our mission

To make a world of difference in the lives of children, adolescents and their families by integrating medical care, education and research to provide the highest quality care and service to our diverse community.

our history

Founded in 1901, Childrens Hospital Los Angeles has been treating the most seriously ill and injured children in Los Angeles and beyond for more than a century, and it is acknowledged throughout the United States and around the world for its leadership in pediatric and adolescent health. Childrens Hospital is one of America’s premier teaching hospitals, through its 75-year association with the Keck School of Medicine of the University of Southern California. The Saban Research Institute of Childrens Hospital Los Angeles is a national leader in pediatric research.

Since 1990, U.S. News & World Report’s panel of board-certified pediatricians has named Childrens Hospital Los Angeles one of the top pediatric facilities in the nation. Child magazine also has ranked Childrens Hospital Los Angeles among the top children’s hospitals in America.

Childrens Hospital Los Angeles is building a landmark inpatient facility. Stories about the New Hospital Building carry this icon.

On the cover: Emily Buelow, 13, who is Living Proof that Childrens Hospital Los Angeles is Making a World of Difference (See page 4.)
The good news is that the overall survival rate for childhood cancer is now at 80 percent. However, cancer remains the leading cause of death by disease among children and adolescents nationwide. Confronted with all our attempts to defeat it, cancer evolves and adapts. We can never be complacent.

We are fortunate to have one of the finest pediatric cancer centers in the world right in our own community: the Childrens Center for Cancer and Blood Diseases. This amazing Center of Excellence has contributed significant discoveries that have changed the statistics of childhood cancer and blood diseases — with 85 percent of those findings applicable to adult cancer. You will read about some of the Center’s efforts in this issue of Imagine.

A world-class program deserves a world-class facility. Private philanthropy has helped us fund outstanding scientific talent. Now we must provide the physical space. When completed in 2009, the New Hospital Building will be a cutting-edge, family-centered environment. Please consider making a gift to support its construction — every gift will go toward creating a better future for children and their families. •
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As we work to heal the bodies of our patients, we heal their spirits in an atmosphere of compassion and respect.
Top photo, left to right: Emily Buelow, 13, with her sisters, Ilsa, 10, and Lena, five, in their brother Max’s room. Above: Tracey and David Buelow with daughters Lena, Emily and Ilsa.
It was four days before Tracey and David Buelow would close escrow on their new home in Calabasas. As they packed boxes and planned their future, their four-year-old daughter, Emily, seemed to be fighting a typical cold. Within a few days, the preschooler became unusually lethargic and began developing painful mouth sores. When her pediatrician spotted broken blood vessels around her chest, he knew this wasn’t just a virus and immediately referred her to Childrens Hospital Los Angeles. That was the day the Buelows’ lives changed forever.

Emily was diagnosed with acute lymphocytic leukemia and admitted to the renowned pediatric medical facility for treatment. “When you hear those words and you look at your child, your first reaction is that this has to be some kind of mistake...this can’t be happening,” says Mr. Buelow. “All you want is to help your child, and the best you can do is take her where she can get the best possible care.”

At the Childrens Center for Cancer and Blood Diseases, one of the nation’s largest pediatric hematology/oncology programs, Emily was treated by international leaders in the field of pediatric cancer and received innovative treatment seldom available at other facilities.

The Childrens Center for Cancer and Blood Diseases treats more than half of all children in Los Angeles County with these diseases, diagnosing about 500 cases of cancer and another 500 cases of blood diseases and clotting disorders annually. It performs more than 60 percent of all pediatric bone marrow transplants in Los Angeles County, while its hematology program sees the largest number of patients with sickle cell disease and thalassemia on the West Coast.

“What makes us unique are our multi-disciplinary teams who are experts in the diagnosis, treatment and follow-up care of each patient,” explains Stuart E. Siegel, MD, Center director and head of the hospital’s Division of Hematology/Oncology.
“Our philosophy is to quickly mobilize our extensive research to find the best answers for our patients.”

The Buelows’ experience provides a unique perspective on the treatment available at Children’s Hospital because of a terrible twist of fate. At age seven, Emily had a relapse of her leukemia. A year later, the unthinkable happened. She was recovering from a bone marrow transplant when her younger brother, Max, was diagnosed with Ewing’s Sarcoma, a bone cancer.

“I was in shock, just numb,” recalls Tracey Buelow, “but as a parent, you have to put every emotion on hold to manage the business at hand.”

The business at hand included three months of hospitalization for Emily and intensive chemotherapy and surgery to remove a tumor on Max’s eighth rib bone. These two youngsters exemplify the incredible breakthroughs in treatment of pediatric cancer, as well as the questions that remain unanswered.

Emily, currently in eighth grade, has been cancer-free since her transplant. She is an exuberant teenager who loves to paint and play with her younger sisters, Ilsa and Lena. Unlike most kids her age, she has a quiet maturity that comes from losing her brother, her best friend.

“We did everything together,” says Emily, recalling Max, who bravely battled Ewing’s Sarcoma for four years and passed away in March 2006 at the age of 11. “We had so much fun in the pool, swimming and doing cannonballs. We rode our go-carts. We sat in my room and just talked.”

With tremendous advances in the past few decades, 80 percent of pediatric cancers are now treatable. “Another 20 percent remain untreatable, which is unacceptable,” notes Dr. Siegel, professor and vice chair of pediatrics at the Keck School of Medicine of the University of Southern California (USC).

Children’s Hospital has been a pioneer in pediatric cancer and blood diseases for the last 50 years. Research and clinical teams are working hand-in-hand to find better treatments for leukemia, neuroblastoma, bone and soft tissue tumors, brain tumors, retinoblastoma, hemophilia, thalassemia and sickle cell disease.

The hospital was the first in the West to provide modern chemotherapy to children with leukemia. It developed the now-standard treatment for acute leukemia and neuroblastoma (a nervous system tumor), and created novel limb-salvage techniques to save the legs of children with tumors of the pelvic bones. Its physician-scientists have embarked on innovative research focused on such issues as: what turns cancer cells on and off, why some cancers don’t respond to certain therapies, the use of gene therapy to treat sickle cell disease and thalassemia, and treatments that target cancer cells without destroying healthy cells.

An ambitious clinical trials program allows discoveries from the laboratories of The Saban Research Institute of Children’s Hospital Los Angeles to reach children like Emily and Max more quickly. Through the USC-CHLA Institute of Pediatric Clinical Research, physician-scientists have been able to initiate several first-ever trials.

Doctors and scientists in the Children’s Center for Cancer and Blood Diseases serve in key leadership roles with the Children’s Oncology Group, a cooperative of 237 pediatric research centers nationwide. In addition, Children’s Hospital is home to four national consortia that coordinate pediatric cancer research activities across the country — ensuring its patients access to the latest therapies. (See page 14.)

With completion of the New Hospital Building in 2009, the Cancer Center will have expanded, state-of-the-art facilities to continue its groundbreaking work. An entire floor and a half will be devoted to patients with cancer and blood diseases. It will grow from 44 acute inpatient beds to 80, while its Hematopoietic Stem Cell Transplant Unit will house 14 beds, up from the current 11. (See page 8.)
Knowing the importance of research, the Buelows have established the Max of a Million Dreams Foundation for Cancer Research, and are working to fund a grant to the Bone and Soft Tissue Tumor Research Program at Childrens Hospital, among other projects. “We are so grateful for the care our children received, we want to be able to give something back,” says Mr. Buelow.

Funding will help such physician-scientists as Leo Mascarenhas, MD, an oncologist specializing in bone and soft tissue tumors, who met Max when his cancer had spread and conventional chemotherapy and surgery were no longer viable. Max wasn’t expected to live more than a couple of weeks, but Dr. Mascarenhas was hopeful. He was working on a new drug combination, which the Buelows decided to try. Max lived another nine months.

