A little boy with a big heart

COORDINATED CARE GIVES HOPE

THE LINK BETWEEN BIRTH DEFECTS AND FEVER
Letter from the CHAIR

Dear Friend of Duke Children’s,

Two years ago, Nylah Connor was an active seven-year-old who loved to swim until, seemingly out of the blue, she started suffering leg pain. It became too painful for her to walk, let alone swim. Determined to figure out what was wrong, Nylah’s parents set out on a journey that ultimately led them to the Lenox Baker Children’s Hospital at Duke. Starting on page 4, you can read more about how a multidisciplinary team of providers has put Nylah back on track to being the happy, energetic girl she once was.

The sweet face on the cover of this issue is Thelo Smoot. Born prematurely with a rare congenital heart defect, Thelo underwent three open-heart surgeries at Duke, the first at just nine days old. His heart has improved, and he’s now able to enjoy playing like most four-year-olds, which was nearly impossible a year ago. Read Thelo’s inspiring story on page 10.

Every day, researchers at Duke are making discoveries that will have a significant impact on the lives of children and babies. Be sure to read about an exciting new study that shows how fever in early pregnancy can lead to birth defects, as well as researchers’ recommendation on how to possibly prevent these defects, on page 8.

I hope you enjoy reading all of these stories of hope and discovery!

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
Tiny Hats for Newborns Raise Heart Health Awareness

During the month of February, babies born at Duke University and Duke Regional Hospitals received tiny red hats to raise awareness about heart health for babies, moms, and the entire family.

The campaign, called Little Hats, Big Hearts, is coordinated by the American Heart Association.

Volunteers from the Durham Police Department delivered to Duke almost 200 hats, which officers, staff, and other volunteers knitted and crocheted over several months. The hats were packaged with information about heart health and congenital heart defects in babies.

UMBILICAL CORD BLOOD IMPROVES MOTOR SKILLS IN SOME CHILDREN WITH CEREBRAL PALSY

An infusion of cells from a child’s own umbilical cord blood appears to improve brain connectivity and motor function in children with spastic cerebral palsy, according to a randomized clinical trial published by Stem Cells Translational Medicine.

The placebo-controlled, phase two trial included 63 children with varied types and severities of spastic cerebral palsy, a condition usually caused by brain damage before or at birth. Children who received one intravenous dose of at least 25 million stem cells per kilogram of their body weight saw improvements in motor function a year later. The improvements were greater than those typically observed for children of similar age and condition, and exceeded the gains made by children who received a lower dose of cells or a placebo.

“We are encouraged by the results of this study, which shows that appropriately dosed infusions of cord blood cells can help lessen symptoms in children with cerebral palsy,” says senior author Joanne Kurtzberg, MD, director of Duke’s Pediatric Blood and Marrow Transplant Program and the Robertson Clinical and Translational Therapy Program.

“Previous research has indicated it’s safe for children with cerebral palsy to receive an infusion of their own cord blood,” says Kurtzberg, who is also director of the Carolinas Cord Blood Bank at Duke. “Now that we have identified a dosing threshold, we are planning additional studies testing the benefits of multiple doses of cells, as well as the use of donor cells for patients whose own cord blood was not banked.”

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JOANNE KURTZBERG
Duke Hosts Global Health Patient Safety Fellows

Duke Children’s hosted two Duke Global Health patient safety fellows in April. One fellow is a pediatrician from Guatemala, and the other is a pediatric surgeon from Pakistan. The goal of the Global Health Safety and Quality Fellowship program is to train health care scholars from low- and middle-income countries to lead quality and patient safety efforts in their home institutions.

A number of Duke experts in patient safety help teach the fellows through established courses, individual tutorials, experiential training of Duke operations in action, or direct mentorship. This is the third year of the program.

“The challenge of providing health care for children reaches beyond simply providing access,” says Henry E. Rice, MD, director of the fellowship program. “It reaches beyond making sure there are doctors, nurses, and infrastructure to provide care. The challenge is to make sure that that care is high quality and free from medical errors.”

