science.” But now it’s one of the hottest areas in cancer treatment. What has changed?

Very simply, we have seen results in the clinic. We have seen proof that it works, and that changes everything. You can do as many animal studies as you want, but if you can show that a patient with a disease that is incurable is cured or has great results, everybody sits up and takes notice. That’s what happened, starting around 2010. That was the inflection point, because that is when the clinical results started to be really such that you couldn’t ignore them.

You have had some great success using immunotherapy to treat cancer in children. Tell us about that experience.

I started working on this in the mid-1990s and frankly tried a lot of things that didn’t work so well. Maybe there was some benefit but not something that was black and white. But when we tested the use of genetically
Stanford Medicine physicians shed light on the opioid epidemic

Overdose from prescription opioid painkillers and stimulant benzodiazepines represents the leading cause of injury deaths in the United States today, a surge that did not happen overnight. Two Stanford Medicine researchers have written new books exploring the epidemic from distinctly different angles, with the goal of helping people understand the dangers of prescription painkillers and gain control over chronic pain.

**Drug Dealer, MD**

How Doctors Were Duped, Patients Got Hooked, and Why It’s So Hard to Stop

Stanford psychiatrist and addiction researcher Anna Lembke, MD, outlines how prescription drug overuse is largely a result of well-intended doctors trying to help patients with real pain and complex problems. Using anecdotes and personal stories from her clinical work with patients and families, Lembke weaves a powerful narrative of how the prescription drug epidemic came to be, and what can be done to address the systemic issues that contribute to it.

“This book is my attempt to understand how well-meaning doctors across America—most of whom became doctors in the first place to save lives and alleviate suffering—ended up prescribing pills that are killing their patients and how their patients, seeking treatment for illness and injury, ended up addicted to the very pills meant to save them,” said Lembke, assistant professor of psychiatry and behavioral sciences, and chief of the Stanford Addiction Medicine Dual Diagnosis Clinic. This is Lembke’s first book, drawing from more than 20 years of clinical experience working with patients who are misusing or addicted to prescription drugs. The book will be released Nov. 1.

**Drug Dealer, MD** uncoveres the forces driving the epidemic using examples and statistics that healthcare providers, policymakers, patients and families can understand. Lembke writes in a compassionate tone, yet her call to address the systemic issues in health care that lead to overprescribing harmful drugs is clear. She argues that the culprits behind the rise in prescription drug addiction are bureaucratic medical policies that prioritize short-term patient satisfaction over long-term well-being, financial ties between doctors and pharmaceutical companies, and a cultural narrative that rejects pain as a normal part of life. She believes that at the heart of the problem is a broken doctor-patient relationship, which can be restored only by rethinking how health care is delivered.

“The prescription drug epidemic is a canary in the coal mine,” Lembke said. “It’s a symptom of deeper systemic problems in all of health care, a sentinel warning that we have deep structural problems in the way medicine and pharma are embedded. It’s a clarion call for change—for all patients and for the doctors who treat them.”

**The Opioid-Free Pain Relief Kit**

10 Simple Steps to Ease Your Pain

Pain psychologist Beth Darnall, PhD, offers patients practical tools to reduce pain without prescription painkillers. Using her personal experience with chronic pain and more than 15 years of clinical experience, Darnall outlines ways patients can target the daily thoughts, emotions and actions that trigger pain. The book includes a CD designed to calm the nervous system.

“We know the best way to treat ongoing chronic pain is with a comprehensive approach,” said Darnall, clinical associate professor in the Division of Pain Medicine at Stanford Medicine. “Learning how to calm the nervous system is a critical aspect of pain management. This book gives patients the tools they need to reduce their pain by teaching them to control the factors that amplify and intensify pain.”

By examining and addressing factors that can drive pain, such as stress, fear and anxiety, poor sleep, lack of exercise and loneliness, the book aims to help patients reduce pain and maximize pleasure in everyday life. Darnall’s research and work with patients demonstrate that even if opioids are prescribed, they should be part of an overall, comprehensive care plan that includes pain psychology, self-management, movement therapy or appropriate exercise, and other disciplines. Her book, which is now available, is written in simple language, making the information easy to access and understand.

