



Healthy Futures

FLOATING HOSPITAL FOR CHILDREN
at TUFTS MEDICAL CENTER

Fall 2015

All Tied Up

OVERCOMING CHILDHOOD CONSTIPATION

Get to Know Our New
Pediatric Cardiac Surgeon

Also inside:
Helpful Tips for
Back to School

A Promising New Drug for
Neuroblastoma

Easing a Child's Trip to
the Emergency Room

A breakthrough in prenatal care: Care.

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tuftsmedicalcenter.org.



Women  Tufts Medical Center

Healthy Futures

Healthy Futures is published twice yearly by Floating Hospital for Children at Tufts Medical Center for referring physicians and their patients. Our physicians value their partnership with doctors in the community and are committed to working cooperatively with them to care for their patients when they need advanced care at an academic medical center. It is the mission of everyone at Floating Hospital for Children to ensure that patients and their doctors have a positive experience, and that we deliver the highest-quality care as compassionately and efficiently as possible to each child.

www.floatinghospital.org

For referring physicians: If you would like to schedule a meeting with any of our physicians or have them to your hospital for grand rounds or other educational sessions, please contact our Physician Liaisons Tarik Ketin at 617-636-1398 or tketin@tuftsmedicalcenter.org and Elizabeth Folan at 617-636-2865 or efolan@tuftsmedicalcenter.org.

Refer a patient for inpatient care: Use our simple one-call service to admit a patient any time—24 hours a day, seven days a week—at 877-KIDS-FHC.

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Backpack Safety

As children head back to school, it's natural for parents to fret about the emotional health of their kids—how they'll react to new teachers, new friends, and new course work. But let's not overlook the physical implications of a return to school, especially when it comes to the backpacks kids are lugging to class each day.

"The backpacks are huge!" says Stuart Braun, MD, Chief of Pediatric Orthopaedics at Floating Hospital for Children at Tufts Medical Center. "Kids are hauling two- or three-inch text-

books in them; they're carrying large binders that build through the year."

The most telling symptom of a backpack issue is back pain experienced by the child who carries the backpack. Dr. Braun says the back pain could be caused by problems with fitness or obesity, but it's also possible that an improperly fitted or worn-out backpack is the culprit. Used improperly, backpacks can lead to what the American Academy of Pediatrics calls "severe back, neck and shoulder pain, as well as posture problems."

Dr. Braun stresses that most children have no issues with either back pain or backpacks, but encourages parents to be on the lookout if a child complains of back pain. "Sometimes back pain is concerning in children," he says. "It's not something we should ignore, and parents may want to have their child looked at."

To connect with Dr. Braun for any orthopaedic concerns about a child, call 617-636-7920.

How to pick the right backpack for your kid

Wide, padded shoulder straps

A padded back to increase comfort

A waist strap to better distribute weight

Straps tightened to hold the pack two inches above the waist

Use both shoulder straps in order to reduce muscle strain and better distribute weight

A lightweight build

Heavier items held in the center of the child's back

No more than 10 to 20 percent of the child's body weight packed inside

Kids and Daylight Savings

Daylight saving time (DST) is challenging enough for adults. Changing the clocks can mean losing an hour of sleep, accidentally showing up late to an important meeting, or spending 15 frustrating minutes trying to remember how to change the time on your car dashboard. For some children, though, daylight saving time can mean something more far-reaching: a disruption to their regular sleep pattern.

Every parent is familiar with trying to get a kid to fall asleep an hour earlier than the day before—or keeping an overtired youngster up an hour later than what feels normal. “Fortunately, it’s a largely avoidable problem,” says Lynne Karlson, MD, Chief of General Pediatrics and Adolescent Medicine at Floating Hospital for Children at Tufts Medical Center. Dr. Karlson recommends tweaking the routine starting a week ahead of daylight saving time—adjusting bedtime by 15 minutes every other night. By the time the clocks change, kids will be fully acclimated to the new schedule.

There is always the chance, however, that a child’s sleep problems aren’t related to the time change. “If slightly older children—not infants—are having significant problems falling asleep, your pediatrician can help,” Dr. Karlson says. Parents should check with their children’s pediatrician to make sure that other possible causes for sleep problems don’t go undiagnosed or untreated.