PEDIATRICS DEPARTMENT RANKS SECOND IN RESEARCH FUNDING

The Duke Department of Pediatrics has ranked second nationally on the list of pediatrics clinical science departments receiving research grant funding from the National Institutes of Health for 2017. The department received more than $44 million in NIH funding.

Rankings are compiled by the independent Blue Ridge Institute for Medical Research based on the most current NIH data.

DUKE RECEIVES $12.5 MILLION TO STUDY CHILDREN WITH AUTISM AND ADHD

Duke researchers will lead a $12.5 million, five-year program to study connections between autism and attention deficit and hyperactivity disorder (ADHD), joining five other universities as a National Institutes of Health Autism Center of Excellence.

Having both autism spectrum disorder (ASD) and ADHD can lead to more severe autism symptoms in young children, including tantrums, greater challenges at school, and trouble making friends. There is little research on the estimated half of individuals with ASD who also have ADHD.

“Young children with autism who also have ADHD are diagnosed with autism at a much later age and have poorer outcomes,” says Geraldine Dawson, PhD, a co-principal investigator for the grant and director of the Duke Center for Autism and Brain Development. “Children with both conditions are 30 times more likely to receive a diagnosis of autism after age 6, which is a shame because we are able to diagnose autism reliably by 24 months. We want to understand why these children are being missed and help them get early interventions.”
Newest Data Shows Childhood Obesity Continues to Increase

Despite reports in recent years suggesting childhood obesity could be reaching a plateau in some groups, the big picture on obesity rates for children ages 2 to 19 remains unfavorable.

After three decades of rising childhood obesity, rates continued their upward trend in 2016, according to a new analysis from Duke Health researchers. The findings, which appeared February 26 in the journal *Pediatrics*, show 35.1 percent of children in the U.S. were overweight in 2016, a 4.7-percent increase compared to 2014.

“About four years ago, there was evidence of a decline in obesity in preschoolers,” says Asheley Skinner, PhD, lead author and associate professor of population health sciences. “It appears any decline that may have been detected by looking at different snapshots in time or different data sets has reversed course. The long-term trend is clearly that obesity in children of all ages is increasing.”

The data are based on body-mass index (BMI) data for 3,340 children participating in the National Health and Nutritional Examination Survey in 2015-16, a large database updated every two years. Researchers examined data back to 1999 that includes 33,543 children.

**IN 2016:**

- **35.1%** of kids 2-19 were overweight
  - up **4.7%** since 2014

- **41.5%** of teens 16-19 were overweight

- **14.2%** of boys aged 2-5 were obese
  - up **8.5%** since 2014

**Source:** National Health and Nutritional Examination Survey, 1999-2016
NYLAH, RECAPTURED
COORDINATED CARE GIVES HOPE TO NINE-YEAR-OLD WITH RARE INFLAMMATORY MUSCLE DISEASE

BY WHITNEY J. PALMER
“OUR CARE IS CIRCULATED AROUND THE PATIENT — NOT THE PATIENT COMING TO PHYSICIANS OR PROVIDERS. WE COULD ALL DISCUSS HER CARE TOGETHER AT THE SAME TIME.” — ANN M. REED, MD

IT WAS A NORMAL FIELD TRIP IN MARCH 2016 FOR SEVEN-YEAR-OLD NYLAH CONNOR, including a two-and-a-half mile hike on a hot day. She got dehydrated and didn’t reapply her sunscreen, but everything was fine when she returned home. Even the next school day was normal.

But, one week later, things were vastly different. Nylah, a U.S. Virgin Islands resident, started complaining about leg pain. And she began declining rapidly. Local doctors initially diagnosed her with a condition called rhabdomyolysis and recommended that she be on bed rest and stay hydrated.

“Three weeks later, she wasn’t at all like herself,” says her mother, Alexis Connor. “She was pretty much in bed all the time. While she maintained the ability to walk, it was very painful to do so. She wanted to be lifted everywhere.”

