




Duke Children's

stories

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Superheroes

Taking action to save the day, superheroes fly in where the need is greatest. This issue is filled with acts of epic proportions.

Letter from the chairman



In this issue you will read about three incredible young women who inspired an equally incredible care team. Together they did the unimaginable, and their steps are the first on a journey that will change critical care medicine.

As you read through these pages, you will learn about the complex critical care team and the life-saving innovations they have developed.

I am also excited to share with you that actress Phylicia Rashad will serve as the celebrity host of the Teddy Bear Ball on December 3. Soon after

comes the eighteenth annual MIX 101.5 Radiothon, so mark your calendar and tune in February 14-16, 2012.

Finally, I want to draw your attention to a very special card that will be a part of this year's new card series designed by children. Scan the QR code to read the touching story behind it.

Because nothing matters more,


Joseph W. St. Geme, III, MD
Chair, Department of Pediatrics



Scan QR code to learn
about this special card.

or visit dukechildrens.org/giving/holiday_cards



The Duke Children's Healthy Lifestyles Program turns five!

Scan the QR code or visit dukechildrens.org to see how much this program has accomplished in addressing the pediatric obesity crisis.



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Q&A about ECMO

Extracorporeal membrane oxygenation (ECMO) keeps patients alive when their lungs fail. A team at Duke Children's broke new ground with an ambulatory ECMO program to improve transplant outcomes. (See stories on pages 4-7.)

Q. What is ECMO?

A. ECMO stands for extracorporeal membrane oxygenation. ECMO is an extreme form of life support that takes blood out of a patient's body, infuses it with oxygen, removes carbon dioxide, and then returns it to the body. The ECMO machine provides heart and lung support for critically ill children.

Q. What types of patients require ECMO?

A. ECMO is an extreme measure, but sometimes it is the only chance of survival for patients requiring transplant or those who are suffering from severe respiratory and/or cardiac failure.

Q. What is an ambulatory ECMO program and how is it used as a bridge to transplant?

A. At Duke Children's, patients requiring a bridge to heart and/or lung transplantation are treated in the Pediatric Intensive Care Unit (PICU) and Pediatric Cardiac Intensive Care Unit (PCICU). Critically ill patients are already weak from forced bedrest and heavy doses of

medicine. These factors may contribute to the risks and complications associated with ECMO.

A program that would allow a patient to get stronger while on ECMO could potentially decrease these risks and improve outcomes after transplant. With that in mind, PICU physician David Turner, MD; director of lung transplantation, David Zaas, MD; ECMO medical director, Ira Cheifetz, MD; and an interdisciplinary team of expert staff developed a physical therapy program that would allow patients to ambulate, or walk, while on ECMO.

Q. How did this ambulatory ECMO program evolve?

A. A standard ECMO machine would be too large and too heavy to allow a patient to walk while connected to it. However, in response to the outbreak of the H1N1 virus in the winter of 2009, Duke Children's developed a smaller, less bulky, and most importantly, *mobile* ECMO machine in an effort to treat the high volume of patients requiring critical care during the pandemic.

Q. What's next?

A. Since Duke Medicine performs 10 percent of all lung transplants in the United States, this new program has the potential to make a huge impact on the lives of critically ill children, adolescents, and adults. "As a large center with expertise in transplant, we have an obligation to make the whole field better," says Zaas. "Our goal should be to get more patients on the ambulatory ECMO program to improve outcomes of lung transplantation."

With this program, Duke Children's can provide hope for patients who would have none otherwise. "Nationally, 10 percent of patients die while waiting for lung transplant. This program is one of our attempts to offer these patients transplant instead of telling them that it isn't an option—which is what every other hospital in the country would have done." ●



Building a network of advocates

The work of two passionate and motivated leaders touches many



Jim and Susan Sabiston of Rocky Mount were already familiar with Duke Children's Hospital & Health Center. For several years, the Sabistons participated as regular attendees of Duke Children's annual gala, the Teddy Bear Ball. However, the Sabistons would soon discover a newfound passion and become the heart of a network of advocates for Duke Children's.

