Humor and hope help cancer patient through dark days

UNIQUE CLINIC SUPPORTS TRANSGENDER CHILDREN AND THEIR FAMILIES

CELEBRATING THE LEGENDARY CAREER OF SAMUEL KATZ, MD
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Letter from the CHAIR

Dear Friend of Duke Children’s,

Duke Children’s has a long history of providing exceptional care to patients near and far, and when speaking of the hospital’s successes, it’s hard not include the name Samuel Katz, MD. The former physician-in-chief has been here at Duke for nearly five decades, and in that time, he has managed to leave a lasting mark not only on our patients but also on the lives of countless children around the world, particularly through his work developing the measles vaccine. Read more about Dr. Katz’s illustrious career on page 8.

Going to college and one day owning a car may not seem like far-fetched dreams for most children. But they were for Sarah Smith. At age 6, she was diagnosed with stage 4 neuroblastoma and given little hope of survival. Fortunately, through treatment at Duke, the now-22-year-old has realized her childhood dreams and then some. Read more about Sarah’s inspiring story starting on page 10.

Be sure to take a look at the story on page 4 about a unique clinic here at Duke that offers much-needed care and support for transgender children and others facing gender issues.

Enjoy the fall and this issue of Stories!

Because nothing matters more,

ANN M. REED, MD
Chair, Department of Pediatrics
Physician-in-chief, Duke Children’s

HOW YOU CAN HELP
You can support lifesaving research and patient care at Duke Children’s.
Make a gift any of these ways:

1. Use the envelope bound into this newsletter
2. Use the secure online form at gifts.duke.edu/dch
3. Call us at 919-385-3138
Study Finds Children Carry Implicit Bias Towards Peers Who Are Overweight

Children as young as nine years old can carry a prejudice against their peers who are overweight, according to a new study led by Duke researchers. The children might not even realize they feel this way.

The study sheds important insight into implicit weight bias in children and could serve as a starting point for further studies on the subject.

“When children are stigmatized for being overweight, it can cause further weight gain and other health consequences,” says Ashley Skinner, PhD, the study’s lead author. “We felt that it was important to determine if we could identify unconscious attitudes towards weight in this 9-to-11 age group.”

DUKE CHILDREN’S RANKED AMONG THE NATION’S TOP CHILDREN’S HOSPITALS

Duke Children’s is the only children’s hospital in North Carolina to be ranked nationally in all 10 specialties by U.S. News & World Report. U.S. News recently named Duke one of the nation’s best children’s hospitals in its 2017-2018 rankings. The 10 specialties are cancer, cardiology and heart surgery, diabetes and endocrinology, gastroenterology and GI surgery, neonatology, nephrology, neurology and neurosurgery, orthopedics, pulmonology, and urology.

AMERICAN HEART ASSOCIATION FUNDS TRIALS TO STUDY AND TREAT CHILDHOOD OBESITY

Duke researchers will conduct four studies to better understand and treat the health impacts of childhood obesity. The studies will be part of the American Heart Association’s Strategically Focused Research Network (SFRN) for children, which will provide $3.7 million over the next four years for the research.

“Up to a third of children are obese or overweight,” says Jennifer Li, MD, chief of the Division of Pediatric Cardiology at Duke University School of Medicine. “This is a generation of kids who might not do as well as their parents because they face a future risk of heart attacks, diabetes, and stroke. This grant can help us figure out the best interventions, including those that might work on a larger scale in communities across the country.”
Experimental Cord Blood Therapy for Autism Studied

An early-stage study of an experimental autism therapy for children using their own umbilical cord blood shows promising results. The study found that among 25 children ages two to five, more than two-thirds appeared to show improvements in speech, socialization, and eye contact.

The researchers caution that the small trial was not designed to evaluate whether a cord blood infusion is effective in improving autism symptoms, and results were not measured against data from a placebo group.

“We are cautiously optimistic about these early findings,” says Joanne Kurtzberg, MD, pediatric bone marrow transplant specialist and a principal investigator of the study. “There is much work still to be done in much larger, randomized clinical studies before we can draw any firm conclusions about effectiveness.”

The researchers are now leading a larger, controlled phase II clinical trial to determine whether the initial suggestion of benefit to children with autism spectrum disorder can be replicated.

