Thursday, September 11, 2014
1:30-5:30 pm  SLCH 3rd Floor Auditorium Register here

Keynote Speaker
Elena Fuentes-Afflick, M.D., M.P.H.
1:45-2:30 pm

Follow Your Yellow Brick Road
University of California San Francisco
Professor and Vice Chair of Pediatrics
Professor of Epidemiology and Biostatistics Chief of Pediatrics, San Francisco General Hospital

Dr. Fuentes-Afflick is a pediatrician and epidemiologist and has conducted research studies focused on issues of acculturation, immigrant health, and health disparities. She is also interested in the portrayal of body mass images in Latino television media, principally in telenovelas.

Washington University School of Medicine Speakers

2:30 pm Susan Culican, M.D., Ph.D., Associate Professor, Ophthalmology and Visual Sciences; Specialty Areas: Pediatric Ophthalmology, Glaucoma, Cataract
Serendipity in science: It is hard to predict which bench will translate to the bedside

3:00 pm Ellen Lockhart, M.D., Associate Professor and Vice Chairman, Anesthesiology
Obstructive Sleep Apnea in Pregnancy: Identification of patients at risk

3:30 pm Reception Break

4:00 pm Katherine Henzler-Wildman, Ph.D., Assistant Professor Biochemistry and Molecular Biophysics, Computational and Molecular Biophysics Program, Biochemistry Program
The Importance of Flexibility in Protein Function

4:30 pm Vicky Fraser, M.D., Adolphus Busch Professor of Medicine, Chairman, Department of Medicine; Infectious Diseases
Maximizing the Success of Women in Academic Medicine Through Structured Mentoring and Career Development

5:00 pm Question and Answer Panel
Faculty Development

Grand Rounds

**Pediatric Grand Rounds Hosted by Office of Faculty Development**

**Friday, September 12, 2014  9:15-10:15 am**  Clopton Auditorium

“Mend the Gap”

**Dr. Fuentes-Afflick. MD, MPH**

University of California San Francisco
Professor and Vice Chair of Pediatrics
Professor of Epidemiology and Biostatistics Chief of Pediatrics, San Francisco General Hospital

Faculty Breakfast

**Washington University Profile System (WUPS)**

The WUPS is a web-based application for managing faculty information used for Curriculum Vitae, Faculty Pages, Lab Pages, Biosketches and Clinician Educator Profiles.

To learn how to utilize WUPS attend the faculty breakfast on:

**Date: Friday, September 26**
Time: 8:00-9:00 am  
Place: NWT10A  
Speaker: PCF staff member  
[Register Here](#)

Breakfast from the St. Louis Bread Company will be served.

Women in Science & Entrepreneurship (WISE) Workshop

Inspiring and enabling women to reach new heights in science by fostering connections and conversations among researchers, students, entrepreneurs, members of industry, & university faculty.

Free program  
**When: November 14, 2014**  
Time: 8 am-5 pm  
Where: Donald Danforth Plant Science, 975 N. Warson Rd, St. Louis  
[Registration Information Here](#)
Excellence in Medicine

Local and National Research Involving Gut Microbes

To better understand probiotics’ capabilities, researchers at WUSM are leading a nationwide clinical trial to determine whether one of the most commonly used probiotics can safely and effectively treat infants and toddlers suffering from acute gastroenteritis, otherwise known as stomach virus or “stomach flu.”

“Probiotics are very popular,” said David Schnadower, MD, the trial’s principal investigator and an associate professor of pediatrics at the School of Medicine. “People use them for everything, especially diarrhea, yet minimal data exist showing they really help. There is a real need to do a clear, definitive study of the use of probiotics in kids with gastroenteritis.”

Probiotics are live microorganisms used to restore the balance of intestinal bacteria and increase resistance to harmful germs. They are added to yogurt, drinks and other foods and also are sold over the counter in pill and powder form.

While medical professionals sometimes give children with gastroenteritis medication to treat nausea and fluids to prevent dehydration, there are currently no treatments for the condition.

“We hope to provide evidence for or against the use of probiotics in children with stomach viruses,” said Schnadower. “If the probiotic we are studying is helpful, safe and cost-effective, then I can foresee doctors prescribing it to children with diarrhea and other symptoms of gastroenteritis. But what we don’t want is for the use of probiotics to become a practice that is not supported by evidence.”

The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) of the National Institutes of Health (NIH) is funding the trial with a five-year $3.6 million grant. The trial will involve about 900 children, ages 3 months to 48 months, treated at St. Louis Children’s and at eight other academic medical centers. For more information about the trial, follow this link.

Evidence-based medicine can be an elusive goal,” said co-investigator Phillip I. Tarr, MD, the Melvin E. Carnahan Professor of Pediatrics at the School of Medicine. “It is terrific that David and his emergency medicine collaborators are trying to gather high-quality data on which to base our treatment.

Studying healthy and malnourished young children in Bangladesh, a team with senior author Jeffrey I. Gordon, MD, director of WUSM Center for Genome Sciences & Systems Biology found that malnutrition has persistent detrimental effects on the vast community of microbes living in the gut. These “friendly” microbes typically aid in extracting nutrients and calories from food, and perform many other vital functions.

