Marketing Department
Children's Hospital
200 Henry Clay Avenue
New Orleans, LA 70118

Change Service Requested

STAFF

Pediatric Review is published monthly for the medical staff of Children's Hospital by the Public Affairs Department. For information about *Pediatric Review*, call (504) 896-9373.

website: www.chnola.org

PEDIATRIC REVIEW IS GOING GREEN

In an effort to be as environmentally conscious as possible, Children's Hospital is offering Pediatric Review via e-mail and online. If you would prefer to receive Pediatric Review via e-mail or if you have recently been recognized with an award, been published in an academic journal or given a presentation let us know at

www.chnola.org/pedrev

PEDIATRIC REVIEW

CHILDREN'S HOSPITAL • NEW ORLEANS FEBRUARY 2012 • VOL. XXVI, ISSUE 2

Pediatric Update HPV Vaccine: It Does Take a Village

*By **Rodolfo Bégué**, M.D., chief of the Infectious Diseases department at Children's Hospital and professor of pediatrics at LSU Health Sciences Center. This issue of Pediatric Review is intended for pediatricians, family physicians and all other interested medical professionals. For CME purposes, the author has no relevant financial relationships to disclose.*

Objectives

At the end of this activity, the participant should be able to:

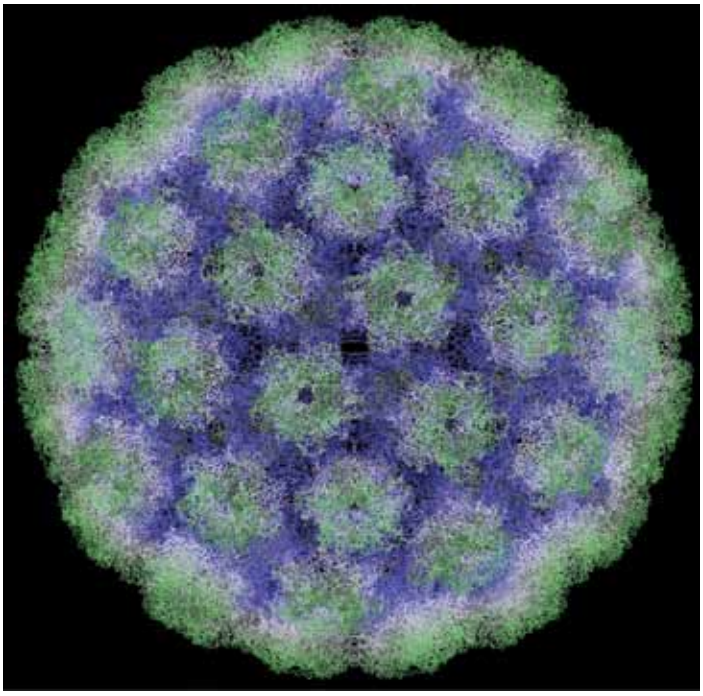
1. explain how HPV is transmitted
2. describe the cancerous effects HPV can have on men and women
3. better understand how pediatricians and care-givers may treat HPV with vaccines