“I got to know Max very well. I knew his aspirations, his dreams, his love for his family,” says Dr. Mascarenhas, an assistant professor of pediatrics at the Keck School of Medicine. “He was a fighter, and he made me a better physician by allowing me to leave no stone unturned. We will continue to research, to find new treatments — and one day we will find a cure.”

You can join the fight against pediatric cancer with your support for the Childrens Center for Cancer and Blood Diseases. Please contact Terry Green, vice president of Development, at 323-669-5675 or tgreen@chla.usc.edu.

Generous supporters

The Childrens Center for Cancer and Blood Diseases enjoys the support of a number of generous organizations that further the cause of pediatric cancer treatment and research. Some of these include:

• Alex’s Lemonade Stand Foundation
• The Bogart Pediatric Cancer Research Program of the T.J. Martell Foundation
• Children’s Cancer Research Fund
• Children’s Neuroblastoma Cancer Foundation
• Concern Foundation
• Dougherty Family Foundation
• Evan T.J. Dunbar Neuroblastoma Foundation
• The Kenneth T. and Eileen L. Norris Foundation
• Lance Armstrong Foundation
• McKesson Foundation
• Margaret E. Early Medical Research Trust
• Michael Hoefflin Foundation
• My Brother Joey Foundation
• Padres Contra El Cáncer
• Pediatric Brain Tumor Foundation
• Pediatric Cancer Research Foundation
• Saban Family Foundation
• Stop Cancer
• Tyler’s Team
• The V Foundation for Medical Research

For organizations that support the Hematology/Oncology Psychosocial and Education (HOPE) Program in the Childrens Center for Cancer and Blood Diseases, please see page 11.
Late one night, nine-year-old Rocio Deleon tried hard to fall asleep in the Hematopoietic Stem Cell Transplant (HSCT) Unit at Childrens Hospital Los Angeles. All alone, she knew she had to stay in this special, protective room so her immune system could rebuild itself following her stem cell transplant for acute lymphoblastic leukemia. But she missed her family.

Then she heard a baby cry next door. Her young neighbor had moved in just days before for his own stem cell transplant to treat a genetic disease. Rocio buzzed for the nurse, who immediately came to ask what she needed. “Not me — the baby — he’s crying,” Rocio said.

Suddenly, Rocio had a job to do. “I watched over him every night,” she recalls — just the way the doctors, nurses and her family watched over her.

“That job lifted her spirits and helped her get well,” says her mother, Mirella Deleon.

Some spirit lifting was needed. Rocio had been battling leukemia since she was four-and-a-half. Two years of chemotherapy knocked out the cancer temporarily. When it returned, physicians in the HSCT Program recommended a stem cell transplant.

At one time, doctors often waited to suggest a transplant until a child with leukemia relapsed a third or fourth time. “Now we are able to identify which cases are at high risk for a relapse and intervene earlier,” explains Neena Kapoor, MD, director of the Clinical HSCT Program.

Rocio was one of those high-risk cases. Her parents, Mirella and Mario Deleon, hoped that one of Rocio’s three siblings — Karina, Mario and Guadalupe — might be a match to provide bone marrow for a transplant. In the meantime, Rocio started another round of chemotherapy. Unfortunately, none of her siblings was a match. Then came another relapse. Rocio’s life was in the balance.

Fortunately, she was in excellent hands.

Since its inception in 1983, the HSCT Program at Childrens Hospital has performed nearly 1,000 transplants. More than half of those involve children under five years old, many as young as one month old — a specialty for this experienced program, part of the Division of Research Immunology/Bone Marrow Transplantation (BMT) in the Childrens Center for Cancer and Blood Diseases.
When the New Hospital Building is completed at Childrens Hospital Los Angeles in 2009, the HSCT Inpatient Unit will expand from 11 advanced laminar HEPA-filtered air flow isolation rooms to 14, enabling it to care for more children who need stem cell transplants to survive life-threatening diseases.

Above: Rocio Deleon. Top left: The Deleon family created a shrine in their home to pray for Rocio’s recovery. Top right: Rocio with her two youngest siblings, Mario and Guadalupe, and her mother, Mirella Deleon.
“Each transplant is a team effort,” says Dr. Kapoor. In addition to physicians, that team includes specialized nurses, transplant coordinators, stem cell and immunology laboratory scientists, physical therapists, teachers, social workers and child life specialists.

Nearly four decades ago, transplants of hematopoietic (blood-forming) stem cells first offered the promise of new therapies for cancer, immunodeficiencies and some genetic disorders. Bone marrow is only one source of these rare stem cells, which can replicate themselves and develop into many functional cell types. Other sources are umbilical cord blood and peripheral blood, which circulates through the body.

Some patients receive autologous transplants, using cells from their own bone marrow, which have been cleansed of disease. Other patients with cancer, such as Rocio, receive allogeneic transplants, from related or unrelated donors.

“For every patient, we ask, who is the best possible donor?” explains Donald B. Kohn, MD, division head, and co-director of the Children’s Center for Cancer and Blood Diseases.

In Rocio’s case, the best donor was a near match from the National Marrow Donor Registry in the form of an umbilical cord blood transplant. Typically, unrelated donors are needed for 65 to 75 percent of patients. Without this transplant, Rocio would die.

“It was a frightening time,” says Mrs. Deleon. “Both the diagnosis and the transplant were equally scary.”

Mirella and Mario Deleon took turns sitting by their eldest daughter’s bedside in the HSCT Unit. Because Rocio had an allogeneic transplant, her parents, wearing masks, gloves, booties and gowns, could stay in the HEPA-filtered room but weren’t allowed to fall asleep — another precaution to protect Rocio from exposure to bacteria.

With nurses assigned to just two patients at a time, they are able to pick up on subtle clues and spend time on children’s developmental needs. “You learn how your patients like to take their medicines, what their words mean and how their cries sound — and what it means if it changes,” says transplant nurse Donna Quiroz, RN.

After two and a half months, Rocio went home from the hospital, but she wasn’t “home free,” says Dr. Kapoor, professor of pediatrics at the Keck School of Medicine of the University of Southern California. “It takes a while for the new immune cells to start recognizing this new body as their home.”

That meant Rocio had to stay inside and watch her cousins play. At first, she took nearly three dozen pills daily to fight rejection of the transplant and combat other side effects of the treatment. Like many patients, she developed graft vs. host disease, which occurs when immune cells from the donor attack different tissues in the recipient’s body.

Doctors at Children’s Hospital are investigating ways to prevent or manage this disease, among other research aimed at making transplants safer. “We also want to help more children who lack a compatible donor,” explains Dr. Kohn, professor of pediatrics and molecular microbiology and immunology at the Keck School of Medicine.

This year, the hospital is participating in a new clinical trial to test the use of haploidentical (half-match) transplants for leukemia. Parents are a half match for their children, and the procedure has been used successfully for the past decade to fight severe immunodeficiency disease.

January 21 marked the fourth anniversary of Rocio’s transplant. At first, she had weekly checkups. Now, the eighth grader who likes science, reading and riding her bike sees her doctors every two months. She may need growth hormones to counteract the effects of radiation. Otherwise, she’s thriving.

The Deleons are grateful to everyone at Children’s Hospital. Their religious faith helped see them through the crisis. Last year, the family made a pilgrimage to Mexico to thank the saints they called upon for strength. As Mrs. Deleon says, “We turned to anyone who could make a miracle.”
Child-sized, construction-paper handprints line the walls of the special place that the Hematology-Oncology Psychosocial Education (hOPe) Program has created for families at Childrens Hospital Los Angeles.

These colorful artworks in the hOPe Resource Center remind visitors that, on average, about 1,000 children are treated annually at the Childrens Center for Cancer and Blood Diseases.

Many of the handprints were created years ago by children now cured of their diseases, representing the hOPe Program’s groundbreaking efforts to support patients through treatment and long-term survival.