A couple of years ago, George Grody, chairman of the Duke Children's National Board of Advisors, invited the Sabistons to visit Duke Children's for a tour to learn more about the hospital and the services it provides.

"We knew from the moment we stepped through the door it was something we both wanted to be a part of," says Jim. "It was evident that Duke Children's means so much to so many children and their families." Shortly after, Jim and Susan were asked to join Duke Children's National Board of Advisors executive committee, and they gladly accepted.



Left to right: David Sides, Mike Price, Jim Sabiston, Susan Sabiston.

Leadership in action

Just as George had shared his enthusiasm for Duke Children's, Jim and Susan were eager to share their experience and excitement for the hospital. Over the past two years, the Sabistons have mobilized FAC, a national food logistics solutions provider, to become one of Duke Children's Hospital & Health Center's top corporate partners. FAC became the presenting sponsor of the 2010 Teddy Bear Ball, and again for the upcoming 2011 gala. For Jim and the team of executives and employees at FAC, the Teddy Bear Ball presenting sponsorship goes beyond a corporate financial contribution.

"Being a sponsor is not the goal, but doing what we can to advance such a worthy cause as Duke Children's is," says Jim. "I've seen the special, one-of-a-kind type work performed at Duke Children's, and I've also recognized that every dollar and every gift counts—no matter the size."

Learning from experience

Jim's passion for Duke Children's also connected with several of FAC members personally. For David Sides, director of carrier development at FAC, he experienced first-hand how quickly life changes. Eleven years ago, Sides' healthy daughter was suddenly struck by a potentially fatal illness.

"I witnessed angels at work performing miracles at Duke Children's," says Sides. "While most institutions do not have answers for this kind of illness, Duke Children's offered hope and my daughter received care from a one-of-a-kind surgery and surgeon."

Mike Price, vice president of FAC, also holds a strong personal connection to Duke Children's. In 1979, Price experienced how Duke provided care for a family member who experienced pregnancy complications and a premature birth. "During the four short months of the newborn baby's life, the Duke staff poured out love beyond belief" says Price. "That love from Duke Children's has carried on for 31 years, with cards and calls from the PICU team to my family."

Additionally, Jim continues to reach out to other corporate connections to experience Duke Children's, including most recently International Traders, Inc., a food service supply chain company. He encourages his network to take a tour of the hospital, just as he and Susan were invited to do several years ago. "You only have to experience Duke Children's one time to feel the connection to giving back that we all feel," says Jim.

A legacy of giving

"FAC grew out of a family with strong morals, work ethic and a desire to give to others," says Price. "Jim Sabiston is the man who instilled the values that he lives daily into the FAC team. He gave wisdom, his time to others, and instilled passion not just for your job but to take the talents you have and not waste them."

"I feel privileged and thankful to not only contribute in a small way, but work for a company that allows me to do so," says Sides.

The Sabistons' contributions through financial donations, time, and willingness to share have brought more support, sponsorships, and advocates on behalf of Duke Children's all in part because of their passion and care. "We are most proud of being able to give our time and resources to a place like Duke Children's Hospital," say Jim and Susan.

"It is an honor to have the opportunity to serve." ●

Corporate giving opportunities

Corporations contribute to non-profit organizations for a variety of reasons:

- To strengthen the communities where they operate
- To encourage employee morale or team building
- To fix a problem such as disease, nutrition, or literacy
- To increase visibility and build brand recognition

There are many ways to get involved. Duke Children's offers opportunities to enjoy a fabulous, black-tie gala evening or golf weekend, gain valuable radio exposure, or build brand visibility through a child-designed greeting card. Sponsorship proceeds support life-saving medical and surgical programs for thousands of hospitalized children treated at Duke Children's each year.

Corporate partners can engage employees through on-site fund-raising opportunities, giving programs, or volunteer service.