The Kitchen Confidant

Lisa Caldwell’s delicious, healthful No-Bake Apple Cinnamon Bars

Yield: 12 bars

Nutrition Information per Serving (using chopped pecans and brown rice puffed cereal): Calories 242, Carbs 35 g, Protein 2g, Fat 12g (10g unsaturated), Fiber 2g, Sugar 25g



Granola bars are as simple to make as mix-and-press! They are light and tasty, and they can be stored in the fridge to enjoy later. Not to mention they’re nutritionally dense with a lot of heart-healthy unsaturated fats ... a great start to a kid’s day or a fabulous quick after-school snack!

Ingredients

- 1 ¼ cups old fashioned oats
- 1 cup chopped nuts (of choice)
- 4 Tbsp vegetable oil (or coconut oil)
- ½ cup raw honey*
- ½ cup brown sugar—packed
- 2 ½ cups puffed rice cereal
- ½ cup dried apples—diced
- 1 tsp ground cinnamon
- ½ tsp salt

Instructions

1. Preheat your oven to 350 degrees.
2. Spray a 9x9 baking dish with nonstick spray and line with parchment paper.
3. Toast oats and nuts for 5–8 minutes until fragrant and set aside.
4. In a small saucepan, bring honey, oil and sugar to simmer over medium heat; remove and set aside.
5. In a large bowl, combine cereal, apples, cinnamon and salt.
6. Stir in oat mixture and pour in honey mixture; mix with a spatula.
7. Press into dish.
8. Place in refrigerator to chill for 1 hour; remove and cut into desired shape (squares or bars).
9. Serve at room temperature and enjoy!

For more of the Kitchen Confidant’s healthful recipes, visit lisacaldwell.com.

**Children under one year of age should not eat honey.*

Alive and Kicking

A new app helps diagnose arrhythmia



Alisa Nicksch, MD, Director of Pediatric Electrophysiology at Floating Hospital for Children, likes to tell the story of a teenage patient who'd been regularly experiencing arrhythmia-like episodes—shortness of breath, dizziness, a racing heart. Dr. Nicksch had been unable to make a definitive diagnosis in the boy because whenever he was given a heart monitor to take home for a few days, he never seemed to experience an arrhythmia episode he could record.

So Dr. Nicksch introduced the boy's family to AliveCor, an app that can turn any smartphone into a powerful heart monitor. With the app, the boy would have a monitor that he didn't have to return and that he could take with him wherever he went. Three months later, the boy was exercising when he felt an episode coming on. "He grabbed his phone and recorded the episode," Nicksch says. "He got a perfect reading."

Dr. Nicksch was then able to diagnose the boy with an arrhythmia called supraventricular tachycardia. She then performed a heart procedure, and a year later, the boy has yet to have another episode.

When Dr. Nicksch first heard about AliveCor, the product was still going through the approval process. The AliveCor company was focused exclusively on the adult market and was promoting the app as a tool for atrial fibrillation, or AF, which is the most common form of arrhythmia but is extremely rare in children. Dr. Nicksch recognized that there could be important uses for kids, too. "The device works for all kinds of arrhythmia, including ones that are more commonly found in children," she says. "I thought it could be a really interesting technology that parents and anyone who cares for children could find useful."

Dr. Nicksch reached out to the company and was sent a sample to test with her patients. Today she is a clinical adviser to the company, providing feedback on design and user experience for the pediatric market.

Dr. Nicksch is available to work with pediatricians or pediatric cardiologists who are interested in learning more about AliveCor: she can be reached at [617-636-7435](tel:617-636-7435).

Pins and Needles

Acupuncture can help alleviate the pain of childhood sickle cell disease

The excruciating pain that accompanies sickle cell disease has been treated pretty much the same way for decades: IV fluids, ibuprofen and, often, narcotics. "That's how everyone did it 30 years ago: that's how almost everyone does it now," says Cathy Rosenfield, MD, Chief of Clinical Affairs in the Division of Pediatric Hematology/Oncology at Floating Hospital for Children at Tufts Medical Center.

Dr. Rosenfield would like to change that. She's leading a pilot program at Floating Hospital that draws upon the field of Complementary Alternative Medicine to introduce a new pain treatment for sickle cell disease (SCD): acupuncture.