It is a task both exhilarating and demanding because 80 percent of all children with cancer now survive. Under an umbrella of services initiated in 1975, hOpe’s co-directors, Ernest Katz, PhD, and Kathleen Ruccione, MPH, RN, FAAN, CPON, work to enhance the quality of life for these young patients. The first comprehensive program of its kind nationwide, hOpe remains the world leader in psychosocial research and services.

“Children can’t postpone their development because they get cancer,” explains Ms. Ruccione, an associate professor of clinical pediatrics at the Keck School of Medicine of the University of Southern California, and chair of the Children’s Oncology Group Nursing Discipline. “The life they live while they’re ill becomes part of what shapes them.”

It also becomes part of their family’s history. hOpe is a safety net for all these people as they confront diagnosis, treatment and life after therapy.

To help at each stage, Susan Gantant, MPH, coordinator of health education services, has assembled an extensive library of print and online materials. “It’s often reassuring to a family to have written materials on their greatest needs to take home,” she says. She has developed an Intranet website viewable in the HOPE Resource Center. With funding from the Ronald McDonald House Charities, it will become available to the public online later this year.

Other organizations providing key support for the hOpe Program have included the Audrey and Sydney Irmas Charitable Foundation, the CSL Behring Foundation for Research and Advancement of Patient Health, the Disney Cast Community Fund, The Jonathan and Faye Kellerman Foundation, the Saban Family Foundation, Strategic Financial Network, The Northwest Mutual Foundation, The Lluella Morey Murphey Foundation, Norris Cancer Center Foundation and Northrop Grumman Corporation.

HOPE offers a range of innovative services pioneered at Childrens Hospital and now recognized as national models, including the School Transition and Re-entry (STAR) program; Teen Impact, which offers peer support, retreats and mentoring; and the Long Term Information, Follow-up and Evaluation (LIFE) program, which reaches out to survivors with lifelong health monitoring.

“Patients can continue to see our health-care professionals and be supported as a pioneering generation of survivors,” says Dr. Katz, director of the hospital’s Behavioral Sciences Section and clinical professor of pediatrics at the Keck School of Medicine.

“HOPE gets it,” says Tavo Zavala. Once a leukemia patient at the hospital, Mr. Zavala is now project coordinator for Teen Impact. “True survival,” he says, “is much more than just staying alive. It’s enjoying a rich, fulfilling life, and HOPE makes that possible.”

– kate vozoff
Marshall Quackenbush [inventor]

Thirteen-year-old Marshall Quackenbush is a natural-born tinkerer and inventor. He started building the treehouse in his Corona del Mar backyard when he was eight. He recently constructed his clubhouse and installed a sink. Armed with his own tool kit, he built a trailer for his motor scooter so he can go “trash digging” in the neighborhood and find odd things to fuse together and take apart.

He shares his sense of invention with one of his doctors. Robert C. Seeger, MD, deputy division head for research in the Division of Hematology/Oncology at Childrens Hospital Los Angeles and professor of pediatrics at the Keck School of Medicine of the University of Southern California, has developed breakthrough treatments for neuroblastoma, a nervous system tumor outside the brain.

After Marshall was diagnosed with neuroblastoma at 15 months of age, he had a bone marrow transplant, followed by additional treatments. In 1999, his neuroblastoma returned. His parents, Shirley and Steve Quackenbush, long-time Orange County residents, quickly discovered their son’s best chance for survival was at Childrens Hospital Los Angeles.

“It’s not until you’re in a position to really need the care for your child that you can see the gigantic difference between an institution like Childrens Hospital and the alternatives,” says Mrs. Quackenbush.

Now, after three different treatments developed by the New Approaches to Neuroblastoma Therapy consortium (see page 14), Marshall’s cancer hasn’t come back. The seventh grader, who feels “just fine,” plans on becoming an engineer or architect. “I like making things and seeing how they work.” •
Like many six-year-old boys, Carlo Santiago loves the Power Rangers. In his world, the animated superheroes don’t just fight ordinary evil. According to Carlo, they help fight his cancer, too.

“Power Rangers blast out the neuroblastomas,” explains Carlo, who loves to dress up as the Red Power Ranger. “We fight the bad cells.”

It’s a fight Carlo has been waging since January 2005, when he was diagnosed with stage IV neuroblastoma, an aggressive solid-tumor cancer that forms in the nervous system outside the brain and left his young body riddled with tumors from his head to his knees. But the Power Rangers aren’t his only allies. A group of dedicated doctors and researchers at Childrens Hospital Los Angeles are fighting for him and other children with cancer. Their mission: develop new treatments for pediatric cancers.

Their work is critical because most anti-cancer drugs are developed for adults, and pharmaceutical companies perform little to no research in pediatrics. Although overall survival rates for children’s cancers stand at 80 percent, that leaves one in five children who don’t survive with standard treatment. For some cancers, survival rates are much lower. Children with high-risk neuroblastoma, like Carlo, have only a 40 to 50 percent survival rate.

“We must have more effective strategies for kids who need them. We haven’t won the battle yet,” says Robert C. Seeger, MD, deputy division head in the hospital’s Division of Hematology/Oncology and professor of pediatrics at the Keck School of Medicine of the University of Southern California (USC).

The relatively rare nature of childhood cancer makes it essential for institutions to work together to study new treatments. The Childrens Center for Cancer and Blood Diseases heads up four nationwide, multi-institutional consortia focused on developing new treatments for neuroblastoma, leukemia and brain tumors. The hospitals and
RESEARCHERS AT THE CHILDREN’S CENTER FOR CANCER AND BLOOD DISEASES ARE WORKING HARD TO DEVELOP NEW AND BETTER WEAPONS IN THE FIGHT AGAINST CHILDHOOD CANCER.
universities in each consortium collaborate on research and clinical trials to test new treatments in patients. “I’m not aware of any other oncology program that has so many clinical trial consortia headquartered in one place,” says Dr. Seeger, who heads the Cancer Program of The Saban Research Institute of Children’s Hospital Los Angeles.

He has been involved with the New Approaches to Neuroblastoma Therapy (NANT) consortium since its beginning in 2000. Funded by the National Cancer Institute, NANT conducts clinical trials at 13 institutions nationwide in patients who have failed to respond to the standard therapy, which is a mix of high-dose chemotherapy, radiation, retinoic acid and transplantation of the patient’s circulating blood stem cells.

Similarly, the Therapeutic Advances for Childhood Leukemia consortium in the USC-CHLA Institute for Pediatric Clinical Research (IPCR) develops and carries out early-phase clinical trials in patients with recurrent leukemia.

“We study cancer cells to learn what makes them tick,” explains C. Patrick Reynolds, MD, PhD, director of IPCR’s Developmental Therapeutics Program and professor of pediatrics and pathology at the Keck School of Medicine. “We especially look at the differences between cancer cells that chemotherapy can eliminate and those that manage to return.”

One of the most promising drugs is fenretinide, a synthetic relative of vitamin A that appears to be potentially effective against neuroblastoma and leukemia, as well as certain adult cancers. NANT is conducting a Phase I trial of a new powdered form of fenretinide that can be mixed with food or drink, and tastes like cookie dough, making it easier for children to take and absorb.

Researchers also are studying how combining drugs can more effectively kill otherwise resistant cancer cells. Fenretinide, for example, soon will be tested in partnership with other drugs. In addition, researchers hope to unlock the DNA of tumor cells. Already, scientists at The Saban Research Institute have identified certain genes that can help predict which neuroblastoma patients will respond to standard therapy, and which won’t. “What’s coming is a new era of personalized medicine,” says Dr. Seeger.

Another groundbreaking area of research: brain tumors. Jonathan Finlay, MB, ChB, clinical director of the Neural Tumors Program at Children’s Hospital and himself a cancer survivor, has spent two decades working to improve the survival rate of young children with brain tumors without using radiation therapy, which can cause severe and irreversible damage to intellectual functioning.