ANTIBODIES HALT PLACENTAL TRANSMISSION OF CMV-LIKE VIRUS IN MONKEYS

Researchers from Duke University School of Medicine and Tulane National Primate Research Center found antibodies that halt placental transmission of CMV-like virus in monkeys.

The finding advances a human vaccine for CMV (cytomegalovirus), which afflicts one million babies a year. CMV has similar symptoms to Zika and is transmitted through the placenta to the fetus. The virus causes microcephaly, hearing and vision loss, and nervous system damage. Sallie Permar, MD, PhD, professor of pediatrics at Duke and member of the Duke Human Vaccine Institute, is a co-senior author on this study.

Study Examines How Therapy Dogs Could Help Pediatric Heart Patients

Duke pediatric cardiologist Piers Barker, MD, is using therapy dogs to help children stay calm and sit still during heart scans. The work is part of a study he is conducting to determine how dogs can help staff obtain better quality images inside the heart.

He believes therapy dogs potentially offer an alternative to sedation, which is more costly and time consuming.

The study includes a unique collaboration among several partners — the Pets at Duke program, the Duke Canine Cognition Center, and the North Carolina State University School of Veterinary Medicine.
“I SAW PAT’S INVITATION AS AN OPPORTUNITY TO DO WHAT I LOVED, WORKING WITH CHILDREN AND HORSES AND AFFECTING A CHANGE IN THE LIVES OF CHILDREN AT DUKE CHILDREN’S.”

WHY I GIVE:  
JOAN PETTY

Thirty-four years ago, Joan MacNair Petty was a horse show mom cheering for her daughter during a show at the Governor James B. Hunt Jr. Horse Complex in Raleigh. Petty did not know then that the show, the inaugural ‘Jump for the Children’ Horse Show, benefitting Duke Children’s, would come to have an enormous impact on her life. Since 1984, the annual event has raised over $1.9 million for the hospital. Petty became involved with ‘Jump for the Children’ shortly after the first event, when show founder Pat LaFevers Holsten asked if she would be interested in joining the committee. Holsten spoke passionately about a friend’s five-year-old daughter who had been diagnosed with leukemia, describing the many hours she spent with the family at Duke Children’s, and the determination and resilience of the young patients. Moved by this story, Petty joined the committee.

When Holsten stepped down as chairman of the horse show, Petty and her company Triangle Farms, Inc., took over, and they have been managing the horse show ever since. “I saw Pat’s invitation as an opportunity to do what I loved, working with children and horses and affecting a change in the lives of children at Duke Children’s.”

Petty is the oldest daughter of six children in the MacNair family, widely known in the Raleigh area for their involvement in the horse industry. In 1965, her father died tragically in a hunting accident, leaving her mother to raise all six children alone. “Horses were our livelihood,” Petty says. The family led trail rides, taught riding lessons, and ran camps. Eventually, the family opened MacNair’s Country Acres, a thriving Wake County horse farm.

Under Triangle Farms’ management and with the assistance of a committee of volunteers, the ‘Jump for the Children’ Horse Show has grown to a five-day horse show drawing more than 650 horses from the East Coast. The horse show has a reputation for warmth and hospitality and has become a favorite among top competitors.

This year, for the first time, Triangle Farms is adding a second horse show to benefit Duke Children’s. Both shows will culminate with a Saturday evening $50,000 Duke Children’s Grand Prix, which packs the stands every year.

In addition to the support of generous Duke Children’s sponsors, the ‘Jump for the Children’ Horse Show holds a silent auction and raffle where all the proceeds go to the hospital. ‘Jump for the Children’ will also donate a portion of the event proceeds to support therapy animal research at Duke Children’s.

Petty continues to work tirelessly to support the patients at Duke Children’s because, as she says regularly, “Nothing matters more.”

‘Jump for the Children’ I — Nov. 8-12
‘Jump for the Children’ II — Nov. 15-19

For tickets and more information, visit: jumpforthechildren.org.

For additional information or sponsorship opportunities, contact Joan Petty, Horse Show Chairman, at 919-556-7321 or by email at horseshows@trianglefarms.com.
JUMPING ROPE IS MAXINE CORMIER’S PASSION. THE 15-YEAR-OLD JOINED A COMPETITIVE TEAM a few years ago and began competing nationally over the summer. However, by the fall, not only was the Cary, North Carolina, teen starting her freshman year and dealing with the typical stressors that come with transitioning from middle school to high school, but she also was facing something very few of her peers have to deal with. Maxine, who was born a boy, had made the monumental decision to transition from male to female.