SCD is a painful genetic blood disorder that affects about 100,000 people in the US. In SCD, red blood cells form into crescent or sickle shapes that clump together and stick to the walls of blood vessels. This obstructs blood flow and at times causes pain crises that require hospitalization.

The acupuncture program at Floating Hospital was launched with patients all in their late teens or early 20s.

"It has already proven to have a significant effect in relieving their pain and in improving the overall quality of their life," Dr. Rosenfield says. Rather than treatment only at the onset of the pain, patients are coming in for additional weekly treatments to prevent the onset altogether, or to reduce the severity of the pain.

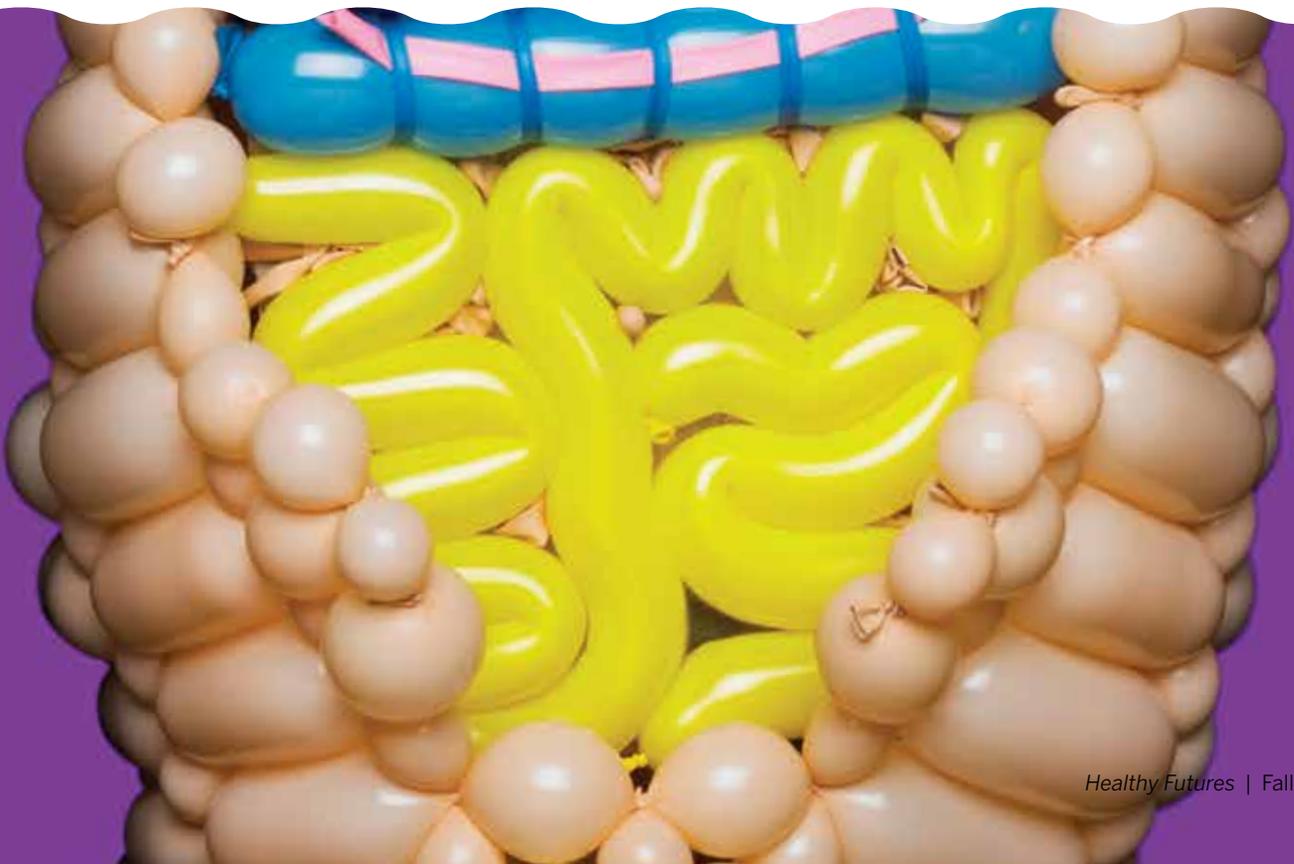
To refer a patient with sickle cell disease to Dr. Rosenfield, please call [617-636-5535](tel:617-636-5535).



