Sharing Innovations and Insights With Our Partners in Care

# PEDIATRIC ROUNDS

## Expanding Care to Advanced Endoscopy \12



Children's Wisconsin

VOLUME 23 \ ISSUE 3 \ 2025

# Transforming Care, Together

*Innovations in early detection, expanded access and collaborative models shaping pediatric health*

**BY JASON A. JARZEMBOWSKI, MD, PHD**

**Across our practice, new programs** are reshaping how children and families experience care, whether through early detection, expanded access or coordinated models that anticipate long-term needs. *Pediatric Rounds* brings these innovations into focus, highlighting efforts that are improving outcomes and strengthening the confidence of families who rely on our care.

In Children's Wisconsin's Cancer Predisposition Program (page 6), oncology, genetics and primary care converge to detect inherited cancer syndromes and tailor surveillance for at-risk children. On page 14, you will learn about the Screening Siblings initiative for Type 1 diabetes, which uses autoantibody testing to identify presymptomatic disease and prevent severe complications. Both programs illustrate how precision medicine — identifying what's unique about each patient to choose the right therapy — is changing the standard of pediatric care.

On page 3, you will see how Children's Wisconsin is expanding services in northeast Wisconsin: new specialty clinics, surgical care, urgent care and same-day mental health support are bringing high-quality care closer to home for families in this growing region.

Our NICU Forward Team (page 8) is transforming care for infants with severe bronchopulmonary dysplasia by shifting from an acute to a chronic care model, supporting development and family readiness from the hospital to the home.

Finally, on page 17, you will discover how the Penicillin De-Labeling Clinic removes inaccurate allergy labels from children's charts, helping them safely receive the best treatments for common illnesses.

Collectively, these stories illustrate how Children's Wisconsin is driving innovation across the continuum of care. By focusing on early detection, removing barriers and expanding services, we are ensuring families have access to the right care at the right time, wherever they live.

JA Jarzembowski, MD, PhD

*Jason A. Jarzembowski, MD, PhD, Chief Executive Officer, Children's Specialty Group; Medical Director, Pathology and Laboratory Medicine, Children's Wisconsin; Vice Chair and Professor, Department of Pathology and Senior Associate Dean of Clinical Affairs, Medical College of Wisconsin*

# Children's Wisconsin Expands Access to Care in Northeast

**Children's Wisconsin is committed to** making sure children and families across the state have access to the care they need, when and where they need it. In northeast Wisconsin, families will benefit from several important expansions — from mental health support to surgical services and urgent care.

*Children's Wisconsin's Ashwaubenon Clinic is now open at 2550 S. Ashland Ave.*

### GREEN BAY MENTAL HEALTH WALK-IN CLINIC

As of Sept. 4, 2025, families have a new option for same-day mental health care in Green Bay. The Green Bay Mental Health Walk-In Clinic is located in the same building as Emplify Health by Bellin Behavioral Health. This new walk-in clinic is available for children and teens who are experiencing urgent mental health needs but do not require emergency department care. Families can walk in without an appointment and connect directly with trained mental health professionals who can assess their child, offer support and provide referrals if ongoing treatment is needed. The Green Bay location joins existing walk-in clinics in Milwaukee and Kenosha, reflecting the ongoing commitment of Children's Wisconsin to address the youth mental health crisis. By opening more access points, Children's Wisconsin hopes to give families timely care options close to home.

### ASHWAUBENON CLINIC

The Children's Wisconsin Ashwaubenon Clinic is now open and expanding access to pediatric specialty care in Brown County. Families no longer need to travel far for expert care in specialized areas such as cardiology, endocrinology, gastroenterology and other specialties. The new clinic is designed to make care more convenient for families while strengthening regional partnerships. By offering more services in Ashwaubenon, Children's Wisconsin is helping to reduce travel barriers and make specialty care more accessible to children in northeast Wisconsin.

### EXPANDED PEDIATRIC SURGICAL SERVICES

Through a partnership with Bellin Hospital in Green Bay, families in northeast Wisconsin now have access to expanded pediatric surgical services. Children's Wisconsin has invested in new facilities, advanced technology and highly trained pediatric surgeons to ensure safe, high-quality care for children who need surgery. For families, this means less travel and more opportunities to receive the proper care in their own communities. From routine procedures to more complex surgeries, the expanded services will help ensure kids can recover close to home.