Introduction

Harald zur Hausen was born in 1936 in the German city of Gelsenkirchen. Because it was a center of coal production and oil refining, his hometown was heavily bombed by Allied air raids during World War II. While his family survived, his life was chaotic and school closings made his education fragmented, to say the least. He eventually entered University of Bonn to study medicine where, while a clinician by training, he developed a profound interest in basic science and became "fascinated to work on virus-induced chromosomal modifications." This interest took him to the United States to Children's Hospital of Philadelphia in 1965, to study the newly discovered Epstein-Barr Virus (EBV) and its association with Burkitt's Lymphoma. In 1969, he became the first to describe the persistence of virus DNA (EBV) in a human malignancy (nasopharyngeal carcinoma). With this background it was only natural that in 1972 he would turn to the study of cervical cancer. By then, cervical cancer was thought to have an infectious origin, and herpes simplex virus type 2 (HSV-2) was the main suspect. But Hausen did not find HSV-2 in any of his specimens. Since he had read clinical reports describing genital warts progressing into carcinoma, and since genital warts had been shown by electron microscopy to contain papilloma virus (HPV), the obvious hypothesis was that HPV may also cause cervical cancer. By 1974 his group isolated HPV from plantar warts but that HPV would not react with genital warts or cervical cancer specimens; thus he suspected there were different types of HPV. In 1979, his group isolated HPV from a genital wart (HPV-6 first, then HPV-11), and in 1983 they finally isolated two HPV types (16 and 18) from cervical cancer biopsies. So, his hypothesis — revolutionary in those days — that most, if not all, cervical cancers are caused by infection with one of the oncogenic types of HPV (mainly 16 and 18) proved to be true. In recognition of this discovery, Dr Hausen was awarded the 2008 Nobel Prize in Medicine and Physiology (at age 72, 36 years after he started his work on HPV). Once the concept was discovered, it was time to put it to good use and translate it into some sort of prevention or treatment.

This is where basic researchers entered the field. Papilloma viruses were first recognized in rabbits in 1933, but interest in these viruses didn't spur investigation until the first human counterpart (HPV) was described. Many researchers painstakingly put together the pieces of the life cycle of the virus and the immune response and zeroed in on the virus' major outside protein, L1, since it was noted that antibodies to L1 could neutralize the virus and render the person immune. Unfortunately, purifying L1 was difficult because growing HPV in the lab was difficult. So, where Mother Nature doesn't provide, you have to make it yourself. By fishing DNA pieces, in the early 1990s the

Pg. 4: Children's Hospital receives CARF Accreditation | Pg. 6: Specialty Clinics | Pg. 7: CME Quiz & Offerings



HPV Virus

HPV genome was eventually cloned and put into cell lines capable of expressing L1. To everyone's amazement — and delight — L1 could not only be produced in great quantities, but once purified the molecules would also spontaneously aggregate and assemble into little particles that pretty much looked like the real viruses – so-called viral like particles (VLPs). VLPs are crucial because they are the shell without the internal contents (so not being the full virus they do not replicate and they do not cause disease) and — more importantly — because to the immune system they look like the real thing, they elicit a great immune response (in fact VLPs are about 100 times more immunogenic than separate molecules). So, now that there was a good "candidate" vaccine, it was time to make a "real" vaccine.

This is where the pharmaceutical industry took over. But making a "real" vaccine is no easy task. It took about 15 years (from the early 1990s to mid-2000s) to figure out the best production system (which turned out to be Saccharomyces cerevisiae, a.k.a. "brewer's yeast"), fermentation conditions (salinity, pH, temperature, etc), packaging method (VLPs were unstable and needed to be broken and reassembled in the lab), compatibility of various HPV types (so they would not interfere with each other), and many other variables - all of which increased production costs. But with enough time HPV-L1 VLPs could be produced reliably and consistently; It was time for testing. First, testing in vitro to show VLPs formation; then in animals to show immunogenicity; and then in humans (more than 60,000 volunteers) to find optimal dosing, show safety, immunogenicity and efficacy — a slow but necessary process. In the end, VLPs based on HPV L1 protein proved to be safe, 98% immunogenic and 100% effective in preventing infection by HPV — looks like we do have a vaccine! It is time to translate all this product development into public health intervention.