All Tied Up

OVERCOMING CHILDHOOD CONSTIPATION

Let's face it: Kids love potty talk. Even the slightest mention of something bathroom related sets off giggles, but for children who suffer from chronic constipation—and their parents—this is no laughing matter.



Childhood constipation can lead to physical discomfort, shame and, depending on the severity, even significant health problems such as rectal bleeding. For parents, it can mean concern, confusion and frustration.



“It’s something we see quite often,” says **Jyoti Ramakrishna, MD**, Chief of Pediatric Gastroenterology and Nutrition at Floating Hospital for Children at Tufts Medical Center.

“It can become a big battleground—the child is upset and the parent is upset—and one thing we believe today is that it’s happening more often than it used to because of problems with childhood stress, nutrition, and fitness.”

Dr. Ramakrishna says that constipation—a child’s inability or unwillingness to poop—shows up these days in about 10 percent of kids. It has a few typical causes, some of them emotional and others to do with problems of diet and lifestyle.

For many kids, Dr. Ramakrishna says, “it often starts at an age when the child is ready for potty training. He tries to poop but it hurts, and he says, ‘That’s it. I’m done with this!’” Other constipation triggers can be stress or anxiety from things like a divorce or the death of a grandparent, or social problems at school. “A child who feels like they cannot control anything in their life—sometimes they exercise control by refusing to go,” Dr. Ramakrishna says.

The resulting physical withholding can lead to a hardening of the stool in the child’s body, which makes the pain of passing it only worse, which can lead to more withholding. “It’s like a big vicious cycle, more gets backed up, and that not only results in harder stools, but there

can be more stool in the intestine, so that can lead to abdominal pain,” says **Mary Brown, MD**, a general pediatrician at Floating Hospital. Occasionally, the withholding can cause fissures, Dr. Brown says, “and then you can see blood,



and everybody gets very concerned.”

Still, for most kids, something just clicks one day and the constipation passes on its own. For others, though, the problem can be stubbornly persistent. A small percentage of kids develop what’s known as encopresis. “It’s an extreme version of constipation where they’ve held onto so much poop that it starts leaking,” Dr. Ramakrishna says. “That has a huge social stigma, especially if it happens at school or another social setting, and that can lead to problems with self-esteem and confidence.”

children are just very picky eaters,” Dr. Ramakrishna says. “They may only like certain textures or colors. I actually saw one kid who would only eat red foods!”

Dr. Ramakrishna also recommends that parents begin restricting total dairy intake—milk, cheese, and yogurt—to 24 ounces a day once kids turn two. “The more dairy they eat or drink, the less other variety of foods they eat, and hence they may not have a balanced diet,” says Dr. Ramakrishna.

Maureen Apitz, registered dietitian, says that when constipated



children are referred to her, she recommends that they exercise, drink six to eight glasses of fluids a day, and start eating plenty of fiber. “Mainly,”

Apitz says, “that means ingesting fruits and vegetables—with peels is always

“A child who feels like they cannot control anything in their life—sometimes they exercise control by refusing to go.”

Of course, stress and anxiety aren’t the only causes of childhood constipation. Other major causes include poor nutrition and a lack of regular exercise. However, just because parents endeavor to serve up a healthful meal doesn’t mean their kids will agree to play along. “Some of these

better!—and whole-grain foods like quinoa and whole-grain breads and cereals.” For kids who may resist suddenly eating whole grains, Apitz recommends starting with “white” whole wheat bread before transitioning to whole wheat. “Another easy one is popcorn,” she says. “That’s a whole grain.”

For doctors who see this problem, the first order of business is typically to enable the child to clean out his/her system and get rid of all the hard stool. That can involve a change in diet, increasing exercise, upping water intake and usually prescribing a mild laxative like MiraLAX to clean out the child's system. If the child remains constipated, pediatricians may also suggest that a parent try giving the child an enema or a glycerin suppository to help pass stool. "Always check with your own pediatrician about what would work best for your child," Dr. Brown adds. Once the stool is soft again, it becomes easier to convince the child that it's possible to poop without pain.