“My goal was to make this book accessible to anyone who needs it,” Darnall said. “We have a pain epidemic in this country, and doctors and patients are looking for ways to treat pain without opioids. With the right choices, patients can train their brain away from pain and reduce their need for painkillers. The results are life-changing.”

Lembke will speak on Doctors and the Opioid Addiction Crisis at 7 pm on Thursday, Nov. 10, at Stanford Health Library, Hoover Pavilion, 211 Quarry Road, Palo Alto. The event is free, but seating is limited. Call 650-498-7826 to register.
Expanded space to meet growing needs

After nearly a decade in the making, Lucile Packard Children’s Hospital Stanford has begun the countdown to the debut of its expanded pediatric and obstetric hospital campus, which is slated to open in fall 2017. The $1.2 billion expansion will nearly double the size of the existing campus, adding 521,000 square feet, 3.5 acres of garden space, 149 patient beds and six operating suites, with room to grow as demand increases. It will be the nation’s most technologically advanced, environmentally sustainable and family-friendly hospital for children and expectant mothers.

“In our 25 years we’ve become leaders in providing the best care for children and pregnant women. Keeping pace with the growing needs of our patients was the catalyst for this transformation,” said Christopher G. Dawes, chief executive officer. “We’ll continue to build world-renowned programs as part of Stanford Medicine and advance research in every pediatric and obstetric specialty.”

Improving health outcomes

With 13 surgical suites, the new Packard Children’s will have more operating rooms than any children’s hospital in Northern California, reducing scheduling delays and waits when surgeries take longer than planned.

A neuro-hybrid surgery suite—the only one of its kind in a California children’s hospital—will feature state-of-the-art diagnostic magnetic resonance imaging (MRI), direct access to angiography imaging equipment and a full operating room. The suite will enable surgeons to view updated images during surgery and reimage patients before closing surgical incisions. This facility also will have a dedicated isotope radiation therapy room for cancer patients and one of the nation’s only standalone combined PET/MRI scanners dedicated to pediatric patients.

A holistic approach

The expansion’s design, by award-winning architectural firm Perkins+Will in association with HGA Architects and Engineers, promotes a holistic approach to healing. The building was designed in partnership with patients, families and every level of hospital staff and faculty to ensure all areas of need were accounted for.

“From the beginning, the vision for expansion was not only founded in a mission to lead the way in children’s health but to nurture the whole family,” said Anne McCune, chief operating officer. “Many of our patients require acute and chronic care, and the hospital becomes a second home for the entire family.”

Private patient rooms will be more spacious, with sleeping accommodations for two family members, as well as amenities like laundry facilities and family kitchens on every floor. Unique features will include a digital interactive wall and a dedicated broadcast studio where children can create video content that can be shared in patient rooms throughout the hospital.

Bridging nature

Nature, an important part of the holistic approach to health care, will be present throughout the expanded campus. Outside, 3.5 acres of garden space will incorporate the topography of Northern California, and the hospital’s Dunlevie Garden will feature educational and engaging sculptures for children to explore. Interior signage and design will reflect California ecosystems. Each floor will feature overlook areas, and every patient room window will have a planter box, providing a connection to nature.

“When my mother founded this hospital, she envisioned a place where children and families could receive truly healing care,” said Susan Packard Orr. “She saw the power that nature had to heal, and I’m proud that we have carried her vision forward with world-class sustainability and holistic elements throughout the new hospital.”

Water conservation, renewable energy use, recycling programs, green housekeeping and local food offerings are integral to the expansion project and will set the standard for sustainability in hospital design. Water-efficient landscapes and collection systems are expected to save 800,000 gallons of water a year, and energy innovations such as an external-shading system are anticipated to keep thermal energy consumption to 60 percent less than that of similarly sized hospitals in the region.

Growing together

Community support was key in making this expansion possible. The “Breaking New Ground” campaign, which ran from 2007 to 2012 under the volunteer leadership of Anne Bass, Elizabeth
engineered T cells for leukemia, the results were just astounding. We were seeing patients whose leukemia was resistant to all previous therapies be put into remission to the point where you couldn’t find any leukemia within a month of first treatment and with just one dose. This was above and beyond anything I’d ever seen—or anything I’d ever imagined.