And, so it did: based on these findings, two HPV vaccines were commercially produced and eventually licensed by the Federal Drug Administration (FDA): in 2006 Gardasil (MSD) and in 2009 Cervarix (GSK). Gardasil contains HPV types 6 and 11 (the two types that account for 90% of genital warts) as well as types 16 and 18 (the two types that account for 70% of cases of cervical cancer). Cervarix, on the other hand, contains the two types implicated in cervical cancer (16 and 18) but not the two implicated in genital warts (6 and 11). FDA licensure was followed by official recommendations by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP). Both vaccines are now recommended as a 3-dose series at 0, 1 and 6 months for subjects 9 – 26 years of age, the target population being adolescents at the 11 – 12 year-old visit. But, here is the difference: Cervarix is recommended for girls only while Gardasil is recommended for girls and boys. Until recently Gardasil was also recommended only for girls and with permissive use for boys. But in October 2011, the Advisory Committee on Immunization Practices (ACIP) voted to move use of Gardasil for boys from permissive to recommended (the ACIP advises CDC; we still have to hear a formal statement by CDC and AAP). But the government doesn't make things easy on anyone, so be aware that the age recommendation for males is 9 – 21 years instead of 9 – 26 years as for females. Maybe one day they will reconcile the two age recommendations; meanwhile, there is still the permissive use of the vaccine for boys 21 – 26 years old.

So, after four decades of work, it is time for the pediatrician and his patient to put the vaccine to good use. Unfortunately, use of HPV vaccine has been less than auspicious. There are some problems with the use of this vaccine. It targets adolescents, who are notoriously difficult for follow up; it requires three visits, which only amplifies the problem; and it is expensive for vaccine standards at $100 – $150 per dose. None of these are insurmountable problems, and it should be viewed in the context of the potential benefit. In the United States, 70% of sexually active people will become infected with HPV. In 2007, cervical cancer was the 8th most common type of cancer in American women with 12,280 new cases and 4,021 deaths; and the rates are higher for African-American and Hispanic women. Worldwide the problem is worse: cervical cancer is the 5th most common form of cancer with 471,000

new cases and 275,000 deaths every year. And frequency is increased in less developed regions; for example, in Central America and southern Africa cervical cancer ranks first among cancers in women. Yet, after all these years of work, involvement of basic scientists and clinicians, academia and private industry, and commitment by the public sector, there is a disconnect here: the vaccine is not being used as much as indicated. In the United States, as of 2009, only 40% of girls had started HPV vaccination and only half of them had completed the series; utilization being less among the groups that need it the most — minority women. Studies show that the factor that most strongly influences use of the vaccine is recommendation by the provider, which doubles the chances that the child will initiate a vaccine series. Utilization is expected to improve, but time is of the essence, and the pediatrician has the key for change. Educating parents and recommending the vaccine can go a long way. Decreasing prices, better subsidy and reimbursement would also go a long way.

The vaccine is not a panacea, though. Even if perfect protection is conferred, it covers types responsible for only 70% of cervical cancer. The corollary is that gynecologic exams and Pap smears will still be required (even though not as frequent as before) and low level atypia — if DNA typing shows an HPV-type that is not oncogenic — may not need drastic interventions but just close follow-up. HPV vaccine is the first vaccine specifically developed to prevent cancer (with the added benefit of preventing genital warts and other problems). Because it was targeted for cervical cancer, it was targeted for girls — now with indication expanded to boys — and because this is a cancer associated with sexual activity, it has brought reluctance from some segments of the population, but the bottom line is it has the potential to prevent cancer. True that whether clinical cervical cancer (not just infection) is indeed prevented and whether protection is life-long still have to be proven. Proving those will take few decades, but data so far makes the two scenarios very likely. Meanwhile, it may not be wise to wait.

HPV Infection: Main Points

- HPV causes genital warts and various cancers: cervix, vulva, vagina, penis, anus, head and neck
- Close to 200 HPV types have been described: types 6 and 11 cause 90% of genital warts, and types 16 and 18 cause 70% of cervical cancers
- 20 million Americans are currently infected with HPV and 6.2 million are newly infected annually
- 1 million Americans develop genital warts every year
- About 18,000 HPV associated cancers in women and 7,000 cancers in men occur in the United States every year

HPV Vaccine: Main Points

- HPV4 (Gardasil, MSD): contains types 6, 11, 16 and 18
- HPV2 (Cervarix, GSK): contains types 16 and 18
- Recommended for routine immunization at 9 – 26 years of age (preferred age: 11 – 12 years) with 3 doses (0, 1 – 2 and 6 months)
- HPV2 for girls only; HPV4 for girls and boys

Children's Hospital receives CARF accreditation

Rehabilitation Program recognized for ongoing innovation and standards of performance

The Commission on Accreditation of Rehabilitation Facilities (CARF) has granted Children's Hospital a three-year accreditation to the hospital's Rehabilitation Program. CARF officially recognizes health and human service providers as having met standards for quality of service. The accreditation process applies sets of standards to service areas and business practices during an on-site survey.