"I think about referring to a pediatric gastroenterologist when kids have constipation that doesn't get better with the treatments that I have recommended," Dr. Brown says. "If we've treated their constipation and their belly pain is still going on, or if they've seen blood and there doesn't appear to be a fissure anymore, I'll refer them to a specialist."

Dr. Ramakrishna says that a visit typically begins with taking a detailed history of the child, including whether he or she was born normally or prematurely, what the child eats, and whether there have been painful stools. "Sometimes, we will take an x-ray or blood test to make sure there is nothing else wrong that is leading to constipation," she says. "Even if a child has been on stool softeners and has a soft belly, they may still be holding an impressive amount of poop."

For some kids, though, a key piece of the treatment puzzle can be provided by parents. "A lot of positive reinforcement and trying to avoid the negative, like shouting," Dr. Ramakrishna says. "I've had parents say, 'He's doing it on purpose!' I can see why it might feel that way—parents can get really stressed out by this—but he's probably not doing it on purpose. So we say, 'You know, he may actually be picking up on your stress, and that may be contributing to the problem.'"

To reach Floating Hospital's department of Gastroenterology and Nutrition, call 617-636-3266.

The scoop on getting kids to poop

Here are some pediatrician-approved methods for dealing with childhood constipation:

- » Offer a half-ounce of prune juice mixed with a half-ounce of water twice a day to babies who are constipated. The prune juice can act as a natural laxative that may get things going.
- » Mix a mild laxative like MiraLAX into water for your child to drink—be sure to follow your own pediatrician's dosing recommendation.
- » Feed your child whole-grain breads and cereals, and also high-fiber fruits and vegetables such as pears, prunes, apricots, raisins, broccoli, beans and peas. Holding off on rice and bananas may also help; those foods can be binding.
- » Increase the amount of water and fluid your child drinks.
- » Increase your child's daily level of activity. In short, to help get your kid's system moving, it helps to get the entire kid moving.
- » Place your child on the toilet for five minutes regularly, even if nothing happens. The key here is not to pressure a kid; stress only adds to the problem. A reward system for sitting on the potty, then for pooping, or for asking to go, can also be helpful.



When you should consider seeing your pediatrician

"If your child is constipated, many times you can start off handling much of this at home," says Jyoti Ramakrishna, MD, Chief of Pediatric Gastroenterology and Nutrition at Floating Hospital for Children at Tufts Medical Center. "But if you see certain things, you should call your pediatrician."

Call your pediatrician if you see the following:

- » Hard or painful bowel movements
- » A distended or hard belly after not having a bowel movement for a number of days
- » Vomiting that accompanies ongoing constipation
- » Weight loss or growth concern
- » Behavioral issues that appear to be escalating
- » Blood in stool
- » Loss of bowel control and soiling underwear

heart & soul



As the new Director of Pediatric and Adult Congenital Cardiac Surgery, Dennis Mello, MD has been busy expanding Floating Hospital's pediatric heart surgery program to improve access and include a broader array of services. But he's added something much more personal, too.

Q. Cardiac surgery isn't just a profession for you. You also have your own personal experience, correct?

A. I know firsthand what it's like to have a child born with a heart condition and how scary that can be for new parents. When I was in training in California, my son was born cyanotic (blue). His first chest x-ray looked normal and I knew the cause was probably a heart condition. My colleagues performed an echocardiogram and diagnosed transposition of the great arteries, a condition where the aorta and pulmonary arteries arise from the incorrect ventricles. I couldn't believe my son had complex congenital heart disease and I was a congenital heart surgeon in training.

Q. What do you do in that situation?

A. You have to perform a procedure where you reverse the artery back, which includes also moving the tiny coronary arteries. When babies are born blue, they often need to have something done right away because they don't have enough blood going to their lungs. There's a procedure where you direct a balloon inside

the heart through a leg vein, and it is used to create a hole between the two atria so that the blood can go back and forth and mix. This can allow the baby to stabilize prior to an operation. I'm happy to say everything turned out fine. The director of my training program did the arterial switch, and today my son is 19. He's perfectly healthy—a runner, a conditioned athlete.