The worldwide “Head Start” consortium studies Dr. Finlay founded have succeeded in dropping radiation from standard therapy in young children, while still improving the cure rate from 10 to 50 percent. The next series of Head Start trials, set to begin this year, will incorporate low-dose “maintenance” therapies after treatment with high-dose chemotherapy and marrow rescue.

“I truly believe this is the way we’ll make the next big jump in improving the cure rate for these children,” says Dr. Finlay, a professor of pediatrics, neurology and neurosurgery at the Keck School of Medicine, and head of the International Central Nervous System Germ Cell Tumor Consortium at Children’s Hospital.

Carlo Santiago, meanwhile, has come a long way since arriving at Children’s Hospital two years ago with his parents from their home in Hong Kong. Carlo loves to do martial arts moves, play the piano and, of course, watch the Power Rangers. But his battle isn’t over. Although the standard therapies for neuroblastoma wiped out almost all of his cancer cells, a few cells have remained.

Carlo has participated in several NANT clinical trials and currently is participating in the fenretinide trial. He and his mother, Toni Santiago, have been staying in Los Angeles for the trials while his father, Sam, works in Hong Kong.

“These clinical trials are so important for the future,” says Mrs. Santiago. “It’s not easy, but Carlo is a fighter. And Children’s Hospital is fighting along with us.”

Research is the hope of the future for kids with cancer. To find out how you can help, please contact Terry Green, vice president of Development, at 323-669-5675 or tgreen@chla.usc.edu.
Judi Garfi-Partridge was 13 when her brother, Joey Garfi, was born with Down Syndrome.

He quickly became a major inspiration in her life. “I saw the effort and determination Joey had to put into simple tasks such as walking and going to school,” she says. “He taught me that a person can accomplish anything with enough determination.”

Armed with that invaluable lesson, she built a successful insurance business. Eastwood Insurance Company, founded in 1989, now has 600 employees and 52 offices in California, Arizona, Nevada, Texas and Florida.

In 1998, Mrs. Garfi-Partridge called on her determination when she established the My Brother Joey Foundation to tackle deadly childhood diseases through research. Since then, Eastwood Insurance has contributed five dollars to Childrens Hospital Los Angeles for every new business policy it writes — up to $100,000 a year.

Mrs. Garfi-Partridge did her own research and discovered that launching a scientific career often was harder for women. As a female business owner in a male-dominated field, she related to those hurdles, and decided to reach out to enterprising women.

The first recipient of her funding at Childrens Hospital Los Angeles was Anat Erdreich-Epstein, MD, PhD, who is investigating ways to inhibit angiogenesis, the process by which cancerous tumors create blood vessels to feed their own growth.

“This support at the beginning of my research career was critical for my subsequent success,” says Dr. Erdreich-Epstein, associate professor of pediatrics and pathology at the Keck School of Medicine of the University of Southern California. With three years of start-up funds, she was able to generate enough data on the biology of new blood vessel growth in pediatric brain tumors to obtain federal funding. “People like Judi, who invest in young investigators, are extremely important for the future of biomedical research,” she says.

In the past few years, a few children of Eastwood employees have developed brain tumors. “We’ve experienced the importance of this work firsthand,” says Mrs. Garfi-Partridge.

Her current funding recipient is Elizabeth Lawlor, MD, PhD, who is attacking cancer from another angle — cancer stem cells.

Dr. Lawlor’s laboratory in The Saban Research Institute of Childrens Hospital Los Angeles is developing tools to identify and study the Ewing’s Sarcoma family of tumors (ET). These bone and soft tissue tumors primarily occur in adolescents and young adults.

Most patients with ET will go into remission under current therapies, but one-third experience a relapse, and less than 10 percent survive that relapse. “We think what’s happening is that we’re not killing the cancer stem cells,” says Dr. Lawlor.

Whether or not all cancers originate from wayward stem cells, the most aggressive cancer cells behave like stem cells in many ways and are able to replicate themselves. Uncovering such mysteries takes a willingness to experiment — and the support to do so. “That’s where Judi has made a phenomenal difference,” says Dr. Lawlor, assistant professor of pediatrics and pathology at the Keck School of Medicine.

Mrs. Garfi-Partridge is proud of that difference. So are her employees, one of whom is her brother. “Everyone needs to be part of something bigger than yourself,” she says. “I can’t imagine doing anything that would have more impact.”

— Candace Pearson
A global company that makes magic for children is helping to shape the future of a children’s hospital internationally recognized for making children healthier.

Childrens Hospital Los Angeles has received a $5 million gift from The Walt Disney Company Foundation to aid in construction of the New Hospital Building, a state-of-the-art, 460,000-square foot inpatient facility scheduled for completion in 2009.

The gift — the largest-ever to the hospital from a corporate foundation — will be recognized in special places for families throughout the New Hospital Building. A total of 26 family alcoves will be located on five inpatient floors, each providing

A $5 MILLION GIFT FROM THE WALT DISNEY COMPANY WILL FUND SPECIAL FAMILY SPACES IN THE NEW HOSPITAL BUILDING.

1) Mickey Mouse and Cinderella at Childrens Hospital; 2) Patient Emily Ramirez; 3) Left to right: Los Angeles City Council President Eric Garcetti; Childrens Hospital Board of Trustees Co-chairs Jack Pettker and Marion Anderson; Childrens Hospital President and CEO Richard D. Cordova; The Walt Disney Company President and CEO Robert Iger; and Los Angeles Mayor Antonio Villaraigosa, with Mickey Mouse; 4) VoluntEARS Jen Marie Manship and Linda Noel; 5) Abdy Aispuro with her daughter, Brinna; 6) Childrens Hospital Trustee James Hunt, executive vice president and chief financial officer, Walt Disney Parks and Resorts; 7) Arnold J. Kleiner, hospital Trustee, and president and general manager, KABC-TV; and 8) Patient Vanessa Rodriguez with Mickey.
a quiet retreat for families near their children’s rooms.

“At Disney, we like to say we’re in the business of magic,” Robert A. Iger, president and CEO of The Walt Disney Company, told the crowd at the press conference to announce the gift in October 2006. “This hospital has always been in the same business. It creates miracles for families. That is true magic.”

Accepting the donation were Childrens Hospital President and CEO Richard D. Cordova and Los Angeles Mayor Antonio Villaraigosa.

The presentation took place in the hospital’s John Stauffer Lobby, which opened in 2001 and includes many child-friendly elements designed by the Disney Imagineers. “When children enter this building, there is no question in their minds it’s for them,” Mr. Cordova said.

Childrens Hospital, along with pediatric hospitals and wings nationwide, receives a generous donation of Disney DVDs, toys, blankets and merchandise each year. “We share a longstanding commitment to the well-being of children — each in our own special way,” added Mr. Cordova. “It’s natural that we work together.”

Mayor Villaraigosa noted, “You can’t visit this hospital and not be blown away by the commitment of the staff.” He thanked The Walt Disney Company, adding, “I hope this gift will inspire other corporate citizens.”

Speaking for families, Abdy Aispuro noted that her husband, Enrique, was treated at Childrens Hospital for a growth hormone deficiency as a child. “When our son became ill, we knew this was where we had to come.” Now, three of their four children have been treated here. “No words can express our gratitude for the excellent care we received,” she said.

Mrs. Aispuro also addressed The Walt Disney Company. “To Disney, on behalf of all the families who have been touched by your generosity, thank you. God bless you.”
Susan Gantan, MPH, is health education services coordinator in the HOPE Resource Center, where teens can battle cancer cells in the computer game, Re-Mission.
An exciting universe has been born: a place where medicine and computer technology intersect. In this fantastic world, adolescents with cancer become avenging crusaders, and their computers serve as a control unit for a bold nanobot named Roxxi and her holographic sidekick, Smitty.

Deployed inside animated teens battling cancer, their mission is to destroy evil colonies of malignant cells and subdue the dark forces of infection that otherwise will wreak havoc from within.