She felt overwhelmed with questions. Could she handle the stress of competition while starting a new school? How would she be received in the world of competitive jump roping, where distinct divisions are made based on gender? Would the national association, USA Jump Rope, allow her to go from competing in the male category to the female category? The fear weighed on her, but she didn’t know how to express what she was feeling. So Maxine simply told her parents she didn’t want to jump at all anymore.
Fortunately, Maxine and her parents came to the Duke Center for Child and Adolescent Gender Care. There, Maxine has been able to get the support she needs to better express herself and is learning ways to cope with the life-changing decision to come out.

Just the simple act of hearing the providers at the clinic refer to her as “she” for the first time was comforting. “It was a huge step forward in truly coming out as being transgender and being who I truly am,” Maxine says.

Her parents also found what they needed to better understand what it means to have a transgender child. Beverly says, “We learn a lot about what’s going on with Max. Things she probably won’t normally say on regular day here at home.”

**A Multispecialty Approach**

The gender care clinic at Duke, which first opened in 2015, serves transgender children like Maxine and their families. It also serves children born with conditions affecting internal and external sex organ development, called differences in sex development (DSD). These patients are usually infants who are born with these conditions. Transgender children make up the majority of the clinic’s patients.

The first of its kind in North Carolina and one of only a few in the Southeast, the multispecialty clinic is made up of providers from endocrinology, social work, urology, pediatric surgery, child and adolescent medicine, psychiatry, psychology, and pastoral care. Located at Duke Children’s, the clinic is open one day a week. Since opening, it has served more than 200 patients, and there is a waitlist about six months long. Patients come from all over the Southeast.

**Devastating Effects**

For its transgender patients, the clinic’s providers focus on treating gender dysphoria, which is a condition that occurs when a person’s internal sense of gender does not match their physical sex and gender assigned at birth. Those with the condition describe feeling as though they were born in the wrong body. They typically become increasingly uncomfortable with their bodies as they approach puberty. That was the case for Maxine. Although she first began to show signs as early as kindergarten, when a teacher noticed that Maxine, then Maxwell, would often change her name from her given name to a girl’s name on her schoolwork, it wasn’t until middle school that she began to feel unhappy with who she was.

“My body was changing, and my voice was changing,” Maxine explains. “I looked at girls and girl clothing and knew I would feel so much better if I was a girl.”

Her mother Beverly knew something wasn’t right. “I know in my heart that she loves jump rope,” she says.
Fortunately, Maxine has had the full support of her family and friends and has been able to handle teasing and bullying in stride. However, many in her position aren’t so lucky.

Gender dysphoria can have devastating effects on many transgender adolescents, including depression, anxiety, and eating disorders. Up to 41 percent have attempted suicide, and just under 70 percent have contemplated it, according to a recent survey. A national survey also revealed that 7 percent are at risk of developing eating disorders.

The clinic’s social worker, Kristen Russell, MSW, LCSW, says, “For decades there has been an attempt to help people change their minds about their sexual orientation or their gender identity. That has failed. We haven’t seen any evidence that that works. What’s left then is for the person to embrace their gender identity and maybe try to align their bodies a little more with how they feel on the inside.”

Strength in Treatment

Treatment at the clinic begins with consultations with Russell and clinic director Deanna Adkins, MD. They check hormone levels and get a baseline for how the child is coping psychologically. Russell conducts a thorough intake assessment, which helps her gauge where the patient is in his or her transition and helps determine if there are any mental health issues that need to be addressed. Parents also have the opportunity to discuss their own questions and struggles.

Many of the clinic’s transgender patients already have a mental health provider, but if they do not, Russell works to help them find a therapist in their hometowns. She and other members of the gender care team work closely with the children’s therapists and other providers.

The patients and their families also work with Adkins, an assistant professor of pediatrics, to address the physical side of transitioning. For some patients, particularly the clinic’s youngest, that may mean doing nothing; treatment simply involves counseling parents and helping them make decisions that will be best for their child, for example whether to allow them to present as their identified gender at school.