CARF accreditation provides a visible symbol that assures the public of a provider's commitment to continually enhance the quality of services and programs with a focus on the satisfaction of the persons served. Rehabilitation programs earning CARF accreditation are recognized for their ongoing innovation and continued conformance to the standards of performance.

The Gilda Trautman Newman Rehabilitation Center at Children's Hospital provides comprehensive interdisciplinary, team-oriented, family-centered inpatient services to patients from birth through 21 years. The unit specializes in treating patients with brain injury, cerebral palsy, developmental disability, feeding disorder, limb deficiency, myelodysplasia, neuromuscular disease, rheumatic disease, seizure disorder, spinal cord injury, stroke, ventilator dependence, and other congenital or acquired disabling disorders, and offers consulting medical services in more than 40 pediatric specialties.

"We know that we do a great job, but it's always nice to get the validation from an organization such as CARF," said Mary Perrin, Children's Hospital's vice president of hospital operations. "With the CARF accreditation we will continue to grow our Rehabilitation Program accepting those patients who previously were directed to CARF accredited facilities by their insurers. The standards for performance and management will guide our performance improvement and give us concrete goals going forward."

Family Centered Care

When a child is injured or disabled it affects the entire family — especially when rehabilitative care is necessary. Team members provide a framework to help each family adjust to the child's individual abilities and offer emotional support to preserve and strengthen the family during hospitalization. Recognizing and incorporating each family's unique qualities and individual cultural and religious beliefs is important to the success of the program.

The goal of the center is to provide pediatric rehabilitative care in which the team maximizes the development of independent and productive life skills through training. An individual, comprehensive treatment plan is developed for each patient and frequently reviewed by the interdisciplinary team. Discharge preparation incorporates school planning, vocational referrals, community reintegration and access issues.

The comprehensive rehabilitative services and compassionate care provided by the center's dedicated staff have dramatically improved the quality of life for thousands of children. We are extremely proud of our past accomplishments, but we never lose sight of our goal — "healing one child at a time."

Functional Pediatric Treatment

The rehabilitation goal for children and adolescents is to concentrate on restoring abilities by helping them adapt to their new skills or gaining abilities never achieved because of congenital disorders. Each patient is followed using a criteria-based system to evaluate functional skill development with respect to medical status, motor skills, cognitive and communicative abilities, self-care capabilities, and the family's needs. Today's strength resulted from the hospital's solid foundation as a rehabilitation hospital, beginning in 1955. That strong commitment to pediatric rehabilitation continues, and it is even stronger today.

Case Study

Nicholls State University student Linsey Rogers is studying to be an occupational therapist, influenced by her treatment in Children's Hospital's Rehabilitation Program following a near-fatal automobile accident. Paramedics had to cut away the smashed driver's side of Linsey's Toyota Camry before they could get to her. When they did, she was unresponsive and not breathing. She was rushed to the hospital where doctors discovered her pelvis was cracked in five places, the bones in her left leg were broken; she had a collapsed lung, severe brain injury and required a respirator to breathe.

After a month in a coma she awoke. When she did, she thought she was in New York City, the year was 1836 and the president was George Washington. She was immediately transferred to Children's Hospital for rehabilitative therapy, where she would have to re-learn how to eat, talk, hold herself upright and go to the bathroom.

"I thought there was no way she would be able to come back," her mom, Natalie LeBoeuf, said. "At first, her doctors told us to expect her to be a vegetable for the rest of her life. That's what they told us to expect."