Welcome to Re-Mission, a daredevil computer game developed by HopeLab, a Redwood City-based, non-profit research group focused on improving the quality of life for young people with chronic illnesses. In 2005, HopeLab asked the Division of Hematology/Oncology at Childrens Hospital Los Angeles to help investigate Re-Mission’s effect on cancer-related knowledge and treatment compliance among adolescents with cancer.

The teens were randomly assigned to play Re-Mission or another computer game for four months. They answered questionnaires about the games before they started playing, after one month and at the end of the study. Results at Childrens Hospital and 33 other medical centers worldwide indicate that playing Re-Mission significantly increased patients’ adherence to therapy regimens. They took their pills 15 percent more often and had levels of chemotherapy drugs in their blood 20 percent higher than the control group.
That is no small achievement. “Chemotherapy isn’t fun,” says Colleen McCarthy, RN, MSN, a clinical research nurse for the Leukemia/Lymphoma Program in the Children’s Center for Cancer and Blood Diseases. “Teenagers wonder why they should keep taking their medications even after they feel well and the cancer appears to be gone. Unless they get a good explanation, they’re likely to slack off.”

Re-Mission serves as both entertainment and education. “The game teaches them that microscopic cancer cells could still be there, just waiting to grow,” says Ms. McCarthy.

In the Hematology-Oncology Psychosocial Education (HOPE) Resource Center, teens can drop in to play Re-Mission on a small fleet of computers. “This game is another great interactive resource we can offer our patients and families in their battle against cancer,” says Susan Gantan, MPH, health education services coordinator.

Monzerratt Patino was among the patients assigned to Re-Mission. Now a high school sophomore and power forward on the girls’ basketball team, she was diagnosed with Hodgkin’s lymphoma in 2005. “Before I played the game, I didn’t really know how sick I could get if I didn’t take my medicine,” she says. “The characters keep reminding you to kill all the cancer and bacteria cells. If you leave too many behind, or take too long on a mission, the kid starts to get sick again.”

Children’s Hospital also is looking closely at the usefulness of virtual reality (VR) — entire 3D environments — in helping children and teens with pain management.

Wearing head-mounted display units that resemble high-tech helmets with glasses, children can race down a mountain road, enter snowy wonderlands or lush rainforests and become so immersed in playful alternate realities that they are empowered to distract themselves from the usual pain and distress associated with their illness or routine medical procedures.

“Unfortunately, applications of the technology preceded research into how and why it works,” says Jeffrey Gold, PhD, a member of the hospital’s Comfort, Pain Management and Palliative Care team in the Department of Anesthesiology Critical Care Medicine. “So I try to design studies that deconstruct VR and address these questions.”

Using questions to measure pain and anxiety, Dr. Gold interviewed 20 youngsters about to have an intravenous (IV) needle placed. “Their mean anxiety score was as high as kids with a clinical generalized anxiety disorder,” he says. “So the need is very real.”

When he compared participants who used an immersion game to those who did not, he found that children fared much better if they played a VR game before and after IV setup. Those in the standard-of-care group reported four times the pain intensity compared with the VR group.

He is conducting another study with newly diagnosed leukemia patients, whose treatment involves three serial lumbar punctures, spaced one month apart. Participants undergo their first puncture with (or without) VR immersion; their second under the opposite condition; and a third with the option of using VR. “So we’ll begin to learn whether a benefit persists or changes over time,” explains Dr. Gold, an assistant professor of anesthesiology and pediatrics at the Keck School of Medicine.

The integration of computer games and healing is a natural, says Ms. McCarthy. “It reinforces all the right messages, using a medium that kids like and understand.”

Or as Monzerratt says of Re-Mission: “It was fun.”
Imagine giving

There may be no more important gift than providing for the health of our society’s children, for they are the future.

gregor kauroma age 3
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<tr>
<td>Ms. Betty P. Dietrich</td>
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<td>Mr. Thomas F. Dimare</td>
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<td>Doheny Asset Management</td>
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<td>Dole Food Company, Inc.</td>
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<td>Mr. Kenneth M. Doran</td>
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<td>Mr. and Mrs. Jeff Dudash</td>
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<td>Ms. Lucile M. Dunn</td>
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<td>Mrs. Gabriel C. Duque, Jr.</td>
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<td>The E. Jordan Brookes Company, Inc.</td>
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<td>Mr. Ken Edwards</td>
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<td>El Segundo Rotary Club</td>
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<td>Ms. Marisol Elias</td>
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<td>Mr. Brad Epstein</td>
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<td>The Farrer Family Foundation</td>
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<td>Mr. Robert Feldman</td>
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<td>Mr. Alan Felsenthal</td>
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<td>Mr. Jerrold S. Felsenthal</td>
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<td>Mr. Leland J. Felsenthal</td>
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<td>Ms. Vashit A. Fernandez</td>
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<td>Jonathan L. Finlay, MD</td>
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<td>Mr. and Mrs. Bob Finnerty</td>
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<td>Fisch Properties</td>
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<td>Ms. Len Fisch</td>
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<td>Ms. Genevieve Fisher</td>
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<td>Flame Enterprises, Inc.</td>
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<td>Mrs. Ruth Elaine Flinkman</td>
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<td>Mr. and Mrs. Daniel L. Florek</td>
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<td>Ms. Melissa Flores</td>
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<td>Lauren Gregorio, age 6</td>
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<td>Mr. Frank E. Gregory</td>
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<td>Mr. and Mrs. Peter E. Gregory</td>
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<td>Ms. Laurie Greene and Mr. Ray Paul Aronson</td>
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Patrick’s Construction Clean-Up Company
Ms. Barbara K. Patton
Mr. Richard Patton
Mr. and Mrs. Michael L. Paule
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Ms. Shelly Peiken and Mr. Adam Gorgoni
The Pergo Foundation
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Mr. and Mrs. Gary Pickett
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Mr. and Mrs. Peter Pitches
Mrs. Nancy Tyler Pittenger
Mr. and Mrs. Marc E. Platt
Playtex Products, Inc. and Subsidiaries
Point Dume, Ltd.
Rick and Debi Polisky
Mr. and Mrs. Lawrence Post
Mr. Aaron Postil
Premier Resource Group
Premier Tile and Marble
Sondra Press Charitable Foundation
Mr. Charles Preston
Ms. Frances W. Preston
Mr. and Mrs. Laurel D. Prieb
Mr. Lonnie Priester
Mr. and Mrs. Edward C. Prokop
Public Health Foundation Enterprises, Inc.
P.U.L.S.E.
Mr. Bryan B. Pyne
Pzena Investment Management, LLC
Quality Carpet and Rugs, Inc.
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Mr. and Mrs. Herbert I. Rettinger
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RHF Management Services, LLC
Mrs. Erika Riddell
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RI Equity Partners, Inc.
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Mr. and Mrs. Michael L. Robin
Rocket Smog, Inc.
Ms. Maritza Rodriguez
Roll Giving
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Mr. and Mrs. Richard Rosenberg
Mr. and Mrs. Bruce Rosenblum
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Mr. Mark Ross
Mr. Michael C. Rossi
Ms. Andrea Roth
Mr. and Mrs. Robb Rothman
Mr. Jaime Ruvalcaba
Mr. and Mrs. David Richards
Sachs
Mr. Michael M. Sachs
Mr. and Mrs. Lee C. Samson
Mr. and Mrs. Mark A. Samuels
The San Francisco Foundation
Mr. and Mrs. Ed C. Sanborn
Mr. Daniel Sanchez
Mr. and Mrs. Richard V. Sandler
Mr. and Mrs. Jay Sandrich
Elise Sang Charitable Trust
Santiago Hill Elementary
Ms. Francia Saplala
SBC Employee Giving United Way Campaign
Mr. and Mrs. Stephen J. Scarborough
Mr. Rainer K. Schaaf
Mr. Andrew Scheinman
Mr. and Ms. Joel Schenckman
The Frances Schermer Charitable Trust
The Lillian Schermer Charitable Trust
Mr. Lee Schiel
Mr. Patrick M. Schmidt
Mr. and Mrs. J. Randolph Schmittman
The Kevin G. Schoeler Foundation
Mr. Kevin G. Schoeler
Michael Schoenfeld
Mrs. Laura Schulte
Mr. and Mrs. Thomas A. Schupp
Ms. Meryl Schwarz
SCI Real Estate Investment, LLC
Mr. and Mrs. Ben J. Scotti
Mr. and Mrs. Vincent E. Scully
Ms. Yvonne De C. Segerstrom
Seidman Family Foundation
Mr. and Mrs. Tom Seidman
Sempra Energy, Energy for Others
SG Americas Securities, LLC
Mr. and Mrs. Sanford L. Shadrow
Ava T. Shamban, MD
Shamrod, Inc.
Mr. Albert Shamsian
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Mr. Gregory B. Sheran
Ms. Jenny Sherard
Ms. Amy Sherman
Mr. Jeff Sherman
Mr. and Mrs. Stan C. Sherrill
Ms. Brooke Shields and Mr. Christopher T. Henchy
Mr. Michael J. Shockro
Ms. Mary Sidell
Mr. and Mrs. Eric Siegel
Mr. and Mrs. Sandy Sigal
Mr. Jerry Simms
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Mrs. Barbara L. Simpson
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Mr. Michael Singer
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Mr. and Mrs. Murray Sommer
Sony/ATV Music Publishing, LLC
Spectrum Land Planning, Inc.
Springbrook Elementary School
Simia and Robert Stanley
Mr. and Mrs. Steven Stark
Mr. Jeff Starr
Stearns Family Charitable Foundation
Mr. and Mrs. Glenn Stearns
Steed Charities Fund
Mr. and Mrs. Richard M. Stein
Ms. Mary L. Steinmetz
Stephen S. Wise Temple
Mr. and Mrs. Eric H. Stern
Mr. and Mrs. Jason Stern
Mr. Ronald W. Stevens
Ms. Lucille M. Stewart
Mr. and Mrs. Mark A. Stiller
Mr. Gerald M. Stiver
Mr. and Mrs. Nelson Stoll
Stone & Youngberg
Stone and Earth Landscapes
Stone, Meyer & Genow, LLP
Stephen and Barbara Straub
Colin Squire, age 4
Red Wagon Society