It wasn’t just us—and this is one of the most important points. Many groups started seeing this effect, and while the treatments varied a little across different hospitals, they all had the same dramatic results. When you start to see the same results across institutions, you know this is real.

And yet these therapies don’t work for every type of cancer and they don’t work for all patients. Do we know why that is?

Those are the big questions the field is facing right now. Those are two of the three biggest questions: Why don’t they work in all patients? Why don’t they work in other diseases as well? And even when they work, is the tumor going to develop resistance? Because even if you put a patient in remission, you haven’t necessarily cured them. Now we are seeing there are ways, perhaps months down the road, in which the tumor reemerges. Those are the three biggest questions, and they certainly serve as a focus for my work going forward.

Are those the primary pitfalls you see now in treatment?

Yes. Immunotherapy comes in two different types. The work I’m leading here at Stanford and that I had been engaged in at the National Cancer Institute is using engineered T cells. In leukemia, that therapy works for 70 to 90 percent of kids who receive it. That’s a very high number. The other type of immunotherapy is called checkpoint inhibitors. These are antibodies that inhibit an inhibitor. It basically blocks a negative signal, so you get a positive. Those response rates are not as high. For most cancers, they are less than 50 percent. So that’s the big question: What is the difference between patients who respond and those who don’t respond? There is a lot of really intense work going on in this area.

Probably the area that I feel most passionately about—that I’m really trying to push the envelope on—is how can we make this incredibly dramatic result in childhood leukemia apply to other diseases. There are some diseases, even in childhood cancer, where we haven’t made progress in 50 years. It is unbelievable when you have a patient diagnosed with those diseases to have to sit with the family and tell them the survival rate is less than 20 percent and we’re not doing any better than we did in the 1970s. You hate to say it.

So from my point of view, that’s the big Kahuna. Can we take the results in leukemia and achieve the same results in really difficult-to-treat cancers—like brain tumors, solid cancers of childhood, metastatic sarcomas? The answer is complicated. There isn’t just one thing that makes leukemia easier to treat than solid tumors. But that’s what we are working on, chipping away at it.

How is the Parker Institute going to enhance your efforts and the efforts of others around the country?

I think the most obvious answer is resources. The answer is even less robust. The fact that the Parker Institute is putting big money into cancer therapy and is really interested in funding clinical trials—that is really important.

They also are making a very, very serious attempt at driving collaboration. That’s not to say there hasn’t been collaboration, but they are taking it to the next level. They are trying to create a virtual institute that spans universities and brings together leaders in the field. It’s an ambitious goal. So the collaborative approach is very important.

I think there’s also an awareness when you have something of this size and scope. It raises awareness and leads to all kinds of good things. It makes people think, “I’d like to invest in that.” It makes patients think, “I would like to avail myself of those clinical trials.” So I think raising awareness is really helpful.

Are there clinical trials here that patients can take advantage of?

The immunotherapy program here at Stanford Medicine has been in existence for a long time, well before the Parker Institute or I arrived. For the last 40 years or so, Stanford has been a leader in cancer immunotherapy, even when it was considered fringe. Stanford was one of the pioneers. Th se cancer immunotherapy trials have continued to evolve and are ongoing. The lymphoma program pioneered by Ron Levy, MD (professor of medicine), continues. The bone marrow transplant program, which is a form of cancer immunotherapy, has been one of the premier programs in the world for some time.

But we now are seeing cancer immunotherap y trials open for solid tumors. We now have checkpoint inhibitor trials and have opened several trials of adoptive cell therapy—the T cell engineering therapy. We have trials in ovarian cancer, lung cancer and ones soon to open in sarcoma. We anticipate there will be more—this is just a beginning.

“For the last 40 years or so, Stanford has been a leader in cancer immunotherapy, even when it was considered fringe. Stanford was one of the pioneers.”

Crystal Mackall, MD, uses engineered T cells to improve cancer outcomes—applying the body’s immune system to attack cancer cells.

And yet these therapies don’t work for every type of cancer and they don’t work for all patients. Do we know why that is?