Natalie said Linsey started making progress once she was transferred to Children's. "She reached one milestone, then another and another really fast."

Soon, Linsey returned to school. Although she has to spend more time studying, her grades never slipped and she graduated at the top of her class at South Terrebonne High School, and is now majoring in biology at Nicholls.

"There were things I didn't think I'd be able to do that I'm doing today," Linsey said. "My therapist helped me get to where I am today. When I think about how far I've come, I'm amazed. I think it's a miracle," she said. "I'm so thankful that I want to dedicate my career to helping others."

"I'm so impressed with Children's Hospital," Natalie said. "The therapists brought her back. I tell everyone to come here," she said. "It's a special place."

Children's Hospital Rehabilitation Program Outcomes • July 2010 – June 2011

91% of our school age children returned to school

Impairment	Cases	Average Length of Stay (days)	Wee Fim Rating Change	Sim. Facilities
Stroke	6	10	13.15	28.28
Traumatic Brain Injury (TBI)	28	33	26.33	28.25
Non-Traumatic Brain Injury	13	18	19.50	22.90
Neuro Condition	10	20	36.87	23.90
Spinal Cord Injury (SCI)	9	18	29.67	25.17
Pain Condition	0	0	0	0
Multi Major Trauma/Ortho	13	36	36.55	29.00
Failure to Thrive (FTT)/Debility	1	4	22.0	19.63
Amputation/Cardiac	2	23	14.50	17.90
Totals/Average	79	18	25.11	25.02

Ages of Patients Seen	0 – 3 years	3 – 5 years	5 – 7 years	7 – 10 years	10+ years
	15	13	12	7	32

Location of Patients by Parish/County

Acadia	Evangeline	Orleans	St. Landry
Assumption	Grant	Ouachita	St. Tammany
Avoyelles	Harrison County, MS	Pearl River County, MS	Tangipahoa
Beauregard	Iberia	Plaquemines	Terrebonne
Caddo	Jefferson	Rapides	Vermilion
Calcasieu	Lafayette	St. Bernard	Washington
Chenango County, NY	Lafourche	St. Charles	Webster
East Baton Rouge	Livingston	St. James	

Children's Hospital Specialty Clinics & Therapies

CLINICS IN NEW ORLEANS, METAIRIE, BATON ROUGE AND LAFAYETTE

Allergy/Immunology
Dimitriades, Victoria [M, BR] ..... (504) 896-9589
Ochoa, Augusto [M, L] ..... (504) 896-9589
Paris, Ken [M, L] ..... (504) 896-9589
Sorensen, Ricardo [M] ..... (504) 896-9589

Amputee Clinic
Gonzales, Tony ..... (504) 896-9569

Cardiology
Ascuitto, Robert [BR] ..... (504) 896-9751
Gajewski, Kelly ..... (504) 896-9751
Lilje, Christian ..... (504) 896-9751
Ross-Ascuitto, Nancy [BR] ..... (504) 896-9751
Sernich, Steffan ..... (504) 896-9751
Siwik, Ernest ..... (504) 896-9571
Stopa, Aluizio ..... (504) 896-9571

Cardiothoracic Surgery
Caspi, Joseph ..... (504) 896-3928
Dorotan, Jaime ..... (504) 896-3928
Pettitt, Timothy ..... (504) 896-3928

Children at Risk Evaluation (CARE) Center
Jackson, Jamie ..... (504) 896-9237
Wetsman, Ellie [BR] ..... (504) 896-9237

Cleft/Craniofacial
Moses, Michael ..... (504) 896-9857
St. Hilaire, Hugo ..... (504) 896-9857

Clinical Trials ..... (504) 894-5377

Cochlear Implants
Arriaga, Moises ..... (504) 896-2141
Marks, Herbert ..... (504) 896-2141

Craniofacial/Genetics
Lacassie, Yves [M] ..... (504) 896-9857
Marble, Michael ..... (504) 896-9857
Zambrano, Regina ..... (504) 896-9857