Q. That must have given you a unique perspective on the whole doctor-patient relationship.

A. I understand what it's like to be on both sides of the doctor-patient relationship. I was sitting there saying, 'Please take care of my child—do the best operation you can do!' Now I have families saying that to me, and I can tell them I understand.

Q. What are some of the surgical procedures you perform?

A. I do the entire spectrum of congenital heart operations including complex neonatal surgeries and surgeries on premature low birth weight babies. I am also involved in our adult heart failure program, placing mechanical cardiac assist devices and performing cardiac transplantations. I have 16 years of experience doing these kinds of operations, which makes me very comfortable with every aspect of complicated pediatric and congenital heart surgery.

Q. You came to Boston by way of New Orleans, but the move was actually a homecoming of sorts.

A. I was born and raised right down the road in Hartford, CT. I went to college [Yale] and medical school [UConn] in Connecticut, and I've previously been the chief of pediatric cardiac surgery at Connecticut Children's Hospital, where I worked for almost 10 years. So joining Floating [Hospital] was kind of like coming home.

Q. What were you doing in New Orleans?

A. In 2007, when I was still at Connecticut Children's, I was contacted by a friend at the Ochsner Clinic Foundation down in New Orleans. The hurricane had hit two years earlier; a lot of surgeons and doctors left after that. There was a big doctor shortage, and their pediatric program had evaporated. So they asked me to go down there and help them rebuild the program. In 2008, my wife, three kids and I moved to New Orleans. Louisiana has an enormous population of underserved kids who needed heart surgery. We stayed for six years, but my wife was really getting homesick. After restarting Ochsner's congenital heart program with excellent results, it was time to come home to New England.

Q. What drew you to pediatric cardiac surgery?

A. I've always been a hands-on person. I enjoy woodworking and furniture building. I worked in our family plumbing business for many years but got interested in medicine while shadowing the father of a girl I was dating in high school. Once I was in medical school, a rotation with a cardiac surgeon focused me into surgery and ultimately into pediatric and congenital heart surgery. I saw that pediatric heart surgeries are very intricate. There's a lot of complexity, a lot of three-dimensional thinking and reconstruction in your mind about what you need to do. I trained for five years in general surgery at Hartford Hospital in Connecticut, two years of adult cardiac training at the University of California, San Francisco [UCSF], and two years of congenital cardiac surgery, also at UCSF.

To refer a patient to Dr. Mello, call 617-636-5590.

Is your kid's heart healthy enough for sports?

For many kids, back to school also means a return to the athletic fields. For some, though, undiagnosed heart conditions can actually make sports dangerous. If your child answers "yes" to any of these questions, please contact your pediatrician to discuss further. If it is determined that your child should see a pediatric cardiologist, we offer expedited appointments.

Please have your child's physician contact Floating Hospital for Children's Cardiology Department at 617-636-5067.

- Has it been more than two years since you had a physical exam that included a blood pressure reading and listening to your heart?
- Has a physician ever suggested that you not participate in athletic competition?
- Have you had chest pain/pressure with exercise?
- Have you had abnormal or extreme heart racing or "skipped beats" with exercise?
- Have you ever fainted, had extreme dizziness, or passed out during exercise or after having been startled?
- Have you ever fainted or passed out immediately after exercise?
- Have you ever been told that you have high blood pressure or high cholesterol?
- Has anyone in your family had sudden, unexpected death before age 50?
- Has a physician diagnosed anyone in your family under 50 years old with an abnormally thickened heart, weakened heart (cardiomyopathy) or Marfan syndrome?

Easing ER Anxiety

A new app and a renovated kids' area help take the edge off emergency visits for children



Floating Hospital for Children at Tufts Medical Center recently made some advances within the Emergency Department, improving the way children and their families are cared for during emergency situations.

Floating Hospital has provided pediatric emergency care around the clock for decades. But as of this spring, a separate space dedicated to children in the ER is open 24/7 so kids can be in a child-friendly place whenever they experience an emergency. In addition to the excellent doctors and nurses caring for patients, Child Life specialists are available from 10 am until 2 am; these professionals use age-specific play and comforting techniques to help children through the traumatic experience of emergencies, big or little. The Emergency Department also opened a newly renovated children's playroom where children and their families can occupy themselves between tests or while waiting for a sibling, regardless of the hour.