“I always tell families being transgender isn’t a choice, but whether to do something about it, that is a choice,” Russell says. “That’s why they are coming to see us. We really don’t have an agenda at the clinic. It’s up to the patient, the parent, and their identified mental health provider.”
For patients age 16 and older, treatment can include hormone therapy. Those under 16 are treated with hormone blockers, which temporarily delay puberty. “It gives the children time,” Russell says, “and they don’t have to worry about potentially going through the wrong puberty.” By the time they get close to age 16, they usually know if they are ready to make the decision with their parents to transition physically. Delaying puberty may also allow them to have fewer surgeries as adults who have already completed their puberty.

Maxine recently started hormone blockers. It’s too soon to see the results yet, but she’s optimistic about the prevention of further signs of puberty and other changes on the horizon. She recently learned that USA Jump Rope ruled in her favor, meaning she will be allowed to compete as a female.

She credits the providers at the clinic, particularly Russell, in addition to support from her parents and transgender role models on social media, with helping her not give up on jumping rope. “They gave me the strength to keep going and to do what I want to do.”

The Future of Care
Russell and Adkins now hope to expand their work to educating others who work closely with transgender children and adolescents. They frequently meet with school administrators and medical providers throughout Duke, including medical, nursing, and physician assistant students interested in providing informed care to transgender and gender-diverse patients.

Adkins says it is especially important for health care providers to learn to care for transgender patients. “Because everyone is going to encounter someone in their practice who is gender non-conforming or transgender, they need to understand the basics,” Adkins says. “For the patient, it helps to develop a sense of trust and understanding with their health care provider, which is essential for great care.”

Duke Recognized as a Leader in LGBTQ Equality
Duke was named a 2017 Leader in LGBTQ Healthcare Equality by the Human Rights Campaign. The designation was awarded to facilities that scored a perfect 100 in the Human Rights Campaign’s survey, the Healthcare Equality Index (HEI). Of the 590 facilities surveyed, 303 earned the leader designation.

The HEI is the national LGBTQ benchmarking tool that evaluates health care facilities’ policies and practices related to the equity and inclusion of LGBTQ patients, visitors, and employees. Duke was recognized in part because of its work through the Duke Center for Child and Adolescent Gender Care and its stance against the controversial law, House Bill 2, which many viewed as discriminatory against the LGBTQ community.

“It’s important for Duke to be recognized as a provider for good LGBTQ health care,” says Deanna Adkins, MD, director of the gender clinic at Duke. “We’re here to provide for our community, and our community includes everybody. It’s our goal to make people feel welcome and understood when they come to us.”
MENSCH. A YIDDISH TERM, MEANING A PERSON OF INTEGRITY, NOBLE CHARACTER, AND HONOR. It is rare to find such a person, but Duke Children’s has had a true mensch in its ranks since 1968: Samuel L. Katz, MD.

Katz recently celebrated his 90th birthday. His list of accomplishments is staggering: he helped create the measles vaccination and has advocated for vaccination worldwide; he served as Duke Children’s physician-in-chief from 1968 through 1990, and has remained active in the department; and he has mentored and supported countless physicians and physicians-in-training, especially women and minorities. “You put me in a position of more grandeur than I really enjoy,” Katz says—humility, one should note, is a basic tenet of mensch-ness.

The Making of a Vaccine
Katz’s involvement with the measles vaccination began in 1955, when he was a third-year resident at Boston Children’s. A polio epidemic had just struck Boston, and Katz was shaken by the severity of the virus; he wanted to study it.

His chief suggested he talk to John Enders, MD, who had recently won the Nobel Prize for his work with polio, and whose lab was across the street. A casual conversation with Enders turned into a mentorship and a fellowship in his lab, where Katz spent the next 12 years focused on studying measles and developing a vaccine—the same vaccine that we use today. The vaccine was licensed in 1963, and soon after Katz was contacted by David Morley, MD, a British
BRENDA ARMSTRONG, MD, physician working in Nigeria, where many children died of measles. Katz and his team soon traveled to Nigeria to work with Morley on vaccinating children there, a successful endeavor that led to Katz’s advocacy for global access for the measles vaccination.

Though the measles vaccination has saved millions of lives, many impoverished countries, particularly in sub-Saharan Africa and Southeast Asia, do not have easy access and have regular outbreaks of the disease. Katz still works with international groups to facilitate access and awareness of the vaccine in these countries.