Cystic Fibrosis
Levine, Stephen ..... (504) 896-9436
Pepiak, Derek ..... (504) 896-9436

Dental
Mobile Dental Program 34-BRUSH
Ritwik, Priyanshi ..... (504) 896-9580

Dermatology
Poole, Jeffrey ..... (504) 896-9532

Developmental/High Risk
Wong, Joaquin ..... (504) 896-9458

Diabetes
Chalew, Stuart ..... (504) 896-9441
Gomez, Ricardo ..... (504) 896-9441
Stender, Sara ..... (504) 896-9441
Vargas, Alfonso ..... (504) 896-9441

Down Syndrome
Lacassie, Yves [M] ..... (504) 896-9254
Marble, Michael ..... (504) 896-9254
Zambrano, Regina ..... (504) 896-9572

Endocrinology
Chalew, Stuart ..... (504) 896-9441
Gomez, Ricardo [M, BR] ..... (504) 896-9441
Stender, Sara ..... (504) 896-9441
Vargas, Alonso [M, BR] ..... (504) 896-9441

Epilepsy Surgery
McGuire, Shannon ..... (504) 896-9458

Feeding Clinic
Hyman, Paul ..... (504) 896-9534

Gastroenterology
Brown, Raynorda [M, BR] ..... (504) 896-9534
Hyman, Paul ..... (504) 896-9534
Keith, Brent ..... (504) 896-9534
Monagas, Javier [M] ..... (504) 896-9534
Noel, Adam [M] ..... (504) 896-9534
Rosenberg, Allan [M, BR] ..... (504) 896-9534

Genetics
Lacassie, Yves [M, BR] ..... (504) 896-9254
Marble, Michael [BR, L] ..... (504) 896-9572
Zambrano, Regina [M, BR] ..... (504) 896-9572

Gynecology
Wells, Lindsay ..... (504) 896-2888

Hematology/Oncology
Gardner, Renee ..... (504) 896-9740
Morales, Jaime [BR, L] ..... (504) 896-9740
Morrison, Cori ..... (504) 896-9740
Prasad, Pinki ..... (504) 896-9740
Velez, Maria [BR] ..... (504) 896-9740
Yu, Lolie [L] ..... (504) 896-9740

Hemophilia Clinic ..... (504) 896-9740

HIV Clinic/FACES
Wilcox, Ronald ..... (504) 896-9583

Hospitalists
Referrals ..... (504) 896-3924
English, Robin ..... (504) 896-3924
Hauser, Andrea ..... (504) 896-3924
Hescock, Jay ..... (504) 896-3924
Roy, Melissa ..... (504) 896-3924
Sulton-Villavasso, Carmen ..... (504) 896-3924

Infectious Disease
Bégué, Rodolfo ..... (504) 896-9583
Seybolt, Lorna ..... (504) 896-9583
Wilcox, Ronald ..... (504) 896-9583

International Adoption Clinic
Bégué, Rodolfo ..... (504) 896-9583

Kidney Transplant
Buell, Joseph ..... (504) 896-9238
Killackey, Mary ..... (504) 896-9238
Paramesh, Anil ..... (504) 896-9238
Slakey, Douglas ..... (504) 896-9238

Kidney Transplant Clinic
Vehaskari, Matti ..... (504) 896-9238

Metabolic
Marble, Michael ..... (504) 896-9254

Muscular Dystrophy
Tilton, Ann ..... (504) 896-9283
Weimer, Maria ..... (504) 896-9283
Wong, Joaquin ..... (504) 896-9283

Nephrology
Aviles, Diego [BR, L] ..... (504) 896-9238
Bamgbola, Oluwatoyin [BR, L] ..... (504) 896-9238
Iorember, Franca ..... (504) 896-9238
Straatman, Caroline ..... (504) 896-9238
Vehaskari, Matti [L] ..... (504) 896-9238