With some of the shortest wait times to be found anywhere, the Emergency Department at Floating Hospital begins treating children on average within 23 minutes, and patient surveys have consistently shown excellent satisfaction

scores. "It's quite scary when you find yourself in an emergency room with your child, so our whole focus is child-centered in order to make the experience easier on the child and families," says Emory Petrack, MD, Chief of Pediatric Emergency Medicine at Floating Hospital.

Our new app lets you wait at home

For non-life-threatening and non-limb-threatening emergencies (think possible broken arm or a spiking fever on a Sunday morning), parents can use Floating Hospital's new app to schedule the time they want their child to be seen at the emergency room. The child can rest comfortably at home and then arrive in the ER with our staff waiting. The app can be found at www.floatinghospital.org/faster-Boston-pediatric-er-wait.

Whether kids wait at home or in the ER, our staff are committed to making each visit the shortest it can be. "One of our real distinct advantages is we get kids in and out very quickly," Dr. Petrack says. "The vast majority of our children are seen within 30 minutes, and often sooner than that."

New Chief of Pediatric Neurology Joins Floating Hospital



John Gaitanis, MD has joined the staff at Floating Hospital as Chief of Pediatric Neu-

rology. After earning his medical degree from Brown Medical School, Dr. Gaitanis completed his residency at Boston Children's Hospital before returning to Brown Medical School to direct the epilepsy program. Now at Floating Hospital, he will be working on ways to better utilize the electroencephalogram to diagnose epilepsy and other conditions, as well as expanding our robust child neurology program. He also hopes to facilitate collaboration between centers in Boston for greater work in research and patient care.

"Coming to Tufts MC has renewed and further stimulated my excitement and love for the work that I do," says Dr. Gaitanis. "I have a real passion for developing this division to better care for children. In the end, it really is all about the patients. I look forward to developing a great sense of family within the division faculty to fulfill our mission of caring for the whole child through great patient care and cutting-edge research."

Learn more about Dr. Gaitanis
www.tuftsmedicalcenter.org/PhysicianDirectory/John-Gaitanis

Message Delivered

Even comedian Denis Leary knows, like the kids at Floating Hospital, “You Don’t Have to Be Big to be Strong.”



Floating Hospital recently launched a new marketing campaign to communicate all that is unique and special about the type of care and attention that a child receives at Floating Hospital. Centered on our mantra, “You Don’t Have to Be Big to Be Strong,” the campaign champions the inspirational strength and determination of our brave patients—young children facing illness

or injury. It also focuses on our world-class doctors who go the extra mile to ensure that our patients have the best chance for a happy and healthy future.

The campaign features a video that is running via social media and is narrated by homegrown Boston celebrity and philanthropist Denis Leary, who generously donated his voice and his time. “It’s impossible not to be inspired

by these Floating Hospital kids’ positive attitude and optimistic outlook,” says Leary. “These children, who have barely experienced life for themselves, are the ones teaching us the right way to live. It’s a story that needed to be told, and it’s an honor for me to give a voice to their courage and spirit.” (If you have not watched the video yet, you can find it at: www.floatinghospital.org/SmallButTough.)

In addition to the creation of the video, areas of the hospital are being updated and renovated to brighten its physical spaces and further communicate the “You Don’t Have to Be Big to Be Strong” message to our patients. Stay tuned as this is only the beginning of our campaign to communicate the special way we care for children at Floating Hospital. We look forward to sharing more with you in upcoming issues of *Healthy Futures*.

Neuroblastoma patients at Floating Hospital get access to promising experimental drug

It’s a mouthful to say—difluoromethyl-ornithine (DFMO)—but it is shaping up to be a genuine lifesaver for families across New England. The Neuroblastoma and Medulloblastoma Translational Research Consortium is providing access to this promising new experimental drug for children suffering from a rare but often terminal cancer.

In joining the consortium, which is known as the NMTRC, Floating Hospital for Children at Tufts Medical Center has become the only institution in New England outside of Connecticut that offers enrollment in this study, which

seeks to prevent relapse for those with high-risk neuroblastoma.