Members of the Red Wagon Society know that their annual gifts help support new treatments and therapies, purchase life-sustaining equipment, create better medicines, and provide special training for doctors and nurses. Members are now recognized in the Honor Roll of Donors included in the electronic edition of imagine magazine for contributions of $150 to $999. Red Wagon Society members who have given $1,000 or more are Big Wheels members and are included in both the website and printed versions of the Honor Roll.


For more information about the Red Wagon Society, please contact Stacy Clinton, associate director of Annual Giving, at (323) 671-3853, or sclinton@chla.usc.edu.

Emma Phillips Society

Named after the woman who left a remarkable legacy through her bequest of property on the corner of Sunset Boulevard and Vermont Avenue where Childrens Hospital Los Angeles stands today, the Emma Phillips Society salutes those contributors who name Childrens Hospital Los Angeles in their estate plans or make other planned gifts to the hospital.

Mr. and Mrs. Robert T. Accord
Ms. Chris Albrecht
Ms. Brooke Anderson
Marion and John E. Anderson
Anonymous Friends (9)
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Mr. and Mrs. Warren Jefferson Arnett
Ms. Mildred N. Ashley
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Ms. Judy Bennis
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Audrey Steele Burnand
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Mr. Hubert Davis
Mrs. Peter Davis
Dr. and Mrs. Yves A. De Clerck
Mrs. Elise De Peahvl
Ms. Irene M. Dehnel
Mrs. Leona Deremeek
Ms. Judi Dolan
Mr. Norman H. Drechsel
Mrs. Forest Drummond
Mr. Thomas E. Duque
Mr. Ernest O. Ellison
Mr. Jack Epstein
R. Douglas Fanning
Ms. June Ferguson
Ms. Sophia Scano Fitzmaurice
Dr. Burton L. and Patricia M. Fletcher
Mrs. Dorothy F. Fredericks
Mrs. Loretta Frye
Mrs. David Gackenbach
Mr. and Mrs. James M. Galbraith
Mr. James E. Garrison
Herbert M. and Beverly J. Gelfand
Mrs. Debbie G. Gilberg-Moskovitz
The Girouard Family
Mrs. Jerry Gitell
Jane and Ron Gother
Grace Dedieu
Mrs. Shirley E. Grahame
Mrs. Helen Rae Grau
Mary Lou and Terence Green
Mrs. Clotil Greene
Mr. Shelly Greenhut
Mary Dee Hacker, RN and Steven W. Nishibayashi, MD
Ms. Ruth Harris
Mrs. Milania Austin Henley
John C. Herklots in honor of Dale Melbourne Herklots
Mr. Boyd Higgins
Mrs. David B. Hill in honor of Rosemary Rae Hill Hansen
Linda Joyce Hodge
Mr. and Mrs. Cyril Holden
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Mr. and Mrs. Richard E. Kellogg
Mr. and Mrs. Peter Kelly
Mrs. Mary B. Keyser
Mr. and Mrs. Michael D. King
Paul and Daphne King
For the time period of January 1, 2006 through December 31, 2006

Alexa Lass, age 5
Endowment Funds

An endowed fund is a permanent fund established by a donor or a board of trustees, where the principal funds are held intact to ensure earning distributions in perpetuity. Annual interest earnings from an endowed fund provide a predictable, stable stream of support for the hospital program specified by the donor. The minimum gift to establish an endowment is $25,000. The following list acknowledges donors who established permanent endowment funds to support exceptional patient care, scientific research, and medical education.