Neurofibromatosis
Lacassie, Yves ..... (504) 896-9254
Marble, Michael ..... (504) 896-9254
Zambrano, Regina ..... (504) 896-9572

Neurology
Conravey, Allison [M] ..... (504) 896-9458
Deputy, Stephen ..... (504) 896-9458
MGuire, Shannon ..... (504) 896-9458
Tilton, Ann ..... (504) 896-9283
Weimer, Maria ..... (504) 896-9859
Wong, Joaquin ..... (504) 896-9458

Neuromuscular
Gonzales, Tony ..... (504) 896-9569
Levine, Stephen ..... (504) 896-9436
Tilton, Ann ..... (504) 896-9319
Weimer, Maria ..... (504) 896-9859
Wong, Joaquin ..... (504) 896-9283

Neurosurgery
Greene, Clarence ..... (504) 896-9568
McBride, Lori ..... (504) 896-9568
Nadell, Joseph [L] ..... (504) 896-9568

Occupational Therapy (504) 896-9540

Ophthalmology
Ellis, George, Jr. [M] ..... (504) 896-9426
Eustis, Sprague ..... (504) 896-9426
Leon, Alejandro [M] ..... (504) 896-9426
Vives, Tere [M] ..... (504) 896-2134

Orthopaedics
Accousti, William [M, L] ..... (504) 896-9569
Chavez, Manuel, PA ..... (504) 896-9569
Faust, Donald ..... (504) 896-9532
Gonzales, Tony [BR, L] ..... (504) 896-9569
Heinrich, Stephen ..... (504) 896-9569
King, Andrew ..... (504) 896-9569
Lago, Theresa, PA ..... (504) 896-9569
Lee, Raven, PA ..... (504) 896-9569
Patel, Prerana ..... (504) 896-9569
Vu, Hung, PA ..... (504) 896-9569

Otolaryngology (ENT)
Arriaga, Moises ..... (504) 896-9572
Hagmann, Michael [M] ..... (504) 896-9532
Jeyakumar, Anita ..... (504) 896-9532
Kluka, Evelyn [M] ..... (504) 896-9532
Marks, Herbert ..... (504) 896-9572
Simon, Lawrence [BR] ..... (504) 896-9832

Physical Therapy ..... (504) 896-9557

Plastic Surgery
Chiu, Ernest ..... (504) 896-2838
Moses, Michael ..... (504) 896-9857
St. Hilaire, Hugo ..... (504) 896-9857

Psychology
Courtney, John ..... (504) 896-9484
Franz, Diane ..... (504) 896-9484
Gentile, Steven ..... (504) 896-9484
Henke, Amy ..... (504) 896-9484
Heslet, Lynette ..... (504) 896-9484
Jackson, David ..... (504) 896-9484
Kamps, Jodi ..... (504) 896-9484
Webb, Nadia ..... (504) 896-9484

Pulmonology
Edell, Dean ..... (504) 896-9436
Levine, Stephen ..... (504) 896-9438
Pepiak, Derek ..... (504) 896-9438

Rheumatology
Brown, Amanda ..... (504) 896-9385
Dimitriades, Victoria ..... (504) 896-9385
Gedalia, Abraham [M, BR, L] ..... (504) 896-9385

Scoliosis/Pediatric Spine
Accousti, William [M] ..... (504) 896-9569
Gonzales, Tony ..... (504) 896-9569
King, Andrew ..... (504) 896-9569
Patel, Prerana ..... (504) 896-9569

Spasticity
Nadell, Joseph ..... (504) 896-9568
Tilton, Ann ..... (504) 896-9283
Wong, Joaquin ..... (504) 896-9283

Speech & Hearing (504) 896-9551

Surgery
Hill, Charles ..... (504) 896-3977
Steiner, Rodney ..... (504) 896-9756
Valerie, Evans ..... (504) 896-9756

Travel Clinic
Bégué, Rodolfo ..... (504) 896-9583
Seybolt, Lorna ..... (504) 896-9583
Wilcox, Ronald ..... (504) 896-9583