Katz also expresses concern about the rising anti-vaccination trend in America. In a way, his vaccine was too successful: parents in America don’t fear measles because they have never seen it. “There is more of a complacency,” Katz says. “Then all of a sudden you have an outbreak like they recently had in Minnesota, where we have 79 cases of measles in Somali refugees because [anti-vaccination advocates] came and convinced them not to have the measles vaccine.” Katz hopes that, despite challenges in both America and impoverished countries, all children receive the measles vaccination within the next 50 years.

An Advocate for Diversity
Katz also looks toward the future of the medical profession—a future he helped shape by encouraging female and minority physicians at a time when they received minimal support. “When I went to Harvard medical school,” Katz says, “the classes were about 125 people, and there always seemed to be only five or six women, two blacks, and ten Jews.” During Katz’s time leading Duke Children’s, he worked to hire more women and minority faculty and to support physicians who were also mothers. He also suggested women for leadership positions, long before such proposals were given weight. “When I stepped down as chair I gave the search committee the names of five women to consider; they never even interviewed them.” Ann M. Reed, MD, became Duke Children’s first female physician-in-chief in 2014.

The Personal Touch
What truly sets Katz apart, however, is the mark he has left upon people. He greets everyone he sees in the hospital, frequently by name, from the cleaning staff to division chiefs. “Everyone’s dad,” “special,” “wonderful,” and “truly amazing” are exclaimed by multiple individuals when he is mentioned in conversation.

“Sam Katz is a hero among heroes,” says Brenda Armstrong, MD, senior associate dean for student diversity, recruitment, and retention at Duke University School of Medicine, and a former student and mentee of Katz. “He exemplifies the unbridled love of children and people in how he has devoted his life to others. He has left a part of himself in all of us who have been so blessed by his enormous intellect, humanism, compassion, grace, and humility—all because he loves children of all ages.”

While all this acclaim may make Katz uncomfortable, it is undeniable that he has more than left his mark during his 90 years: on children’s health, on the health care profession, and on every person who has known him. Katz is a genuine healer, teacher, and caretaker of all.

In other words, a true mensch.

AT A GLANCE
• Samuel Katz has spent nearly 50 years at Duke.
• His contributions to pediatric medicine have had a far-reaching impact.
• He helped develop the measles vaccine, which has saved millions of lives worldwide.
• His focus remains on people, not only the patients he helped but also the countless students and faculty, particularly women and minorities, he has mentored.
FIGHTING CANCER LIKE A SUPERHERO
15-YEAR CANCER SURVIVOR USES HOPE AND HUMOR TO BRIGHTEN DARK DAYS

BY ALIZA INBARI
VG, WHICH STANDS FOR VOMIT GIRL, IS THE SUPERHERO THAT SARAH SMITH CREATED IN her mind when she was six years old and fighting neuroblastoma, a childhood cancer that develops in immature nerve tissue. Most often neuroblastoma begins in the adrenal glands on top of the kidney, but it can also form in nerve tissue in the neck, chest, abdomen, or spine.

“Chemotherapy causes patients to vomit frequently. With my quirky sense of humor, I came up with a superhero name for myself: Vomit Girl,” says Sarah, now 22. Her best friend’s mom made her a large cape with the initials VG on it, and she proudly wore it around Brenner Children’s Hospital, where she was treated at the time. “Whenever someone new would enter my room, I would show them the cape and ask them what they thought VG stood for. No one ever guessed correctly.”

Sarah’s friend drew her a comic book he titled: The Adventures of Vomit Girl and Barf Bucket. Barf Bucket was Sarah’s nickname for her dog and faithful sidekick, Snowy. “That sense of humor brightened up many dark days,” she says.

Worrisome Symptoms

In 2002, when Sarah was six, she started having frequent fevers and her joints got very stiff. She could not turn her head and had to turn her entire body to look at something. Her parents, who at the time lived in Mooresville, North Carolina, took her to Brenner Children’s Hospital in Winston-Salem to look into the strange and worrisome symptoms.