**Searching for Answers**

Doctors were baffled, unsure why this young, formerly active and healthy girl who would always swim and play in the water wasn’t able to regain her mobility. Desperate to help their daughter, Connor and her husband searched for other medical help, and they were referred to Nicklaus Children’s Hospital in Miami, Florida.

That’s when Nylah was accurately diagnosed with juvenile dermatomyositis (JDM). The rare disease, which can be triggered by sun exposure, affects two to four million people and causes muscle, skin, and blood vessel inflammation. It can appear between birth and age 16, mainly striking during the early school years. A characteristic rash appears on the face, hands, knuckles, knees, and elbows and can easily be mistaken for psoriasis and eczema, causing treatment delays. The overall effect is loss of physical control and overwhelming weakness.

After initially traveling back and forth from the Virgin Islands to Miami for treatment every two weeks, the family relocated to Orlando and saw a pediatric rheumatologist there.

Despite having a diagnosis, Nylah’s condition worsened. After many failed medications and multiple hospital stays, Connor pursued a doctor with JDM expertise.

“We decided we were going to move to the best place for her, where people were doing more research on her condition,” she says.

Her search led her to Duke’s Lenox Baker Children’s Hospital and Ann M. Reed, MD, chair of the department of pediatrics, in April 2017. The hospital’s inflammatory muscle disease clinic offers extensive experience in treating patients like Nylah.
A Severe Case

When Nylah arrived at Lenox Baker, she weighed 50 pounds and had full-blown symptoms. She couldn’t run, play with her friends, or swim. She couldn’t lift her head from a reclined position. Muscle weakness affected her ability to swallow, and, though she could breathe on her own, she needed a feeding tube. Her muscles were so weak, she was mainly confined to a wheelchair and had to wear a spinal brace due to spinal compression fractures.

She also developed vasculitis, a potentially life-threatening condition that can lead to ulcers and bowel perforations, exacerbating nutritional deficits in already sick children.

Rebuilding her strength required coordinated and collaborative care across many specialties, Reed says.

Nylah’s Multidisciplinary Treatment

Reed, William Cleland Professor of Pediatrics, led Nylah’s treatment and immediately turned to the hallmark of Lenox Baker’s services—a multidisciplinary team. She assembled a gastroenterologist, endocrinologist, pulmonologist, neurologist, physical and occupational therapists, and nurses to provide the most comprehensive, connected care possible.

“Our care is circulated around the patient—not the patient coming to physicians or providers,” she says. “With a patient like Nylah, I could be in her room, and the gastroenterologist and physical therapist might walk in. The neurologist would be a call away, and we could all discuss her care together at the same time.”

The team created a two-pronged treatment plan focused on medication and physical rehabilitation. Corticosteroids and methotrexate helped reduce the rampant inflammation, but they also attacked Nylah’s already low bone density. To counteract the effect, Reed also prescribed immunoglobulin and rituximab. Additionally, the gastroenterologist created a nutrition plan that maximized Nylah’s protein intake to bolster her strength.
A standing frame helped her strengthen her back. She also used a specially designed walker fitted with a bicycle seat to relearn her gait.

“She sat, reducing the pressure on her spine, and she kicked her feet to help her move forward,” Connor says. “We brought the equipment home on loan, which was a great thing.”

In fact, such equipment is so integral to a patient’s recovery that a new $2 million fund, the Lenox Baker Children’s Hospital Foundation Fund, has been established to support patient care, education, and resources for children with musculoskeletal and neurodevelopment disorders. “The fund will support the needs of children with neuromuscular problems,” Reed says. “It will help people, like Nylah’s family, if they don’t have the ability to seek out physical therapy care and can’t access resources to help with braces and wheelchairs.”

Research

Lenox Baker is doing more than treating JDM, though. An ongoing research program led by Jeffrey Dvergsten, MD, director of the myositis clinic, is investigating why children develop the condition. Using blood samples from current patients, they’re looking for genetic markers that might unlock the door to targeted interventions and treatments.