According to the group the Committee Encouraging Corporate Philanthropy, when companies demonstrate programmatic effectiveness, fiscal accountability, and good stewardship in their philanthropic programs, society and business both stand to benefit greatly. Through innovative programs like those aimed at eradicating disease or raising childhood literacy rates, companies can also improve employee retention and heighten brand recognition.

"Supporting Radiothon has become part of the culture here at Quintiles," says Tammy Stogner, senior director for finance at Quintiles. "It's a great team-building opportunity for our employees, and we look forward to it each year."

To learn more about corporate giving at Duke Children's, visit dukechildrens.org/giving. ●

UPCOMING OPPORTUNITIES

Card Program Kick-Off

November 3, 2011

Teddy Bear Ball

December 3, 2011

MIX 101.5 Radiothon for Duke Children's

February 14-16, 2012

Jim Valvano Kids Classic Golf Outing

July 13-14, 2012

For more information about partnering with Duke Children's, please call 919-385-3141.

Giant Steps

The Ambulatory ECMO Program

In January 2010, 16-year-old Jessica, suffering from end-stage cystic fibrosis, was transferred to the Pediatric Intensive Care Unit (PICU) at Duke Children's with hope for a life-saving double lung transplant. Jessica's lungs were shutting down as a result of her lung failure, and she needed to be placed on extracorporeal membrane oxygenation (ECMO), the most extreme form of life support available.

However, even with this machine acting as Jessica's lungs, she was too sick and too weak to handle the lung transplant surgery that she desperately needed. Jessica was going to die unless she got much stronger, and fast.

The Duke team made a difficult decision that would change the lives of three young women as well as the future of critical care and transplant medicine. They decided that Jessica's only chance for survival would be to actively participate in a physical therapy program that could increase her strength while on ECMO life support. All involved in this decision were confident that the staff, technology, and resources available at Duke Children's would enable them to do what had never been done before anywhere: to walk a pediatric patient on ECMO.

"She's attached to a tower of pumps and medicine lines," says pediatric respiratory coordinator Lee Williford. "What's more, she has a hole in her throat from the tracheotomy and her surgical interventions are fresh and cause pain. It was scary enough just to sit her upright, let alone have her walk. The only thing keeping her alive, the cannula coming out of her neck, could come out with one wrong step."

Still, the PICU team was determined to do everything in its power to save Jessica's life. "There is no way that she would have survived without this process, so we had to try this," says Ira Cheifetz, MD, division chief of Pediatric Critical Care Medicine and medical director of the ECMO program.

Through the innovative and dedicated efforts of Duke's multidisciplinary team, Jessica was indeed able to become strong enough to walk while on ECMO, and consequently, was deemed eligible for lung transplant. She got her new lungs just weeks after starting the program.

Since Jessica's successful lung transplant, two other critically ill young women have participated in this ambulatory ECMO program. This groundbreaking idea had become a reality. Three young women, who had been denied transplants everywhere else, were now breathing with new lungs.

"We are now trying to figure out which other populations can benefit from this program so that additional children and young adults can be positively impacted by this innovative approach," says Cheifetz. ●

Jessica's story

The one who made it happen



When Jessica was transferred to Duke Children's in critical condition and in need of a lung transplant, she had no idea that she was about to embark on a groundbreaking procedure that would make medical history.

Unbelievably, a new, mobile ECMO machine had been created only a few weeks prior to her arrival at Duke Children's. David Zaas, MD, the director of lung transplant at Duke Children's, realized the potential for using this new technology to do just that. If Jessica could sit, stand, and even walk on ECMO, she might become strong enough for transplant.

"If we had kept her in bed for weeks instead, the risks of transplant would have outweighed the benefits," said Zaas. "This was the only way we could offer her the transplant that she needed to survive."

The PICU team rose to the challenge, working in uncharted territory to strengthen and recondition Jessica to the point she was walking around her bed while on ECMO. These few small steps were actually quite big steps in the world of critical care—no pediatric patient had ever before walked on ECMO.