The doctors ran numerous scans and tests, and their first thought was that Sarah had juvenile rheumatoid arthritis. Just before she was sent home with that diagnosis, one of the doctors decided to run one more scan, where they saw the shadow of a tumor in her right adrenal gland. Sarah was diagnosed with stage 4 neuroblastoma that had metastasized to her skull, bones, and entire body. She received six rounds of chemotherapy and her adrenal gland was removed.

Her chances of survival were slim. Sarah’s doctors recommended Duke Children’s as the best place for consolidative therapy—a treatment that is given after the initial therapy for cancer and is used to kill any cancer cells that might be left in the body. It may include radiation therapy, a stem cell transplant, or treatment with drugs that kill cancer cells.
Sarah was referred to Timothy A. Driscoll, MD, an assistant professor of pediatrics. At Duke, she received high dose chemotherapy before she underwent an autologous peripheral blood stem cell transplant in which Sarah was her own stem cell donor. Six months after the transplant, Sarah was declared to have no evidence of disease (NED).

**Fighting Spirit**

Sarah returned to the normal life of a seven-year-old, but not for long. In 2006, three and a half years after her transplant, she relapsed. “I felt afraid. I dreaded having to go through everything all over again,” she says.

Sarah returned to Duke for further evaluation and discussion of treatment. This time Driscoll decided that before she underwent another stem cell transplant, he would treat her with isotretinoin, a medication that is commonly used to treat severe acne, but is also active as an oral chemotherapy to treat neuroblastoma.

Sarah was only ten, but she was not ready to give up. One afternoon, while in her bedroom, her mother, Becky Smith, noticed an envelope with Sarah’s writing on her desk that read: “My calage and car fund. Do not touch.”

“She didn’t care that she was once again facing a largely unsurvivable pediatric cancer and that she was given little hope of long-term survival,” says Becky. “She still had dreams left to chase like a car and college.”

Sarah adds, “I already had a ‘fighting spirit’ from my first battle with cancer, so I kept that mindset through the brief relapse.” The love of her family and friends and her faith kept her going in those dark days, and she believes that her suffering had a purpose in her life. “I eventually came to see my cancer as a way I could give glory to God, grow closer to my family, and become a stronger person overall.”

After six months of oral chemo, Sarah was once again told the cancer was gone.

Sarah’s message to others facing cancer: “Hold onto hope and do not be afraid of making jokes when appropriate. Hope and humor are wonderful medicine.”
Words of Hope

Sarah continued to see Driscoll for follow-up visits. One day, after a check up session, Sarah and her parents had some lighthearted chit-chat with him. “Somehow, the topic of my future wedding was brought up, and Dr. Driscoll said he hoped he would be invited to it. I cheerily said, ‘Of course I’ll invite you!’” says Sarah. “Looking back on that, I realized how much weight his words had held, because he had no way of knowing if I would live to see my wedding day, or even my high school graduation or first day of middle school. But he spoke with hope that I would heal, grow, and mature into a woman.”

In 2016, Sarah’s dream of a car and college came true. She went to Regent University in Virginia Beach, Virginia, driving her own car, but she did not dream of seeing Driscoll standing beside her in a dorm room. Driscoll happened to move his son, Sam, in to Regent University on the same day Sarah did, and the two families met. There were a lot of tears. “Without him Sarah would have not gone to college,” says Becky.

Sarah adds: “Seeing Dr. Driscoll on my first day at Regent University was so special, and I look forward to seeing him at my wedding one day.”

“Sarah’s case is quite remarkable, as long-term survival from recurrent neuroblastoma is anecdotal and treatment is quite challenging,” says Driscoll. “The reunion with Sarah, who is now a beautiful young woman, was a blessing and quite rewarding. It is events like these that keep myself and my colleagues striving to improve the care and survival of children with various medical needs that currently can only be addressed with hematopoietic stem cell transplant.”

Sarah has been a cancer survivor for 15 years now. She is majoring in communications and hopes to serve on a church media team upon graduation. Her message for families going through childhood cancer is simple: “Hold onto hope and do not be afraid of making jokes when appropriate. Hope and humor are wonderful medicine.”

AT A GLANCE

- Sarah was diagnosed with stage 4 neuroblastoma at age six. Her chances of survival were slim.
- She went to Duke Children’s for a stem cell transplant and remained healthy until she relapsed when she was 10.
- Timothy A. Driscoll, MD, treated her with oral chemotherapy. Six months after that treatment, her cancer was gone.
- Sarah is now 22 and majoring in communications at Regent University in Virginia Beach, Virginia.