“What we’d like to eventually do is put patients’ information into a model and tell them what their outcome might be,” Reed says. “We could tell them what the right medicine could be and target what their individual needs are.”

Recapturing Nylah

Today, Nylah looks like her old self. She still has leg weakness, but, Reed says, she’s regained 90 percent of her strength, mobility, and flexibility. She faces one more year of medication and must maintain her physical therapy and strength training.

Connor credits Lenox Baker’s multidisciplinary approach for Nylah’s recovery and continued success. From the first appointment, she says, Reed gave her family hope that Nylah would return to them—that she would get her child back.

And Nylah agrees. “All the doctors and therapists are awesome,” she says. “They gave me hope that I would get better.”

“My biggest prayer was she would be able to enjoy a bit more of her childhood—all the things we do in fourth and fifth grade and all the talks we have with our friends at that age,” Connor says. “Because seeing her not have that and shut down and only talk a little was tough. Now, she’s coming home from school and telling me what she and her friends are doing together. She’s getting back to being a child again.”

You can help Duke Children’s give patients like Nylah the coordinated care they need. To make a donation to Duke Children’s go to gifts.duke.edu/dch
WHEN TEMPERATURES RISE

DUKE RESEARCHERS MAKE IMPORTANT LINK BETWEEN BIRTH DEFECTS AND FEVER

The findings of this research study, which appear in the October 10 issue of *Science Signaling,* give greater insight into this question, suggesting that the fever itself leads to heart defects and facial deformities such as cleft lip or palate. The study also suggests that some congenital birth defects could be prevented if fevers are treated with acetaminophen during the first trimester—when the heart and jaw are first developing. Heart defects affect 1 percent of live births in the U.S., and cleft lip or palate affects about 4,000 infants per year.

“Our hope is that if women are trying to become pregnant, their obstetricians will talk to them very early, at the same time when they’re telling them to start taking prenatal vitamins and folic acid supplementation,” says Eric Benner, MD, PhD, a neonatologist and assistant professor of pediatrics at Duke.

WHEN A WOMAN FIRST BECOMES PREGNANT OR IS THINKING ABOUT BECOMING PREGNANT, HER DOCTOR WILL MAKE CERTAIN RECOMMENDATIONS—like taking multivitamins with folic acid and not drinking alcohol—all in the hopes of having a healthy baby and avoiding birth defects.

Researchers at Duke hope the results of a new study will encourage doctors to add another item to their list of recommendations during prenatal counseling: treating fevers with acetaminophen (Tylenol).

Scientists have known for some time that fevers can cause birth defects. But what they haven’t been able to answer with certainty is the question of whether it is the fever itself or an infection (of which fever is a symptom) that is the true cause of the birth defects.

Chicken embryos were among the animal models researchers used to demonstrate how fever affects a developing fetus.
“Feature”

“Obstetricians should consider telling (women) that if they get a cold and develop a fever, acetaminophen is a safe drug to take during pregnancy.”

— ERIC BENNER, MD, PhD

“Obstetricians should consider telling them that if they get a cold and develop a fever, acetaminophen is a safe drug to take during pregnancy and that fevers can be a risk factor for the development of these types of heart defects. That’s really the only way that we think we can impact the rate of these types of birth defects.”

Doctors generally advise women to avoid medication during pregnancy or while trying to get pregnant. But Benner, George W. Brumley Jr., MD, Assistant Professor of Developmental Biology, says judicious use of acetaminophen for an acute problem such as fever is safe, especially considering a woman would likely only take it once or twice during pregnancy. He cautions that nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen and aspirin should not be used during pregnancy. However, he says acetaminophen “is among the most well-studied drugs in pregnancy, and it’s thought to be safe.”