“National Institutes of Health (NIH) funding was at its peak, it was never a good mechanism for funding clinical trials. And now NIH funding is even less robust. The fact that the Parker Institute is putting big money into cancer therapy and is really interested in funding clinical trials—that is really important.”

PO PHOTO: NORBERT VON DER GROEBEN
HOSPITAL RANKINGS
Do they really matter?

Stanford Hospital has again been recognized as one of the nation’s premier hospitals by *U.S. News & World Report*, earning a spot on its national honor roll. Stanford was one of only 20 hospitals in the nation to earn top honors for exceptional performance in specialized, complex patient care.

Of the nearly 5,000 hospitals nationwide, only 3 percent earned a national ranking in any specialty care area in the *U.S. News* survey. For 2016–17, Stanford Hospital achieved national recognition in 12 specialties, including cancer care; cardiology and heart surgery; diabetes and endocrinology; ear, nose and throat; gastroenterology and GI surgery; geriatrics; gynecology; nephrology; neurology and neurosurgery; orthopedics; rheumatology; and urology.

Lucile Packard Children’s Hospital Stanford also received top honors in the *U.S. News & World Report* 2016–2017 Best Children’s Hospital survey, with rankings in all 10 pediatric specialties in the surveys. The Bay Area’s largest health care enterprise exclusively dedicated to children and expectant mothers earned Best Children’s Hospital Honor Roll status, making it the top-ranked children’s hospital in Northern California. Three of its specialty programs were ranked in the top 10 nationally: cardiology and heart surgery (no. 3), nephrology (no. 5) and pulmonology (no. 7). Cardiology and pulmonology medicine were rated the best programs on the West Coast.

Multiple surveys

The *U.S. News* Top Hospitals and Best Children’s Hospital surveys are just two of multiple health care surveys and scorecards in the marketplace intended to help consumers compare the quality of health care providers.

Since the Affordable Care Act was signed into law in March 2010, other organizations, such as the Leapfrog Group, Consumer Reports and, most recently, the U.S. Centers for Medicare & Medicaid Services, have developed their own methods for compiling data to help patients make more informed decisions about their care. While there are other groups in the hospital rating business, the ratings and scores from these four organizations tend to get the most attention—and scrutiny—mostly because of how differently hospitals fare in each of the surveys.

For consumers to understand why some hospitals get an “A” in the Leapfrog Group ratings or are placed on the honor roll by *U.S. News* but get an abysmal score in a Consumer Reports survey, they need to dig deeper into the methodology. Many of the ratings groups use Medicare’s Hospital Compare website, which publishes 100 different sets of data about hospitals, including mortality rates, infection rates and the results of patient satisfaction surveys, as their foundation. Beyond that, however, each group uses different types of data, different collection methods, different quality measures and different indexing, weighting and aggregating of data to develop its own unique methodology for creating its rankings.

Only part of the picture

External rankings provide only a partial view of a hospital’s overall performance. Many of these surveys and report cards measure only a small subset of procedures and conditions, making it extremely difficult to determine a hospital’s overall quality.

If a hospital does well or poorly on hospital-acquired infections and treating heart failure patients—two conditions that are commonly measured—that doesn’t necessarily mean it does a great job with cancer treatment or a heart transplant. What often matters most to patients with those conditions is the oncologist, the surgeon and the care team, not the hospital and its ranking.

When choosing where to go for care, patients should take into consideration the full spectrum of recognitions and distinctions a hospital has received. Rankings and ratings can provide useful information, as long as patients do their homework, recognize limitations of rankings and, of course, talk to their doctor and care team. A good understanding of the data can help patients get the information they need to ultimately make the most informed health care choices.

To find out more about Stanford Health Care’s awards and recognitions, go to stanfordhealthcare.org/about-us/awards.html.

To find out more about Stanford Children’s Health and Lucile Packard Children’s Hospital Stanford, go to stanfordchildrens.org.