The study’s results suggest that the long-term consequences of childhood malnutrition, such as stunted growth, cognitive problems and weakened immune systems, may be rooted in lingering, underdeveloped collections of gut microbes that can’t fully harvest energy and calories from food. In healthy children, the researchers identified features associated with normal development of the gut’s community of microbes.

In comparison, they noted that malnourished children carried communities of gut microbes that did not mature along a normal trajectory. Moreover, these immature bacterial collections could not be restored to good health with standard treatments of therapeutic foods.

The research, conducted in collaboration with colleagues at the International Centre for Diarrhoeal Disease Research in Dhaka, Bangladesh, is published online June 4 in the journal, Nature.

“Although therapeutic food-based interventions have resulted in a significant decline in deaths from malnutrition, many children never fully recover,” said first author Sathish Subramanian, a Washington University MD/PhD student. “We found that children who were malnourished had gut microbial communities that were not consistent with their chronological ages. Moreover, the severity of a child’s malnutrition was tied closely with the degree of immaturity of his or her gut microbial community, and this immaturity could not be durably repaired with standard treatments.”

The researchers are following up their research in animal models colonized with immature gut microbe communities from malnourished children. They are seeking to determine whether giving therapeutic foods for longer periods of time or administering beneficial mixtures of naturally occurring human gut microbes can repair this immaturity and improve health. More...
Your earliest gut microbes probably have lifelong consequences, but we know very little about how these microbial communities assemble,” said senior author Phillip I. Tarr, MD. Our research indicates that the gut is destined to define the bacteria that inhabit it. At 33-36 weeks after conception, preterm infants have very similar microbial populations in their guts.”

The research appears Aug. 11 in the Proceedings of the National Academy of Sciences. The investigators found that differing ratios of three major classes of bacteria colonized the preemies’ guts in sequence. Earliest in life, a group of bacteria called Bacilli dominated. Then, a class known as Gammaproteobacteria became abundant. Third, the class identified as Clostridia flourished. Environmental factors — including whether the babies’ deliveries were vaginal or cesarean, whether they had been given antibiotics, their ages when stools were sampled, and their diets — influenced the pace, but not the order, of the progression.

The researchers noted abrupt changes in each gut’s bacterial composition along the way to 36 weeks in gestational age but found that somehow the gut ecosystems adjusted and returned to what seemed to be a preordained progression of bacterial colonization. The next aim is to discern what happens in the systems of preemies who don’t fare as well, particularly those suffering from necrotizing enterocolitis (NEC).

Research has not made an impact in either prevention or treatment of NEC,” said co-first author Barbara Warner, MD. “The Holy Grail is prevention, and if so much of what happens in the gut depends on the host, this research may help us identify just what increases an infant’s risk for developing NEC and help us target therapies.”

Warner said she and her colleagues don’t yet know the significance of the three bacterial classes that dominated the preemies’ gut microbiota. But of the three, she said, Gammaproteobacteria are most intriguing because they are linked to inflammation and because there were so many of these microbes in the infants’ guts.

Inaugural Emerson Chair in Pediatric Cardiothoracic Surgery

Pirooz Eghtesady, MD, PhD, has been named the first Emerson Chair in Pediatric Cardiothoracic Surgery at St. Louis Children’s Hospital and Washington University School of Medicine.

Eghtesady is a professor of surgery and of pediatrics and is chief of the section of Pediatric Cardiothoracic Surgery at the School of Medicine. He is also a co-director of The Heart Center at Children’s Hospital.

“Dr. Eghtesady brings a passion, technical skill and innovative approach to the school and the hospital that is truly impressive,” said Timothy Eberlein, MD, the Bixby Professor and Spencer T. and Ann W. Olin Distinguished Professor and chairman of the Department of Surgery at the School of Medicine. “Additionally, he is a compassionate communicator with children and families alike. Not only does he have world-class expertise in the management of complex congenital cardiac disease, he has become a leader in the field of patient safety and outcomes.”
Appointments

Doug Carlson, founding Director of our Division of Hospitalist Medicine, will be leaving on September 26, 2014, to assume his exciting new responsibilities as Professor and Chairman of the Department of Pediatrics at Southern Illinois University School of Medicine and Medical Director of St. John’s Children’s Hospital. As of September 26, Michael Turmelle, MD and Lisa Moscoso, MD, PhD will assume leadership of the Division as Co-Directors. Their appointments will provide us the interim leadership through at least the next year as we more formally assess the present and future opportunities for the Division to continue to be amongst the leaders in pediatric hospitalist medicine.

Mike Turmelle, MD, Associate Professor of Pediatrics, will take responsibility for day-to-day clinical issues and scheduling. He will work closely with the medical directors of all hospitals.

Lisa Moscoso MD, PhD, Assistant Professor of Pediatrics and Associate Dean for Student Affairs, will take responsibility for faculty development, annual reviews, and other personnel issues. She will work closely with all educational leaders.