In the study, Benner, along with Mary Hutson, PhD, and other researchers, used zebrafish and chicken embryos to demonstrate how fever affects a developing fetus. Using the animal models, they discovered that neural crest cells—the cells that contribute to the development of the heart, face, and jaw—contain temperature-sensitive ion channels. These are the same channels that let you know when you’ve touched something too hot.

The researchers created a magnet-based technology that allowed them to control the activity of these channels in neural crest cells and simulate fever-induced activity. Using this technology, they discovered that increased activity in two specific ion channels on the neural crest cells, called TRPV1 and TRPV4, caused embryos to develop facial and heart defects. The type of defect that occurred depended on whether the embryos were exposed to the fever-like conditions during heart development or head and face development.

Hutson, an assistant professor in pediatrics at Duke who studies congenital heart defects, says the results of the study are especially important because a fever could cause birth defects before a woman realizes she is pregnant, leaving her with few options.

“The heart develops at such an early time,” Hutson says. “In humans, the first heart beats are at about three or four weeks (gestation) when a lot of women don’t even know they’re pregnant.” At that point, if a fever has interfered with development, Hutson adds, “the things that we can do to intervene, to prevent a heart defect, are very little. But now there’s something that we can actually tell somebody to do, to give women a chance to make some choices to reduce risk factors.”

Hutson plans to continue to study the ion channels further to learn exactly how they change the behavior of neural crest cells and cause birth defects. She hopes this knowledge will one day lead to therapies that might heal defects after they have already developed.

“If we understand how things work, we can better understand the types of things we can do to make things better when they don’t work.”

RESEARCH DRIVES NEW DISCOVERIES

Important discoveries require research. Support the research at Duke Children’s by making a gift at gifts.duke.edu/dch, or use the envelope in this newsletter.
A LITTLE BOY
WITH A BIG HEART

A SERIES OF THREE OPEN-HEART SURGERIES SAVED THELO SMOOT

BY ALIZA INBARI
ON A COLD SUNNY WINTER DAY THELO SMOOT, A FOUR-AND-A-HALF-YEAR-OLD BOY, plays on a neighborhood playground in Durham, North Carolina. For an hour and a half, he cautiously explores the playground. He enjoys mostly the slides, going up and down again and again. He is so excited that he starts humming the Chicken Dance tune from his favorite Charlie Brown movie—*The Peanuts Movie*. He proudly shows his hands to his mother to tell her that they are warm.

“A year ago, I would not imagine him playing in the playground for that long,” says Lori Smoot, Thelo’s mom. “After 15 minutes he would have been done, just too tired, not able to breathe, and his hands and lips would have turned blue,” she says.

Thelo was born with hypoplastic left heart syndrome, a rare congenital heart defect in which the left side of the heart is severely underdeveloped and cannot pump oxygen-rich blood to the body properly. According to the Centers for Disease Control and Prevention, about one out of every 4,344 babies in the U.S. is born with this syndrome.

In August 2017, he underwent his third open-heart surgery to improve his cardiac function at Duke Children’s. “Before the surgery, only half of his blood was oxygenated, and that compromised his ability to run and play, and even to climb and jump,” says Smoot. “The surgery has helped him have more oxygen, muscle, strength, and balance—things that he has been lacking his whole life.”

Heartbreak in Southeast Asia

In 2012, Smoot, her husband, and their three children lived in Dehradun, India, where they did charitable work. She fell in love with the beautiful city in the foothills of the Himalayas and started learning Hindi.

Smoot got pregnant with Thelo, her fourth child, but due to her previous high-risk pregnancies, she had to move to Delhi, India, where she could get better care. At 19 weeks gestation, Thelo was diagnosed with a narrow aorta—the major artery that carries blood to the body. The doctor recommended terminating the pregnancy. “She told us: ‘No one would want this baby,’” says Smoot.
“THE SURGERY HAS HELPED THELO HAVE MORE OXYGEN, MUSCLE, STRENGTH, AND BALANCE – THINGS THAT HE HAS BEEN LACKING HIS WHOLE LIFE.” — LORI SMOOT

“It was a heartbreaking way to learn how serious my son’s heart disease is.”