"Jessica was the groundbreaker," says her attending physician in the PICU, David Turner, MD. "She helped the PICU team develop a process to walk around while on ECMO, so that by the time the next two patients, Krista and Gina, came along, we were much more comfortable with the procedure."

Greta Garber, one of the PICU nurses who worked closely with both young women, remembers how Jessica became a role model for Gina, soothing her nerves about her upcoming transplant. "She talked about how amazing it felt to get new lungs, and that made it less scary for Gina."

Sadly, more than a year after her successful transplant, Jessica became very ill. She was admitted to the PICU, and died in May 2011. Her death came as a shock to the entire PICU staff.

While Jessica's family mourned her death, they also recognized that the Ambulatory ECMO program had given them a year that they would not have had otherwise.

"At her funeral, Jessica's father told me this past year had been the greatest of their lives as Jessica was accepted to college, went to her prom and participated in things she never would have dreamed of doing before," recalls Zaas.

Jessica's humor, perseverance, and incredible spirit will never be forgotten. She inspired the PICU team to try something they would have never thought possible. "Our work is in honor of Jessica," says Lee Williford, one of her respiratory therapists on the team.

Jessica will be remembered as a pioneer, a groundbreaker, a hero, a daughter, and a friend. "Jessica touched so many people with her will to live and her incredible drive to succeed," said Kelly, Jessica's father. "Duke Children's kept her dreams alive and helped her realize she was capable of anything. As Zaas put it, "Her ability to be the first pediatric patient to try the Ambulatory ECMO program will, without a doubt, impact the lives of patients treated at Duke Children's and beyond." ●

If you would like to make a gift in honor of Jessica and the groundbreaking Ambulatory ECMO program she helped pioneer, visit our gift page at gifts.duke.edu/dch or send a check to DUMC Box 2975, Durham, NC 27710.



Krista's story Facing her toughest role with grace

Krista was diagnosed with cystic fibrosis at Children's Hospital in Birmingham, Alabama, when she was three months old. From that moment on, she would spend four hours of each day taking care of her disease: undergoing daily treatments, taking medicine, and clearing out the secretions building in her lungs as a result of this genetic defect.

Even though she had to go to the hospital for treatments for two weeks every other month, Krista found a way to stay involved in the thing she loves most—theater. She's been in seven plays.

"I would go into the hospital two weeks before the play would start, so I would be sure to be ready on opening night."

Everything changed when Krista contracted Burkholderia cepacia, a very resistant strain of bacteria that can be fatal in patients with cystic fibrosis.

She got sicker and sicker, until finally her already secretion-filled lungs became totally overwhelmed by bacteria. She was taken to her local hospital to be put on a BiPAP mask, a special piece of equipment that would help her breathe. From there, she was rushed by ambulance to University of Alabama at Birmingham Hospital where she was intubated with a breathing tube.



Krista's health was declining so rapidly that her only option was a double lung transplant. Krista's mother tried not to panic when she found out that there were no donor lungs available at her hospital in Alabama, and that no other hospital would take her because she was deemed too sick to be eligible for transplant.

That's when Krista's doctor called Duke Children's. David Zaas, MD, said that he might consider Krista for transplant if she agreed to participate in a brand new Ambulatory ECMO program. She would be only the second patient to participate in this groundbreaking program.

Krista's mother will never forget the phone call she received from Zaas. He said, "I want you to understand she's not on the transplant list yet, but

I wouldn't bring her here if I didn't think I could get her strong enough for transplant. If it were my daughter, I would want her at Duke where she can rehabilitate on ECMO. This is her best chance of survival."

That was all Krista's mother needed to hear. Days later, after being transported to Duke Children's, Krista started the Ambulatory ECMO program. Her legs were swollen because she had been pumped with fluids to keep her blood pressure up. "Just one of my legs was the size of my whole body," says Krista. "They were so heavy that I could barely lift them."