Advanced Research Chair Endowment
Established by Margaret Fleming Call
Allmand Endowment for Research
Anna Bing Arnold Autologous Bone Marrow Transplant Endowment
Established by Peter Bing and the Bing Fund Corporation
Anna Bing Arnold Endowment for Nursing Research
Established by Henry C. Kent
Associates Endowment for Allergy
Associates Endowment for Cancer Biology Research
Associates Endowment for Cardiac Surgery
Associates Endowment for Cardiology at The Heart Institute
Associates Endowment for Gastroenterology
Associates Endowment for Gene Therapy Research
Associates Endowment for General Pediatrics
Associates Endowment for Genetics
Associates Endowment for Hematology/Oncology
Associates Endowment for Infectious Disease Research
Associates Endowment for Molecular Biology Research
Associates Endowment for Molecular Genetics
Associates Endowment for Motion Analysis Research
Associates Endowment for Neurology
Associates Endowment for Neuroscience and Imaging Research
Associates Endowment for Neurosurgery
Associates Endowment for Ophthalmology
Associates Endowment for Otolaryngology
Associates Endowment for Pediatric Cardiology
Associates Endowment for Pediatric Spine Disorders
Associates Endowment for Pediatric Surgery
Associates Endowment for Plastic Surgery
Associates Endowment for Radiology
Associates Endowment for Research Immunology and Bone Marrow Transplant
Associates Endowment for Residents’ Education Fund
Associates Endowment for Rheumatology
Associates Endowment for Urology
Associates Fellowship in Respiratory Disorders
Associates Respiratory Disorders Program Fund
Avery Memorial Fund
In memory of Sarah Gorton Avery, Moses N. Avery and L. Gordon Avery
Pauline de Coppet Bara Memorial Fund
Established by Lori de Coppet Bara
Barnes Family Endowment in Neurology
Established by Mrs. Barbara C. Barnes, Mr. and Mrs. Robert John Barnes and Carat USA, Inc.
Belokamen Family Endowment in Developmental Therapeutics
Established in honor of Lillian and David Belokamen
Judy Bennis Patient Enrichment Fund
Bing Endowment in Adolescent Medicine
Established by Anna Bing Arnold
Bing Endowment in Child Psychiatry
Established by Anna Bing Arnold
Neil Bogart Chair in Leukemia Research
Established by the Bogart Pediatric Cancer Research Program of the T. J. Martell Foundation
Brady Bunch Room Fund
Established by Mr. and Mrs. Sherwood Schwartz
Brain Tumor Immunology Endowment
Established by Concern II
Carol Young Brooke Foundation Endowment Fund for Children’s Needs
Brophy-Wilson Surgical Follow-up Clinic Endowment Fund
Established by Hazel E. Wilson
Ida V. Buxton Memorial Endowment Fund
Dr. Richard Call Chair in Research Administration
Established by Kathryn C. Thompson
Dr. Richard Call Endowment for Research Administration
Established by Dr. Richard Call and H. Russell Smith
Christopher Leonard Campbell Endowment Fund for AIDS Research
Established by Mr. and Mrs. William F. Campbell
Martha and Larry Campos Endowment Fund
Capital Maintenance Endowment Fund
Established by Dolly Green and Peggy Slater
Christopher Carrey Cancer Research Endowment
Established by Mr. and Mrs. Neil Carrey
Childrens Endowment Fund
Established by an anonymous donor
Childrens Hospital Institute for Medical Education
Established by an anonymous donor
Childrens Hospital Los Angeles Comfort and Pain Management Service Endowment
Established by the physicians of the Children’s Hospital Department of Anesthesiology and Critical Care Medicine
Minnie S. Claffey Memorial Endowment Fund
Established by Henry Amos Claffey
Jewell Budd Cohan Endowment Fund
Hugh and AUDY LOU COLVIN Chair in Cancer Research Established by the Colvin Foundation
Community, Health Outcomes and Intervention Research (C.H.O.I.R) Program Endowed Chair Established with gifts from Dr. Cheryl Saban and Mr. Haim Saban and the Saban Family Foundation
Comprehensive Cystic Fibrosis Center Endowment
Established by Chun-I Wang, MD and Frances L. Chiang
Shannon Crandall, Jr. Memorial Fund
Established by Helen Fullerton Crandall
Carson Russell Crouch Endowment
Established by family and friends of Carson Russell Crouch
Kate Crutcher Associate and Affiliated Endowment
Mary and Gary Damsker Special Needs Fund
Bart and Cheryl Dickins Family Endowment
Dr. George N. Donnell Endowment in the Department of Pediatrics
Established by Dr. and Mrs. Leonard Dauer and associates of Dr. Donnell
Palmer Gross Ducummum Endowment Fund
Established by Charles E. Ducummum and the Ducummum and Gross Foundation
Gabriel C. Duque, Jr. Memorial Endowment
Established by friends and family of Gabriel C. Duque, Jr.
Mary Duque Emeritus Endowment
Established by friends and family of Mary Duque
Mary Duque Endowment Fund
Frances Dyke Endowment for Plastic Surgery
Joan Elko Fund for Cancer and Blood Disease Research
Established by Mr. and Mrs. Edward R. Elko
Ellison Family Research Career Development Fellowship Endowment
Established by Carol and Leon Ellison
Emergency Services Nursing Education Endowment Fund
Established by Deborah P. Henderson, RN
Endowment for the Developmental Biology Program
Established by the Santa Anita Foundation
Jack Epstein Endowment for Cancer Research, Education and Patient Care
Marjorie Cranfield Evans Endowment
Sophia Fitzmaurice Endowment for Thalassemia Research
Mildred Vivian Foutz Endowment Fund
Established by Dr. Reynolds L. Foutz
Mary Frann Endowment Fund for Adolescent Medicine
Established by John E. Cookman, Jr. and friends
Rosalie Friedman Children’s Book Endowment Fund for Cystic Fibrosis
Established by Shol Friedman
General Research Endowment Fund
Established by Nancy O’Fallon in memory of Harris T. O’Fallon
Burton E. Green Endowment for Pediatric Neuropathology
Established by his children, Dorothy Green, Lilorie Green Rains and Burton Green Bettingen
The Green House Endowment for Surgical Research
The Green House Research Endowment Fund
William Randolph Hearst Endowment Fund for the RN Residency in Pediatrics
Established by The William Randolph Hearst Foundation
Jack C. and Doris C. Helms Chair in Neural Tumors
Audrey Hepburn CARES Team Endowment
Established by the Audrey Hepburn Childrens Fund
Edwin W. Hively Memorial Fund
Marian O. Hooker Endowment
Donald and Marjorie Howley Cancer Center Endowment Fund
Hueblt-Johnson Charitable Trusts Endowment
The Jonnie Fund for Leukemia Research
Established in honor of Jonnie Lanners by his family and friends
Mark R. Jouett Fund
Established by Gladys K. Jouette
Jack and Giosa Kalvin Patient Care Endowment
Myron Karon Fellowship Endowment Fund
Established by Mr. and Mrs. Maxwell Salter
Myron Karon Memorial Lectureship in Pediatric Hematology Endowment Fund
Francine R. Kaufman Endocrinology Endowment Fund
Established by friends of the Center for Endocrinology, Diabetes and Metabolism
W. M. Keck Foundation Dental Division Endowment
W. M. Keck Foundation Pediatric Surgery Endowment Fund
Sally and Stephen Keller and Fairchild Martindale Foundation Urology Endowment
Kellerman Health Promotion and Outcomes Program in the Childrens Center for Cancer and Blood Diseases Endowment Fund
Established by Mrs. and Mr. Dave Thomas, Jr.
Adam Hunter Knizek Memorial Endowment Fund
Established by Summa Group Children’s Foundation, and the family and friends of Adam Hunter Knizek
Las Madrinas Endowment for Cardiovascular Research
Las Madrinas Endowment for Experimental Therapeutics for Ophthalmology
Las Madrinas Endowment for Gene, Immune and Stem Cell Therapy Research
Las Madrinas Endowment for Hematopoietic Stem Cell Research
Las Madrinas Endowment for Molecular Genetics
Las Madrinas Endowment for Molecular Oncology
Las Madrinas Endowment for Molecular Pathology
Las Madrinas Research Endowment Fund
Betty Learned Memorial Fund
Established by friends and family of Betty Learned
Kent Lee Memorial Fund for Leukemia Research
Established by Dorothy S. Lee
Lisa Rowe Legg Endowment
Established in honor of John and Onoria A. Rocca and Christina Rocca Rowe
Leire Family Endowment Fund
Established by Tom and Meryleith Leire
In Fiscal Year 2006 (July 1, 2005 – June 30, 2006), Childrens Hospital Los Angeles continued to reach out to children and their families through integrated medical care, education and research. Highlights include:

**New Hospital Building**
- In February 2006, hospital leaders completed an interior design review of the New Hospital Building, gathering feedback on design concepts, colors, furniture and equipment from patients’ families, physicians, nurses and other caregivers.
- Construction crews completed demolition of the Santa Anita Research Building and adjacent parking structure to provide space for the new, 460,000-square foot inpatient facility, scheduled for completion in 2009. Shoring and excavation were completed, and crews drilled the foundation piles.

**Patient Care**
- On June 14, 2006, in the second such historic procedure at Childrens Hospital within three years, a team of 80 surgeons, anesthesiologists, nurses and other specialists separated conjoined twins Regina and Renata Salinas Fierros, who were connected from the lower chest to the pelvis. One-year-old Regina was discharged on July 26 and Renata on Aug. 3.
- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) made an unannounced on-site evaluation visit to Childrens Hospital — part of JCAHO’s new, rigorous procedures. Childrens Hospital received full accreditation from the nation’s dominant accrediting body in health care.
- Childrens Hospital was one of only nine children’s hospitals in the United States named to the first Leapfrog Top Hospitals list, based on the Leapfrog Hospital Quality and Safety Survey.