To check the performance of a local hospital, go to the government’s Medicare Hospital Compare website at medicare.gov/hospitalcompare/search.html.
Couples in Parenthood: Meeting New Parent Challenges While Staying Close
For couples considering parenthood and prenatal and postpartum couples in the first year
SPEAKER: Nancy Sanchez, MA, MFT
Family therapist
DATE: Wednesday, Nov. 9, 7 pm
LOCATION: Freidenrich Auditorium, Lucile Packard Children’s Hospital Stanford, 725 Welch Road, Palo Alto
Seating is limited: RSVP at classes.stanfordchildrens.org.

Doctors and the Opioid Addiction Crisis
SPEAKER: Anna Lemble, MD
Chief, Stanford Addiction Medicine Dual Diagnosis Clinic
DATE: Thursday, Nov. 10, 7 pm
LOCATION: Stanford Health Library, Hoover Pavilion, Suite 201, 211 Quarry Road, Palo Alto
To register, call 650-498-7826.

Preparing for Multiples
DATE: Nov 19, noon–4:30 pm
LOCATION: Community Programs Classroom, 4100 Bohannon Drive, Menlo Park
Fee. Register online at classes.stanfordchildrens.org.

Postpartum Anxiety and Depression: Signs, Symptoms and Prevention and Treatment Strategies
SPEAKERS: Katherine Williams, MD Clinical Associate Professor, Psychiatry and Behavioral Sciences
Claire Selinger, MD Fellow, Psychiatry and Behavioral Sciences
DATE: Monday, Nov. 28, 7 pm
LOCATION: Freidenrich Auditorium, Lucile Packard Children’s Hospital Stanford, 725 Welch Road, Palo Alto
Seating is limited: RSVP at classes.stanfordchildrens.org.

CPR for Infants
Hands-on instruction in cardiopulmonary resuscitation for new parents, grandparents and other caregivers of newborns through 1 year of age
DATE: Sunday, Dec. 3, 9-10:30 am
LOCATION: Community Programs Classroom, 4100 Bohannon Drive, Menlo Park
Fee. Register online at classes.stanfordchildrens.org.

Grandparents Seminar
DATE: Monday, Dec. 5 or Jan. 9, 6-8:30 pm
LOCATION: Community Programs Classroom, 4100 Bohannon Drive, Menlo Park
Fee. Register online at classes.stanfordchildrens.org.

Healthy Weight for Kids
The Pediatric Weight Control Program at Lucile Packard Children’s Hospital Stanford is now accepting enrollment for its winter classes. The program, which is open to children ages 8 to 15, teaches youngsters lifelong healthy habits and encourages them to change how they see themselves. Classes are offered in both English and Spanish. At least one parent must participate in the meetings, which are held at 4100 Bohannon Drive in Menlo Park. For more information, call 650-725-4424 or go to weightcontrol.stanfordchildrens.org.

Community matters:
medical networks and partnerships, linking regional primary and secondary care providers with our renowned specialists to deliver leading edge and coordinated care for every patient’s unique needs.

Expanded partnerships
For pediatric and obstetrics patients, Stanford Children’s Health network includes partnerships and practices at more than 100 locations in the West. In the Bay Area alone, some 725 children’s specialists provide care at 60 locations.

Couple seeking advanced fertility care consult with experts at our new Fertility and Reproductive Health Services—Sunnyvale location, while high-risk maternity patients can access care at six perinatal diagnostic centers in the region. We also are expanding our telehealth presence, allowing timely and cost-reducing local access to world-class care that might not be otherwise available.

For adult patients, Stanford Health Care applies its spirit of innovation to reimagine how ongoing interaction with your doctor and health care team takes place. Whether it’s online, in person or at work, we are examining how offering care in new settings makes physician visits easier and more convenient, and how that matrix works together to make Precision Health a reality. With six medical groups in 52 locations, 318 physicians and allied health providers representing 29 specialities, Stanford Health Care providers receive more than half a million patient visits each year across Alameda, Contra Costa, San Mateo and Santa Clara counties.

Delivering care
Advancing treatment includes developing creative ways to deliver care wherever patients may be, whether at home or at work. For example, the Irvine Company and Stanford Health Care recently opened an Express Care Clinic at River View Apartment Homes in San Jose. Same-day and next-day appointments are available for a range of minor illnesses and injuries, including colds and flu, respiratory illnesses, abdominal pain, cuts and sprains.