The Smoots did not give up. They flew to Bangkok, Thailand, for a second opinion. “The doctor looked at Thelo’s file from India and said: ‘I wouldn’t want him either,’” says Smoot. After a quick ultrasound scan, he misdiagnosed him and said there was nothing wrong with Thelo’s heart. “I wanted to believe him, but I didn’t,” says Smoot.

Confused and frustrated, the Smoots came back to India to look for a third opinion. This time they saw a neonatal cardiologist who recommended returning to the U.S. They came to Duke for comprehensive care and further evaluation, and Thelo was diagnosed with a variant of hypoplastic left heart syndrome.

A Perfect Wish

Thelo was born prematurely in the 36th week. His name comes from a Greek word that his parents found in the Old Testament. “Thelo means ‘to want,’” says Smoot. “We chose this name because he was not wanted by the doctors in the early stage of his life.” She was surprised to learn from a Greek Duke medical student who observed her delivery that the word is still in use in modern Greek. “I asked him to explain the meaning of the name, and he said: ‘If you could see the whole earth and make a perfect wish that would make the world better, that’s ‘thelo’—to want perfection,’” says Smoot.

Thelo’s heart was far from perfect. Nine days after he was born, he underwent the first of three open-heart surgeries. “Thelo’s left chamber of the heart and the valves were underdeveloped and could not provide blood flow to his body,” says M. Jay Campbell, MD, a pediatric cardiologist at Duke Children’s. “We performed the Norwood procedure to reconstruct a new aorta that will allow blood flow to his body. Without the surgery he would not have survived.” When he was four months old, Thelo underwent a second surgery, called a bidirectional Glenn, to redirect blood flow to his lungs.

Heart Failure in South Africa

When Thelo was 16 months old, the family hit the road again, this time for charitable work in Johannesburg, South Africa. The move was hard for Thelo. He had colds constantly, struggled to maintain his body temperature, and experienced heart failure.

The cardiologist in South Africa who saw him was very concerned. “He told me: ‘Your son needs a heart transplant, and I’m concerned that he might need both a heart and lung transplant,’” says Smoot.

Thelo and his mom were flown by medical transport to Duke just after his second birthday, and he was listed for a heart transplant.

At this point, the Smoots could no longer live abroad, and they lost their jobs. “We have experienced what it means to have a sick child while having no home, no car, and no income,” says Smoot. Fortunately, they are back on track thanks to the help of local churches that have given them places to live and opportunities to share their story, which has provided some income.
DUKE LAUNCHES NEW PEDIATRIC AND CONGENITAL HEART CENTER

In December 2017, Duke Children’s launched the Duke Children’s Pediatric and Congenital Heart Center. The center provides comprehensive care for children who were born with heart defects and brings together experts from across different disciplines such as pediatric cardiologists, pediatric heart surgeons, pediatric anesthesiologists, intensive care unit physicians, and specially trained nurses and therapists.

“We have realized that by having a team-based and multidisciplinary approach for care, we can improve the outcomes for our patients,” says Joseph Turek, MD, PhD, pediatric heart surgeon and executive co-director of the new center. “The center will better coordinate care among the different medical groups that take care of these patients and will allow smooth transitions from the preoperative assessment phase throughout the care at Duke and continuing close follow-up when the patients go home.”

Hopes for the Future

Since moving back to North Carolina, Thelo’s heart function has improved with changes in his medicines. His third open-heart surgery was successful, and together with changes in his nutrition, he feels better now and currently does not need a new heart. “We know that over time his ventricle could get weaker and he could end up needing a heart transplant, but we are hoping that if that ever happens, it will be decades down the road,” says Campbell. “He is doing well, and we are hoping that he lives a long and happy life.”

And Thelo, all he wants is to play like any other kid at his age. “I love this playground,” he says. “I don’t want to go home.”