YOUR GIFTS ARE HELPING

Your gifts support compassionate, cutting-edge care like Sarah’s. To give, use the envelope bound into this newsletter or go to gifts.duke.edu/dch.
Bouncing Along

Our community supporters put the FUN in fundraising!

1. For the Kids
Duke Children’s nurses and their dates enjoy the 32nd annual Jim Valvano Kids Klassic at the Washington Duke Inn & Golf Club in Durham. The event raised $114,000 for pediatric cancer treatment and research at Duke Children’s. Attendees enjoyed a weekend of golf, camaraderie, and delicious food. From left to right: Ben Dombrowski; Regina Duffy, BSN, RN, CN3, CPN, who received the annual David Long Jr. Excellence in Pediatric Hematology/Oncology Award; Sharlotte West, Nurse Manager; Zachary Long, Clinical Lead; Eliza Byrd, RN, CN2; Bridget Condit, CN3; Chris Condit; and Meghan Colescott, CN2.

2. Walmart Day
Over 450 friends from the 122 Walmart, Sam’s Club, and Neighborhood Market stores that fundraise for Duke Children’s joined the Duke Children’s development team to kick off their annual 35-day fundraising campaign. The store associates and managers were joined by 15 Duke Children’s patients and their families for a moving day of learning and inspiration.

3. A Big Heart
Heart transplant patient Naomi Reeves sits surrounded by gifts cards that her family collected to donate to Duke Children’s Pediatric Cardiology Intensive Care Unit (PCICU). The Reeves family chose to celebrate Naomi’s first birthday by giving back to families in the PCICU, where Naomi spent the first six months of her life. Friends and family donated 198 gift cards for a total of $2,505.

4. What a Treat
Andy Valkanoff and his wife Christina pose with Duke Children’s staff and nurses the day before Dairy Queen Miracle Treat Day on July 27, 2017. Andy, who owns Triangle Dairy Queen, visits Duke Children’s around Miracle Treat Day every year to bring a sweet treat to patients and caregivers.

5. Annual Intensive Care Nursery Reunion
The Intensive Care Nursery (ICN) held its annual Reunion Celebration this June. Families whose children had been in the ICN spent a fun afternoon with ICN physicians and staff at Durham’s Museum of Life and Science.
BOUNCING ALONG
Our community supporters put the FUN in fundraising!

6 Rainbow of Heroes Walk

7 Christmas in July
A total of 191 motorcycles, 20 Corvettes, and 15 police motorcycles made the journey from Hope Mills, North Carolina, to Durham for the 15th annual Christmas in July event, organized by William Winford of the Walmart Transportation Center in Hope Mills as part of their Children’s Miracle Network Hospitals partnership. The riders raised thousands of dollars and brought over 1,000 toys to give to Duke Children’s patients.

8 Meeting Miss America
Miss America and Miss North Carolina strike a pose with a very excited Au’Shiya Pointer during their visit to Duke Children’s in August. The Miss America Organization raises funds for children’s hospitals, including Duke Children’s, through its partnership with Children’s Miracle Network Hospitals.

9 Children Giving to Children’s
Colt Rever applies the finishing touches to his mixed-media encaustic art, created with his mother, Dolly. Colt, who is being treated at Duke Children’s for leukemia, auctions his art at community events to benefit Duke Children’s. Thank you, Colt and Dolly!

10 All-Star Ride for Life
Riders from the 18th annual All-Star Ride for Life celebrate the end of another successful motorcycle rally. This year, 185 riders on 150 motorcycles participated in the event, which was organized by Stan Simmerson, a nurse at Duke University Hospital. The motorcycle ride from Raleigh to Duke Children’s and back has raised over $270,000 for the hospital.
23rd Annual MIX 101.5 Radiothon for Duke Children’s

DECEMBER 13 - 14, 2017

DUKE CHILDREN’S HEALTH CENTER
DURHAM, NORTH CAROLINA

MIX 101.5 listeners will have the chance to support the kids during Duke Children’s largest single fundraising event.

SAVE THE DATES

SUNDAY, APRIL 21, 2018
WASHINGTON DUKE INN & GOLF CLUB
DURHAM, NORTH CAROLINA

dukechildren's.org