Another way we’ve expanded our network is through convenient, onsite employer clinics staffed by our physicians. For instance, at Qualcomm’s San Diego headquarters, employees receive their medical care from Stanford Medicine physicians at one of two onsite clinics. Likewise, Yahoo employees at the company’s Sunnyvale headquarters and Cisco employees in San Jose have access to Stanford Medicine physicians at onsite facilities.

Specialty sites
Stanford Health Care has added specialty care sites, including one in Emeryville, where we provide specialty care in obstetrics and gynecology, orthopedics and cardiology, among others. The new Stanford Cancer Center South Bay brings together world-class specialists and sophisticated technology in a spacious, serene, state-of-the-art setting. In addition to offering the most advanced treatments, the South Bay Cancer Center provides patients with access to more than 300 clinical trials, which provide pioneering treatments unavailable anywhere else.

Most recently, Stanford Health Care affiliated with ValleyCare Health System, significantly improving access to high-quality care for patients in the Tri-Valley region of Pleasanton, Livermore and Dublin.

Increased presence
Stanford Medicine is an academic medical center with a premier medical school at its core—a learning health system. As we increase our presence in more communities, we make it easier for patients to participate in clinical trials and benefit from medical research as we continue to define and deliver Precision Health. We pursue the most challenging horizons in human health and expand our reach with the goal of providing more patients with our innovative expertise. We look forward to being the place you turn to for comprehensive and compassionate support to meet your health care needs, regardless of where you are.
Stigma associated with mental health issues is a major barrier for local youth suffering from depression, anxiety and other problems, making them reluctant to talk about the issues or seek out help, according to a new report from the Stanford Center for Youth Mental Health and Wellbeing.

The report, “Understanding the Mental Health Needs and Concerns of Youth and Their Parents: An Exploratory Investigation,” is the result of a focus group exercise conducted last fall among six groups of teens and adults in Santa Clara and San Mateo counties. The exercise included 62 participants and had a special focus on Asian-American families. The goal was to identify barriers to achieving mental health support for adolescents in the community and to understand how cultural factors may influence the types of resources and interventions that teens and parents want and value. The focus groups were led by faculty, fellows, residents and staff at Stanford Medicine Department of Psychiatry and Behavioral Sciences.

Cultural barriers
According to some Asian-American parents and teens who participated, the stigma surrounding mental health is a barrier to family and community discussions about mental health. Some parents said they think children are ashamed or depressed, as these are considered signs of weakness. Some teens said they feel their parents either “don’t believe in” mental illness, have the expectation that teens can make themselves better or believe it’s an excuse for underachieving, according to the report.

“I came from China,” one parent said. “I think we [parents] struggle because we use our experience to judge [our children], and we just run into conflict. The value system and everything—family, kids—it’s totally different.”

Some teens described the pressure they feel to achieve academic and personal success while growing up in a high-powered environment surrounded by tech company executives and Stanford professors. They reported that feeling stressed, overloaded and depressed was the “new normal,” making it hard for them and their peers to acknowledge that they need help.

Concerns about consequences
When it comes to identifying resources in the community, teens and parents both identified gaps in awareness of local mental health resources and voiced concerns about a stigma for seeking mental health support, particularly at school. According to one student, “Friends have told me they’d rather not talk to counselors at school because if someone sees you walking into that office, they’re going to automatically assume the worst, and reputation is everything.”

Parents also said they were concerned about long-term confidentiality of mental health support, even wondering whether seeking treatment may impact their kids’ future job prospects in some way.

“You don’t want to broadcast a lot of things because if they have any mental issues when they are younger and employers later find out about it, that may make them ineligible for certain jobs,” one parent said. “It’s a particularly unforgiving society in terms of someone having mental health issues and then being able to get back into the mainstream.”

Overall, the study findings underscore a tremendous need for expanding reliable, youth-friendly mental health services in San Mateo and Santa Clara counties, the report concludes. The Stanford Center for Youth Mental Health and Wellbeing is spearheading efforts to open a network of mental health centers that will offer confidential, low-cost physical and mental health care for young people age 12 to 25 in the Bay Area. The network is modeled after “headspace,” a national initiative in Australia that offers support for teenagers and young adults facing life challenges, such as relationship breakdowns, bullying, gender variance, depression and anxiety.