Still, she had to walk. She had to get stronger to be eligible for transplant. After a week on ECMO, she was able to get out of bed. It took a six-person team to get her physically moving and walking on ECMO.

Krista was put on the transplant list on August 26, 2010. Eighteen hours later, she got her lungs. The young woman who was deemed too sick for transplant by almost every hospital in the country was home in Alabama by Christmas. ●

Gina's story Lots more living to do

Gina's laugh is full and boisterous. Every part of her smiles and shines when she talks about her brother, her parents, her friends, and her animals. Gina loves animals so much that she works at the Watkins Nature Center near her hometown in Crownsville, Maryland, and she hopes to be a marine veterinarian one day. She has so many passions and dreams and her personality is so huge, that it seems impossible that she's only 4'7." What's even more impossible is the thought of this bright, warm young woman being critically ill.

Gina was airlifted to Duke on February 24, 2011, in acute respiratory failure. Gina has cystic fibrosis, and she nearly died when the influenza virus attacked her already clogged lungs and shut them down. "Gina was really sick when she got here," say Duke Children's PICU nurse Pam Smith, RN. "We couldn't get the secretions out of her lungs. I thought she was going to die," she says.

Gina was immediately put on a high frequency oscillating ventilator, but she continued to worsen. Her only chance of survival was to go on ECMO and hope that this artificial lung would be able to

provide her with adequate oxygen. Gina's mother recalls the moment when the surgeon asked for her consent to put Gina on ECMO: "It was the scariest decision of my life, but Gina's brother was there, and he put it best: 'Gina has a lot more living to do.'"

Gina remembers waking up with a hole in her throat where the tracheotomy tube was inserted and a tube protruding from the side of her neck where the cannula leading to the ECMO machine was inserted into her jugular vein.

"When I woke up, I was told that I was on life support, and that I needed to start walking if I wanted to get a lung transplant," recalls Gina. "I was nervous at first but I trusted Duke because they've done more than 1,000 lung transplants. So I did what they told me."

Gina not only did what she was told, she did the unimaginable. She walked 700 feet while attached to a machine acting as an extra lung.

"It didn't seem like a big deal to me. I love marine science and everyone kept talking about this fish tank down the hall, so I decided I was going to go see this fish tank!"



Although it may have shocked the PICU team at first, they quickly realized that this was just Gina—ECMO was not going to limit her ability to do anything.

Gina was put on the transplant list on her twentieth birthday, and got her lungs six days later. "I was so excited. I kept making lists of all the things I wanted to do with my new lungs."

Gina is now happily back in Maryland with her family and friends, but she will always have a place in the heart of the Duke Children's staff. "She's changed all of our lives," says ECMO specialist Brian Hershberger, "Gina is my hero." ●



TEAM ECMO

Duke Children’s health care professionals made history when they helped three patients on an incredible journey

The Ambulatory ECMO program in the Pediatric Intensive Care Unit (PICU) is one of the most comprehensive, multidisciplinary programs at Duke Children’s Hospital & Health Center.

“It’s tremendous—it involves input from respiratory therapists, physicians, ECMO specialists, nurses and nurse practitioners, pharmacy, perfusion services, lab, operating room, bedside staff, surgery, transplant team, physical therapists, and occupational therapists. This program truly touches on almost every discipline, every single service at Duke Children’s,” says pediatric critical care division chief, Ira Cheifetz, MD.

MEET THE TEAM

Director of the lung transplant program

David Zaas, MD, has been the director of the lung transplant program at Duke University Hospital since 2007. His decision to grant candidacy to three critically ill young women changed history forever. In December 2009, Zaas saw an opportunity to use the newly developed mobile ECMO machines at Duke Children’s in an innovative way: To increase the strength of patients who needed ECMO life support but were considered too critically ill to be eligible for transplantation.

Soon after, he began advocating for certain changes to the standard ECMO procedure and planning a physical therapy and rehabilitation program with the PICU team.