The help also allowed Smoot’s husband to go back to school and start a part-time job.

Smoot has found a way to give back and help other families like her own. She is one of the founding members and a board member of Heart2Heart Collaborative, a nonprofit organization of parents of children with congenital heart defects that collaborate with Duke pediatric cardiologists to improve the care experience for children.

Support Duke Children’s

Lifesaving treatments like Thelo’s are made possible in part by your support. To make a gift to Duke Children’s, use the envelope in this newsletter, or go to gifts.duke.edu/dch.
BOUNCING ALONG
Our community supporters put the FUN in fundraising!

1. Angels Among Us
Guests enjoyed dinner, dancing, and an auction at the 15th annual Anna’s Angels Gala on March 17 at Prestonwood Country Club in Cary, North Carolina. Anna’s Angels raises funds to support Down syndrome research at Duke Children’s. Anna’s Angels founder Michelle Pfeiffer poses at this year’s gala with her family, including daughter Anna Merrills, husband Andy Merrills, son Andrew Merrills, and daughter Ashley Merrills.

2. Hands for Hearts
Duke Pediatric and Congenital Heart Center physicians spent an evening in Greensboro, North Carolina, to support the fourth annual casino night for Hands for Hearts. The group works to make positive changes in the lives of children with congenital heart defects. Pictured are Jay Campbell, MD; Greg Tatum, MD; Salim Idriss, MD; Rich Krasuki, MD; McAllister Windom; Joe Turek, MD; Kristin Ward from the Duke Children’s Office of Development; and Greg Fleming, MD.

3. Handprints for Hope
Will Eward, MD, DVM, was awarded a $250,000 Hyundai Hope Grant from Hyundai Hope on Wheels during a Handprint Ceremony held last fall. Eward, patients who have battled cancer, and their friends and siblings participated in the ceremony, and added their handprints to a special Hyundai car that has the handprints of pediatric cancer patients from around the country.

4. Scrabble for a Cause
In January, the Triangle Scrabble Club held its eighth annual tournament to benefit Duke Pediatric Blood and Marrow Transplantation (PBMT) Family Support Program. More than 50 people participated in this year’s tournament. The organization has raised more than $35,000 for the PBMT Family Support Program in the last eight years.

5. Shave for Schreiber, Buzz for Bobby
Duke Pi Kappa Alpha held its annual Shave for Schreiber, Buzz for Bobby event on March 24 on Duke campus at the Abele Quad. These brothers have raised over $100,000 for Duke’s Teen and Young Adult Oncology Program, a partnership between Duke Children’s and the Duke Cancer Institute, which provides medical care, support, and peer connection to teen and young adult cancer patients and their families during cancer diagnosis, treatment, and survivorship.

6. Dance, Dance, for Kids
Dance Marathon at NC State, Devilthon at Duke University, Dubthon at UNC-Wilmington, and ELONTHON at Elon University culminated their dance marathon fundraising initiatives with over $600,000 raised for Duke Children’s. While they may be on different campuses, all of these students have the same goal: to raise money and awareness for their local Children’s Miracle Network hospital, Duke Children’s. Pictured are the student organizers of ELONTHON, who broke their fundraising goal of $400,000 and raised over $450,000 for Duke Children’s!
7 ‘Jump for the Children’ Horse Shows
The 34th annual ‘Jump for the Children’ Horse Shows to benefit Duke Children’s were held November 7-12 and November 15-19 at the Governor James B. Hunt Jr. Horse Complex in Raleigh, North Carolina, the first time in the event’s history that two back-to-back shows were held. Spectators watched world-class hunter and jumper horses compete throughout the event, culminating in a prestigious Grand Prix jumping competition each week. Pictured are a unicorn and her handler from therapy horse nonprofit Stampede of Love; Matt and Dolly Rever with their son, Duke Children’s patient Colt; and Bridget Gibbons MacNair, Joan Petty, and Lizzie Petrilli with ‘Jump for the Children.’ Hosted by Triangle Farms, ‘Jump for the Children’ is not just another horse show, but a horse show that makes a difference. To learn more about the 2019 shows, visit jumpforthechildren.org.