Research Awards

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“What You Need to Know Wednesdays” Series
September 10, Conference Room 10A, 11:30am—12:30 am
Preparing justifications for Grant Purchases Funded by Sponsored Project
Getting to Work and Around Town

Washington University in St. Louis and Metro, the regional agency that provides public transportation services, work together on an agreement in which the university pays Metro for the U-Pass program. The U-Pass program provides free Metro passes to full-time students, benefits-eligible faculty and staff, and full-time employees of qualified service providers who perform daily tasks.

The U-Pass provides students and other members of the university community much greater access to the St. Louis metropolitan region through public transit. It applies to both Metro buses and the MetroLink light-rail system. [Link for information on getting a UPASS]

Ten Toe Express Program

Citizens for Modern Transit (CMT) is partnering with Great Rivers Greenway (GRG) to better link transit and area trails through its Ten Toe Express program. This fall, a series of new detailed walk maps will be available to help direct program participants as they utilize MetroLink Stations to gain access to five different trails in the region. The upcoming 12-week Ten Toe Express session will kick-off on Thursday, Sept. 4, 2014, with a guided walking tour of the St. Vincent Greenway Trail and feature GRG experts, local train designers and others. The tour will get underway at 10 a.m. at the UMSL North MetroLink Station.

The Ten Toe Express Program is designed to help individuals experience just how easy it is to integrate walking with public transit use to get around town, while also promoting the health and well-being benefits of an alternative commute. Key features of the program include access to walk maps that provide detailed directives on how to utilize transit to get to many of the region’s cultural and entertainment hot spots, and the ability to participate in weekly guided Ten Toe Express Walking Tours.

These tours are led by trained volunteer walk leaders and allow residents to be part of a group as they become familiar with the transit system and how to utilize it to get to destinations region-wide.

The fall Ten Toe Express session will run from September to November and feature weekly walks starting at the Brentwood, Forest Park, Belleville, Rock Road, North Hanley and Shrewsbury MetroLink stations. Special walks hosted by CMT will be noted on the fall schedule.

“The Ten Toe Express program is one that has taught me a lot about living in St. Louis and what it has to offer,” said Ann LaBeau, Ten Toe Express program participant.

“Although I grew up in the county, a visit to the city was rare. I joined the group trying to prepare and become comfortable with using public transportation, knowing that eventually I would have to give up driving. Now, I am capable of using Metro transit and I am happy knowing that when the time comes to give up my keys, there is another choice for me.” [Link to complete information]

Guaranteed Ride Home Program

A Guaranteed Ride Home Program is an incentive for commuters to commute to work by transit or bicycling rather than driving alone. It allows employees to take transit/bicycle while providing them a “safety net”, an assurance that they can get home and not be left at work if a situation arises. This program provides immediate transportation in case of an emergency, sickness or unscheduled overtime. In effect, the program serves as a security blanket for those individuals who choose transit or bicycling as their commute option. [Guaranteed Ride Home Program information and registration]
Cycling

Have you ever thought about riding your bike to work? Washington University School of Medicine provides numerous shower facilities to make your bicycle commute more enjoyable. Below is a list of showers available on the Medical Campus.

- 4444 4th Floor restrooms
- BioTech 1st Floor restrooms
- Clinical Science Research Bldg. (CSRB) Floors 3 – 10 restrooms
- McDonnell Pediatric Research Bldg. (MPRB) Floors 3 – 10 restrooms
- IWJ Gym Locker Rooms; 4th and 5th restroom
- Olin Residence Hall Lower Level; Gym Locker Rooms

WUSM offers secure 'caged' bicycle parking behind Olin Residence Hall at 4550 Scott Ave. Your ID badge is required. For more information about storing your bicycle on campus, please call 362-3100. Note that a U Lock is always recommended. U Locks can be purchased at the Protective Services Customer Service Center located in the 660 S. Euclid lobby, Monday – Friday from 9 a.m. – 3 p.m.

Bicycling is one of the best all-around activities for improving your health. Read the full article in Discovery News.

Trailnet’s Shift Your Commute Program

Shift Your Commute is a free tool for individuals and teams to log their car-free commutes to and from work. As you log trips each day, your calories burned and carbon emissions saved are automatically calculated to help you stay motivated. Every trip makes a difference-- for your health, the environment, and the economy.

Users create an account, join a workplace team (or create one!), and log any trip to work that involves Metrolink or bus, biking, or walking. While trips can be logged year-round, Trailnet is holding a special car-free challenge this September (and yes, there are prizes!).

September: Fall is on the way. The gorgeous weather is a great time for new riders and walkers to try out a car-free commute.

For information and registration

Lactation Rooms Across the Med School

The Washington University School of Medicine is pleased to announce that there are now 26 lactation spaces available at the medical campus. Each location provides a private space where nursing mothers are welcome to pump. These are new or recently renovated rooms that are available for faculty, staff, clinical fellows, postdoctoral appointees and medical students. Information about the rooms, a map and a list of the locations can be found on the Facilities Management Department (FMD) website. The Workplace Lactation Policy can be found at http://medschoolhr.wustl.edu/Policies/Pages/Home.aspx.