“Zaas is the whole reason we have an ambulatory program now,” says PICU respiratory therapist Michelle Peters. “He gave those patients hope when there wasn’t any hope.”

Zaas believes this ambulatory program will increase the number of patients considered for lung transplant. “The benefit of this program is that it can give more people the chance to be transplanted,” he says. “It has the potential to save even more lives.”

ECMO specialists

ECMO specialists are respiratory therapists who are specially trained to run the ECMO machine. Since this machine mimics the function of the heart and lungs, it is susceptible to human-like problems such as blood clots and must be checked constantly. “We are within ten feet of the patient at all times, constantly monitoring everything,” says ECMO coordinator Robert Rudder. ECMO specialists work closely with perfusionists to prepare the pump that circulates the patient’s blood, and with nurses and physicians as they use the machine to maintain life.

Perfusionists

Perfusionists operate heart-lung machines. The 20 perfusionists at Duke Children’s work in the operating room as part of a team with cardiac surgeons and anesthesiologists.

The Ambulatory ECMO program marked the first time that perfusionists have been asked to run an ECMO machine while it was hooked to an alert, active patient. ECMO patients are usually heavily sedated, but after making a few adjustments to the procedure, the PICU team was able to wake up, rehabilitate, and walk a patient on ECMO. This was a brand new experience for perfusionists like Desiree Bonadonna, who worked with the PICU team to get the patients started on ECMO. “I would check on the patients every day and keep in close contact with the ECMO specialists and everyone on the PICU team to coordinate care,” she says.

Bonadonna helped to develop the sprinter pump used in the ambulatory ECMO program and is one of the contributing authors in the paper being published on the program in *Critical Care Medicine*.

PICU attending physician

PICU physician and assistant professor of pediatrics David Turner, MD, was involved in the development of the Ambulatory ECMO program with the

multidisciplinary team at Duke Children's Hospital & Health Center. "I'm a small part of a very large team," he says.

His article describing this novel program has been published online in *Critical Care Medicine*. He hopes this publication will lead to increased national awareness of the potentially life-saving benefits of this groundbreaking innovation.

"This program is unique because there had never been a pediatric patient that has walked on ECMO," he states proudly.

Turner has been heavily involved in the care of all three patients and has watched the program evolve to the point where the third patient, Gina, was able to walk 700 feet while on ECMO. "I was extremely excited that day as we all walked with her to the fish tank," he says.

Turner is optimistic that this program will continue to expand and help young patients around the world.

Division Chief of Pediatric Critical Care Medicine and Medical Director of the Pediatric Intensive Care Unit and ECMO Program

Ira Cheifetz, MD, has been actively involved in the Duke Children's ECMO program since it began in the early 1990s. As chief of pediatric critical care medicine and the medical director for the PICU and the ECMO program, he encouraged the PICU's efforts to develop an ambulatory program at Duke Children's.

"I thought it would be possible to have a patient awake on ECMO, but I did not think it would be possible for one of our patients to walk on ECMO. Duke Children's has been a leader in the field of ECMO for two decades, and this novel approach elevates our program to an even higher level."

Cheifetz believes that this initiative is one of Duke Children's greatest innovations to date. "To remain at the cutting edge of science, you must take very carefully calculated risks when there is the potential for huge benefit," he says.

Cheifetz attributes much of the program's success to the tremendous interdisciplinary teamwork at Duke Children's. "One of the most memorable moments for

me was the look on the team's face when they said, 'we can do this'...and then to see it happen...it was incredible."

Nurses

The role of nurses in the Ambulatory ECMO program is extensive and far-reaching. They must monitor the heart rate, blood pressure, and vital signs of a patient whose lifeline is dependent upon a machine. "I'm constantly assessing the situation, problem solving, recalculating, and keeping the family informed," says Greta Garber, RN, a PICU nurse who started working with infants and children on ECMO when the Duke program started in 1990. "I want the family to be aware of what is important, what we're focusing on, what the big picture is."