Urology
Eeg, Kurt [L] ..... (504) 896-9233
Ortenberg, Joseph [BR, L] ..... (504) 896-9233
Roth, Christopher ..... (504) 896-9233

Vascular Anomalies
Chiu, Ernest ..... (504) 896-2838
Poole, Jeffrey ..... (504) 896-2838
Simon, Lawrence ..... (504) 896-2838

Wound Clinic
Valerie, Evans ..... (504) 896-9756

TRANSPORT/TRANSFER
1-855-CHNOLA1

CHILDREN'S HOSPITAL

200 Henry Clay Avenue
New Orleans, LA 70118
(504) 899-9511
www.chnola.org

In addition to Children's Hospital Main Campus, some physicians also hold clinics at other centers.

Children's Hospital	**(504) 899-9511**
Ambulatory Care Center	**(504) 896-9532**
The Metairie Center [M]	**(504) 832-4033**
Baton Rouge Center [BR]	**(225) 216-3047**
Lafayette Center [L]	**(337) 289-8289**

ARTICLE EVALUATION

You must complete the following evaluation in order to receive your CME credit.

I enhanced my knowledge of the topic:

Very much				Very little
5	4	3	2	1

The author met the stated objectives:

Greatly				Not at all
5	4	3	2	1

The overall evaluation of the article:

Excellent				Poor
5	4	3	2	1

Did you receive any commercial bias in the material presented in this activity?

☐ Yes ☐ No

How long did it take to read the issue and complete the quiz:

30 minutes 1 hour

Continuing Medical Education

CHILDREN'S HOSPITAL

LSMS Louisiana State Medical Society

Children's Hospital is accredited by the Louisiana State Medical Society to provide continuing medical education for physicians. Children's Hospital designates this educational activity for a maximum of **1.0 AMA PRA Category 1 Credit.™** Physicians should only claim credit commensurate with the extent of their participation in the activity. Please PRINT your personal information.

Name: _____

Physician ID number or last four SSN digits: _____

Mailing address: _____

_____

Topics that you would like to see in future issues: _____

_____

_____

CME Offerings

Pediatric Grand Rounds
1st, 3rd and 5th Wednesday
of each month, 8 – 9 a.m.
Children's Hospital Auditorium

Child Neurology Case Conference
1st, 2nd and 4th Wednesday
of each month, 2 – 3 p.m.
ACC Room 3302

Tumor Board
Wednesdays, 4 – 5 p.m.
Children's Hospital Auditorium

Weekly Pathology Conference
Thursdays, 8 – 9 a.m.
Research Center, Room 4222

Neonatology Conference
Thursdays, 12:30 – 1:30 p.m.
NICU Conference Room

Cath Conference
Fridays, 8 – 9 a.m.
ACC Room 3302

Please call the CME office
at (504) 896-9264
for more information.

Please record your responses to the questions on the form below. Please circle the best possible answer. CME offer is good through March 2012.

1. For his work on HPV and associated diseases, Dr Harald zur Hausen was awarded the following accolade:
   a. The MAGIC Award
   b. The Pulitzer Prize
   c. The Grammy
   d. The Nobel Prize

2. HPV can cause the following diseases:
   a. Genital warts
   b. Cervical cancer
   c. Anal cancer
   d. All of the above

3. HPV vaccine should be given as:
   a) One dose
   b) Two doses (0 and 6 months)
   c) Three doses (0, 1 and 6 months)
   d) Four doses (0, 1, 6 and 12 months)

4. The optimal age of HPV vaccination is:
   a) 12 – 23 months
   b) 4 – 6 years
   c) 11 – 12 years
   d) 25 – 30 years

To receive CME credit, participants must score 100%.

To receive CME credit, mail, e-mail or fax your completed form to:
CME Office • Children's Hospital • 200 Henry Clay Avenue • New Orleans, LA 70118
E-mail: cmooney@chnola.org • Fax: (504) 896-3932