8 Kids Helping Kids
Bayden Collins, who received a kidney transplant at Duke when he was two years old, raised $14,150 from his annual golf tournament in Rocky Mount, North Carolina, to benefit his Duke Children’s nephrology team. The tournament is held in partnership with the West Mount Ruritans. Pictured are pediatric nephrology team members Shashi Nagaraj, MBBS, MD; Delbert Wigfall, MD; Lisa Patterson, RN, PNP; Bayden Collins; Rasheed Gbadegesin, MBBS, MD; and Bayden’s childhood physician John Foreman, MD, emeritus.

9 Pancakes for a Purpose
Twenty-five IHOPs in the Triangle, Triad, Fayetteville, and Wilmington areas culminated their fundraising efforts for Duke Children’s on National Pancake Day on February 27. The IHOP in Cary had a special celebration for IHOP Kid Culinary Chef and Duke Children’s patient Elise Bromund. Elise, whose pancake recipe was a finalist in IHOP’s national contest, opened Pancake Day with some help from the Duke University cheerleaders and IHOP Mascot Susie Pancake, and even got to flip pancakes in the kitchen during her visit.

10 Walmart
Walmart Regional General Manager Brent Rains and a select group of dedicated and passionate Walmart and Sam’s Club store associates came to Duke Children’s to celebrate the 2017 Walmart campaign total of $602,857. During the campaign, associates asked for donations at the register and organized bake and pie sales, raffles, and other fundraising initiatives to raise money for Duke Children’s. This campaign fundraising, added to other year-round efforts, resulted in a grand total of $815,425 raised by Walmart and Sam’s Club for Duke Children’s in 2017. Thank you to all the associates!

11 Steps Against Bullying
Duke Healthy Lifestyles, Duke Children’s Anti-Bullying Committee, and Bull City Fit joined forces to host the second Annual Anti-Bullying 5k Run/Walk on October 28. Healthy Lifestyles patients and their families ran and walked alongside Duke Healthy Lifestyles physicians, Duke Children’s Anti-Bullying Committee members, and Bull City Fit volunteers. After the race, participants signed a large banner with an anti-bullying pledge, which was later displayed at Duke Children’s Primary Care at Roxboro Road.

12 MIX 101.5 Radiothon
The 2017 MIX 101.5 Radiothon raised $656,089 for the patients, physicians, and staff at Duke Children’s. MIX 101.5 broadcast live from Duke Children’s during December 13-14, and volunteers and patient families answered the many phone calls from donors who had been moved by the on-air patient stories. Thank you to all who donated to and participated in this year’s Radiothon!
CHILDREN’S MIRACLE NETWORK BALLOON:
Indicates fundraising initiatives from our Children’s Miracle Network Hospitals partners, which work to raise funds for patient care and treatment and medical research at Duke Children’s.
DUKE CHILDREN’S GALA
A SUCCESS

More than 320 guests attended the Duke Children’s Gala, the premier fundraising event for Duke Children’s, on April 21, 2018, at the Washington Duke Inn & Golf Club. Emcee Jim Kelly of MIX 101.5 led the attendees through an evening of camaraderie, celebration, and support for patient care and research at Duke Children’s.

The evening, presented by Delta Air Lines, included the sharing of several patient stories, a live auction, a Sip & Sparkle drawing presented by Fink’s Jewelers, and special appearances by Greg Olsen from the Carolina Panthers and Duke men’s basketball player Grayson Allen. Hosts Ann M. Reed, MD, and Allan Kirk, MD, PhD, also presented the inaugural Duke Children’s Hero Award to Stanton Simmerson of Duke University Hospital and Jim Kelly. The event raised more than $200,000 for Duke Children’s. Thank you to all our Duke Children’s Gala supporters, sponsors, and attendees.

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