Additional information is available at med.stanford.edu/psychiatry/special-initiatives/ youthwellbeing. Copies of the report also can be obtained by contacting Vicki Harrison, MSW, manager of the center (vickih@stanford.edu), or Center Director Steven Adelsheim, MD (sadelsheim@stanford.edu).

Dunlevie and Orr, raised $262 million for the expansion. Further funding will come from hospital income and operating services, public bond money and ongoing community support.

The expansion will enable the hospital to transition and grow major programs into the new main building, including the Bass Center for Childhood Cancer and Blood Diseases, the Pediatric Transplant Center and the Children’s Heart Center. The relocation of those centers will allow the existing Johnson Center for Pregnancy and Newborn Services to be renovated into private obstetrics rooms. In addition, services previously shared with Stanford Hospital will have a dedicated presence inside the children’s hospital.

Learn more about the Stanford University Medical Center Renewal Project at suncrenewal.org.
In my doctor’s office, a screensaver caught my eye: “Share your memories from the hospital’s opening 25 years ago.” I flashed back to a memory of a pink T-shirt inscribed with “I Opened the Doors.” I remember fitting my small handprint onto a tile that is now cemented to the entrance pillars of Lucile Packard Children’s Hospital Stanford. Today I am 30 years old and still a patient: My complex conditions require the care of specialists who have been with me since childhood. I consider the hospital my second home, and the people I’ve met there are my family.

Born three months premature with a heroin addiction, I was diagnosed with spina bifida and cloacal extrophy, a rare birth defect of the abdominal wall in which the organs are outside the body. These conditions come with a host of related complications that led to frequent hospitalizations throughout my childhood.

When I was 5 years old, my mom passed away in prison due to health issues from years of drug abuse. I was placed in permanent foster care, the beginning of 14 painful, difficult years in the system. I didn’t get the medical care that I needed at home and endured extremely unsanitary living conditions, which often led to serious infections.

I have had more surgeries than I can count to maintain function in my bowels, bladder, spine, pelvis and hips. Because I didn’t have a parent to advocate for me, I learned to be my own advocate and to ask lots of questions so I could be informed of the decisions being made about my care.

My nurses and doctors, concerned about my lack of parental support, were the first adults who respected my voice and made me feel safe and deserving of a good chance in life.

My nurses and doctors were the first adults who respected my voice and made me feel safe and deserving of a good chance in life.

One nurse in particular, Petie Cote, RN, visited with me in her off hours, bringing me my favorite snacks and taking me on walks around the hospital. Today Petie remains a huge part of my life. She gave me away at my wedding in 2006, and I even call her Mom.

I also have Packard “grandparents.” I met “Grandpa” Dave Olsen when he came to read stories to me as a volunteer. He assured me I wasn’t alone and kept true to his promise. We’ve stayed close for many years, sharing holidays and life’s milestones.

I got married in my 20s and started to see adult specialists. I expected to phase out of the children’s hospital, but I always came back to William Kennedy, MD, chief of pediatric urology. Despite my unstable home life, his care has remained consistent ever since I was 9 years old. He knows me and my history and is able to treat my congenital complexities, which adult specialists have struggled to navigate.

Thanks to the support of my Packard family, I was inspired to pursue my dream of becoming a nurse. When administrators reviewed my application and doubted I was physically capable of such a demanding job, my doctors spoke up on my behalf. Today I am a licensed vocational nurse at the Veterans Affairs Palo Alto Health Care System, and I am pursuing my master’s degree in public health at San Jose State University.

I hope that my work as a nurse will allow me to pay forward the extraordinary care I’ve experienced throughout my life. I’ve always said, “You can’t control what you are given in life, but you can control what you do with it.” I strive for that every day.

Petie Cote (above, left), a nurse who acted as a surrogate mom during Foster’s hospital stays, shared important milestones such as Foster’s wedding and graduation.

Foster with pediatric urologist William Kennedy, MD, at the 2009 ABC/HEA International Exstrophy, Epispadias and Hypospadias Conference, where she was a featured guest speaker.