Nurses are also involved in planning and coordinating this intricate process with respiratory therapists and other members of the patient care team. "To ambulate a patient with that many lines and tubes is extremely difficult. We are constantly monitoring these lines, checking the machine, and figuring out how to maneuver through the maze of life-supporting equipment," explains Pam Smith, RN, another PICU nurse.

Occupational Therapists

The occupational therapists involved in the Ambulatory ECMO program worked closely with physical therapists to help the patients with movement and motor skills. The collaboration between occupational and physical therapists allowed for the creation of a rehabilitation and physical therapy regimen that defined this revolutionary program.

Physical Therapists

A team of physical therapists at Duke Children's created the exercise and rehabilitation program for ECMO. "We needed to get the patient as strong and as functional as possible to tolerate transplant and improve the quality of life after transplant," says physical therapist Tamara Kirk.

Twice a day, a team of two physical therapists lead the patients through an exercise regimen with increasingly physical demands.

Respiratory Therapists

At the very heart of the Duke ECMO program are the respiratory therapists. At Duke Children's, respiratory therapists are an essential part of the care team, particularly in the pediatric intensive care unit. There are approximately 40 respiratory therapists delivering around-the-clock care at Duke Children's.

In the Ambulatory ECMO program, respiratory therapists work with the patients whose lungs had shut down due to complications from cystic fibrosis. They need an ECMO machine to provide them with oxygen, and a tracheostomy inserted to serve as a stable airway. At Duke, a subgroup of respiratory therapists have been trained as ECMO specialists. ●



HOW YOU CAN HELP

Helping to fund this new program would lead to advancements and improvements in these three areas:

MEDICAL CARE

A gift to Duke Children's would enable physical and occupational therapists to increase the frequency of their visits, thus increase the effectiveness and success of the rehabilitation program.

RESEARCH

Funding research efforts in this area could help Duke Children's become a leading center for ECMO as a bridge to transplantation. This would in turn increase national awareness of this life-saving program at Duke Children's. In this way, Duke Children's could become a leading referral center for patients in need of this unique type of critical care. "We can do the studies that smaller centers can't," says Zaas. "We can conduct clinical trials and explore how to improve this program so that we can save even more lives."

EDUCATION

Funding trainees in pediatric intensive care could help the Duke Children's PICU fellowship program continue to expand. This expansion would increase the number of members of the next generation of PICU physicians exposed to this unique and exciting program in the PICU at Duke.



Call Jim Ervin at 919-385-3133 to learn how you can make a difference for our patients.



From Hollywood to Broadway

The 2011 Teddy Bear Ball

Presented by FAC

We're rolling out the red carpet for this year's Duke Children's Teddy Bear Ball.

The annual black-tie gala, set for Saturday, December 3, at the newly renovated Durham Convention Center, will feature celebrity host Phylicia Rashad. Rashad, best known for her legendary role as Clair Huxtable on *The Cosby Show*, will serve as emcee. Broadway composer David Friedman has written special music for the evening.



With such talent coming together the event is themed "Hollywood to Broadway" and will pay homage to Duke Children's helping children coast-to-coast. In celebrating this national theme, renowned cancer-fighting powerhouse, the V Foundation for Cancer Research, will be honored for its support of Duke Children's in the battle against pediatric cancer.

All this set amid glitz, glamour, auctions, dinner, and dancing. The Teddy Bear Ball raises more than \$200,000 annually for pediatric programs, research, and education. FAC, a national food logistics solutions provider based in Rocky Mount, NC, is this year's presenting sponsor.

"We are so excited to sponsor Teddy Bear Ball again this year," says Mike Price, vice president of FAC. "It only took one tour of the children's hospital to know this is the organization we wanted to support. Our employees get behind this, we've engaged our business partners and had a lot of fun rallying support for this great hospital."

Stories



Facing a bear of a challenge

The courage of three young patients
and a team of Duke experts makes history