Just two dozen hospitals and universities in the US belong to the consortium. “Children take DFMO after they’ve been treated for neuroblastoma,” says Michael Kelly, MD, MPH, MS, a pediatric hematologist/oncologist at Floating Hospital. Neuroblastoma, a cancer with a mortality rate of about 50 percent, develops from nerve cells that can be found in different areas of the body. The drug, which is taken orally, seeks to prevent recurrence. “It’s really well tolerated, and we are optimistic that it

may lower the incidence of relapse,” Dr. Kelly says.

Floating Hospital’s Pediatric Oncology group is involved in other drug trials, too, offering a range of breakthrough treatments to kids who have various forms of cancer. In fact, 44 percent of Floating Hospital’s cancer patients from the past two years are enrolled in a clinical trial, and 13 percent are enrolled in more than one.

To learn more about the NMTRC and involvement in the Neuroblastoma study, please contact the Division of Pediatric Hematology/Oncology at 617-636-5535

New Physicians at Floating Hospital for Children

Child and Adolescent Psychiatry

Amy Funkenstein, MD *Child/Adolescent Psychiatrist*

Clinical Specialties: OCD, anxiety disorders, psychiatric disorders in children with mental illness

Board Certifications: Psychiatry

Phone: 617-636-1161

Sylvia Krinsky, MD *Child/Adolescent Psychiatrist, Director, Trauma Clinic*

Clinical Specialties: Individual and family psychotherapy, traumatic stress, dialectical behavior therapy

Board Certifications: Psychiatry

Phone: 617-636-1163

Neurology



John N. Gaitanis, MD *Chief, Pediatric Neurology*

Clinical Specialties: Pediatric brain malformations, epilepsy

Board Certifications: Neurology with Special Qualifications in Child Neurology, Clinical Neurophysiology

Phone: 617-636-8100

Niyati Mehta, MD *Pediatric Neurologist*

Clinical Specialties: Pediatric neurology

Board Certifications: Psychiatry and Neurology with Special Qualification in Child Neurology

Phone: 617-636-8100

Pediatric Ophthalmology

Catherine S. Choi, MD *Pediatric Ophthalmologist and Strabismologist*

Clinical Specialties: Pediatric eye diseases, pediatric and adult strabismus, pediatric cataracts, lacrimal disorders, inherited ocular diseases

Foreign Languages: Korean, French

Phone: 617-636-6769

Newborn Medicine



Meredith Dixon, MD *Neonatologist*

Clinical Specialties: Newborn medicine

Board Certifications: General Pediatrics



Sharon Lewin, MD *Neonatal Hospitalist*

Clinical Specialties: Newborn medicine

Board Certifications: General Pediatrics

Jennifer McGuirl, DO *Neonatologist*

Clinical Specialties: Newborn medicine

Board Certifications: General Pediatrics



Peter Murray, MD *Neonatologist*

Clinical Specialties: Newborn medicine

Board Certifications: General Pediatrics



Raja Senguttuvan, MD *Neonatologist*

Clinical Specialties: Newborn medicine

Board Certifications: General Pediatrics, Neonatal-Perinatal Medicine

**Our pediatric
specialists go
to great lengths.**

**Floating Hospital Pediatric Specialty
Centers are located throughout
Eastern Massachusetts for your
family's convenience.**

**See a pediatric specialist at the
following locations:**

**Pediatric Specialty
Center/Brockton**
210 Quincy Ave.
Brockton, MA 02302
508-232-6465

**Pediatric Specialty
Center/Chelmsford**
20 Research Place #210
North Chelmsford, MA 01863
978-937-6362

**Pediatric Specialty
Center/Framingham**
85 Lincoln St.,
Medical Arts Building
Framingham, MA 01702
866-618-5518

**Pediatric Specialty
Center/Lawrence**
25 Marston St., Suite 206
Lawrence, MA 01841
978-208-4916

**Pediatric Specialty
Center/Westford**
198 Littleton Road,
Suite 203
Westford, MA 01886
508-640-5300

**Pediatric Specialty
Center/Woburn**
7 Alfred St., Suite 205
Woburn, MA 01801
781-897-0240

**You only have
to go around
the corner.**



To learn more, visit www.floatinghospital.org/specialtycenters.

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TO BE BIG
TO BE STRONG.

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Visit our website to watch the video:
www.floatinghospital.org/SmallButTough.