**Research**
- The Saban Research Institute of Childrens Hospital Los Angeles received more than $25.6 million from the National Institutes of Health (NIH) in Fiscal Year 2005. For the eighth consecutive year, The Saban Research Institute ranked fifth in NIH funding nationwide — and first in the western United States — among 25 stand-alone pediatric institutions.
- In January, Edward D. Gomperts, MD, became the director of clinical research at Childrens Hospital and associate director of The Saban Research Institute. He is a clinical professor of pathology and pediatrics at the Keck School of Medicine of the University of Southern California.

**Education**
- Eight local high school students were the first to participate in a new a six-week, donor-funded summer internship at The Saban Research Institute. The program reflects a commitment to create opportunities for under-represented minority students in biomedical research.
- Sixty-one teens attended the inaugural session of Camp CHLA in August 2006, a unique week-long program that exposes high school students to health care careers. The students heard presentations each morning, then job shadowed throughout the hospital each afternoon. They also received CPR instruction and participated in hands-on skills labs. Nearly 300 employees volunteered for the program.

**Leadership**
- Walter B. Rose completed his exceptional term of service to the hospital after 17 years on the Board of Trustees, five years as Board co-chair and seven years as co-chair of Living Proof: The Campaign for Childrens Hospital Los Angeles.
- John D. “Jack” Pettker was elected to share Board leadership with co-chair Marion Anderson. Mr. Pettker has served on the Board of Trustees since 1999, and served as co-chair, with Trustee Paul Schaeffer, of the successful campaign for the Childrens Center for Cancer and Blood Diseases.
## Balance Sheets

As of June 30, 2006 and 2005

<table>
<thead>
<tr>
<th>(in thousands of dollars)</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 11,957</td>
<td>$ 27,757</td>
</tr>
<tr>
<td>Accounts receivable, net</td>
<td>73,831</td>
<td>73,993</td>
</tr>
<tr>
<td>Other current assets</td>
<td>121,778</td>
<td>72,366</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>207,566</td>
<td>174,116</td>
</tr>
<tr>
<td>Assets limited as to use, net of current portion</td>
<td>569,296</td>
<td>546,879</td>
</tr>
<tr>
<td>Pledges receivable, net of current portion</td>
<td>52,251</td>
<td>48,593</td>
</tr>
<tr>
<td>Restricted cash – Proposition 61 funds</td>
<td>33,291</td>
<td></td>
</tr>
<tr>
<td>Other assets</td>
<td>22,138</td>
<td>19,300</td>
</tr>
<tr>
<td>Property, plant and equipment, net</td>
<td>409,423</td>
<td>388,829</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$ 1,293,965</td>
<td>$ 1,177,717</td>
</tr>
</tbody>
</table>

| **LIABILITIES AND NET ASSETS** |        |        |
| **Current Liabilities**       |        |        |
| Accounts payable and accrued expenses | $ 49,683 | $ 36,060 |
| Other current liabilities     | 60,553  | 24,592  |
| **Total Current Liabilities** | 110,236 | 60,652  |
| Long-term debt, net of current portion | 335,746 | 340,010 |
| Proposition 61 – advances     | 33,291  |         |
| Other noncurrent liabilities  | 23,534  | 23,722  |
| **Total Liabilities**         | 502,807 | 424,384 |

| **NET ASSETS**                |        |        |
| Unrestricted                 | 479,826 | 467,540 |
| Restricted                   | 311,332 | 285,793 |
| **Total Net Assets**         | 791,158 | 753,333 |
| **Total Liabilities and Net Assets** | $ 1,293,965 | $ 1,177,717 |
Statements of Activities
For the years ended June 30, 2006 and 2005

(in thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net patient service revenue</td>
<td>$330,941</td>
<td>$305,724</td>
</tr>
<tr>
<td>Other revenue</td>
<td>142,279</td>
<td>129,565</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>473,220</td>
<td>435,289</td>
</tr>
<tr>
<td><strong>OPERATING EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and employee benefits</td>
<td>243,534</td>
<td>228,151</td>
</tr>
<tr>
<td>Professional fees and purchased services</td>
<td>119,418</td>
<td>107,993</td>
</tr>
<tr>
<td>Supplies</td>
<td>55,620</td>
<td>48,339</td>
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<tr>
<td>Utilities</td>
<td>8,125</td>
<td>7,991</td>
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<tr>
<td>Other expenses</td>
<td>42,287</td>
<td>37,799</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>468,984</td>
<td>430,273</td>
</tr>
<tr>
<td><strong>Earnings before Interest, Depreciation and Amortization</strong></td>
<td>4,236</td>
<td>5,016</td>
</tr>
<tr>
<td><strong>Depreciation, Amortization and Interest</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>41,014</td>
<td>33,680</td>
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<tr>
<td>Interest</td>
<td>11,935</td>
<td>10,450</td>
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<tr>
<td><strong>Total Depreciation, Amortization and Interest</strong></td>
<td>52,949</td>
<td>44,130</td>
</tr>
<tr>
<td><strong>Losses from Operations</strong></td>
<td>(48,713)</td>
<td>(39,114)</td>
</tr>
<tr>
<td><strong>OTHER GAINS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Other Gains, net</td>
<td>30,602</td>
<td>3,539</td>
</tr>
<tr>
<td><strong>Excess (Deficiency) of Revenues over Expenses and Other Gains (Losses)</strong></td>
<td>(18,111)</td>
<td>(35,575)</td>
</tr>
<tr>
<td>Proposition 61 – building construction revenue</td>
<td>20,346</td>
<td></td>
</tr>
<tr>
<td>FEMA grant revenue</td>
<td>7,428</td>
<td>1,331</td>
</tr>
<tr>
<td>Net unrealized (loss) gain on unrestricted investments</td>
<td>(3,551)</td>
<td>4,320</td>
</tr>
<tr>
<td>Net assets released from restrictions used for purchase of property and equipment</td>
<td>6,707</td>
<td>427</td>
</tr>
<tr>
<td>Transfer and other</td>
<td>(533)</td>
<td>(1,006)</td>
</tr>
<tr>
<td><strong>Increase (Decrease) in Unrestricted Net Assets</strong></td>
<td>$12,286</td>
<td>$30,503</td>
</tr>
</tbody>
</table>
Statistical Report
For the years ended June 30, 2006 and 2005

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of licensed beds</td>
<td>286</td>
<td>286</td>
</tr>
<tr>
<td>Discharges</td>
<td>11,448</td>
<td>11,033</td>
</tr>
<tr>
<td>Patient days</td>
<td>87,209</td>
<td>85,722</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>7.6</td>
<td>7.8</td>
</tr>
<tr>
<td>Clinic visits‡</td>
<td>293,288</td>
<td>305,860</td>
</tr>
<tr>
<td>Emergency services visits</td>
<td>61,204</td>
<td>58,003</td>
</tr>
</tbody>
</table>

PATIENT DAYS

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Surgical</td>
<td>62,891</td>
<td>61,453</td>
</tr>
<tr>
<td>Intensive Care</td>
<td>24,318</td>
<td>24,269</td>
</tr>
</tbody>
</table>

SURGICAL PROCEDURES

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>6,105</td>
<td>6,622</td>
</tr>
<tr>
<td>Outpatient</td>
<td>7,651</td>
<td>7,276</td>
</tr>
<tr>
<td>Total</td>
<td>13,756</td>
<td>13,898</td>
</tr>
</tbody>
</table>

Data from those clinics were tracked separately for Fiscal Year 2006.

‡2005 data includes visits to outpatient clinics and laboratories, ambulatory surgical clinics and school-based clinics. On September 26, 2005, AltaMed Health Services Corporation assumed operation of two outpatient clinics and two school-based clinics, working in partnership with Childrens Hospital Los Angeles and University Childrens Medical Group. Data from those clinics were tracked separately for Fiscal Year 2006.
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- www.ChildrensHospitalLA.org
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A computer-generated image of the New Hospital Building (center) on Sunset Boulevard in Los Angeles.

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