### URGENT CARE OPENING IN APPLETON

To further support families, urgent care services are now open at the Children's Wisconsin Appleton Clinic, open seven days a week, 9 a.m. to 8 p.m. Urgent care provides a much-needed option for families when kids face unexpected illnesses or injuries that don't require a trip to the emergency room. With evening and weekend hours, urgent care at the Appleton Clinic will offer greater flexibility and help ensure kids get the right care, right when they need it.

These expanded services highlight the commitment of Children's Wisconsin to support providers and families in northeast Wisconsin. By offering same-day mental health care, expanded specialty services, advanced surgical options and pediatric urgent care, providers can connect families with more local resources to ensure children receive care, close to home.

**For a full list of all our locations, visit childrenswi.org/locations.**

# The Role of Red Reflex Testing in Well-Child Visits

*Strengthening early detection and referral pathways for pediatric eye health*

**Nearly every well-child visit is** accompanied by a series of brief tests designed to assess a child's development from head to toe. While routine for many, these assessments are potentially lifesaving, as they can spot early signs of complex conditions. The Retinoblastoma Program and ophthalmology clinics at Children's Wisconsin are placing greater emphasis on an assessment that helps them evaluate a patient's visual development and eye health — the red reflex eye assessment.

## UNDERSTANDING THE RED REFLEX EYE ASSESSMENT

The red reflex eye assessment checks how clearly light passes through the eye's transparent structures. During the test, light from an ophthalmoscope travels through the transparent parts of the child's eye, including the:

- Tear film
- Cornea
- Aqueous humor
- Crystalline lens
- Vitreous humor

The light then reflects off the back of the eye (the ocular fundus) and returns through these same structures, giving the physician a clearer understanding of the infant's or child's eye health. If anything blocks or clouds this pathway, the red reflex may appear dull, uneven or absent, which can indicate an underlying abnormality.

FLUXFACTORY VIA GETTY IMAGES

These abnormalities can arise from a variety of conditions that affect different parts of the eye and may include:

- **Tear film issues:** Mucus, debris or other foreign material on the eye's surface that interferes with light transmission
- **Corneal opacities:** Scarring, edema or congenital disabilities that reduce corneal transparency
- **Aqueous opacities:** Inflammatory cells or blood within the anterior chamber that obscure the optical pathway
- **Iris abnormalities:** Structural defects or irregularities that alter the shape or size of the pupil and affect light entry
- **Cataracts:** Lens opacities that scatter or block light as it passes through the crystalline lens
- **Vitreous opacities:** Blood, inflammatory debris or other material within the vitreous humor that hinders the return of reflected light
- **Retinal abnormalities:** Tumors (i.e., retinoblastoma) or chorioretinal colobomata that disrupt normal reflection from the ocular fundus
- **Refractive errors:** Significant differences in visual focus between the two eyes or the need for corrective lenses
- **Strabismus:** Misalignment of the eyes that changes the angle of light reflection

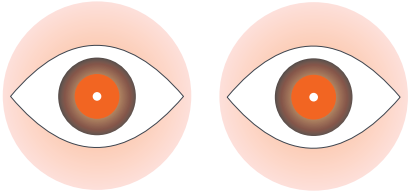
The American Academy of Pediatrics recommends red reflex exams for all infants before discharge and at each well-child visit. Any abnormal results, leukocoria or family history retinoblastoma; congenital, infantile or juvenile cataracts; glaucoma or retinal abnormalities should be examined by an eye care specialist.

Early detection of an abnormal red reflex can prevent permanent vision loss or, in rare but critical cases, save a child's life. To promote timely follow-up, primary care physicians can connect families with pediatric ophthalmology specialists through the Eye Care Program at Children's Wisconsin. There, a child's irregular or absent red reflex can be treated using the latest tools and treatment methods in ophthalmology to support improved vision and well-being at every stage of childhood.

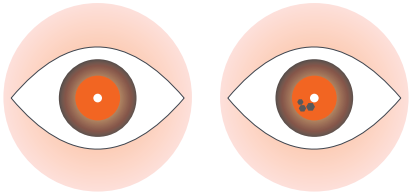
**To learn more about the red reflex assessment, scan the QR code to watch a video.**

**RED REFLEX ABNORMALITIES**

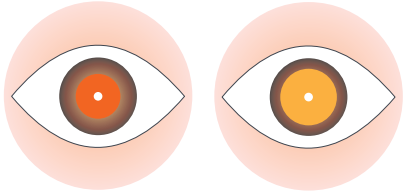
**These illustrations depict the inequality of red reflection or the interference of the red reflections. The white dots represent corneal reflexes.**



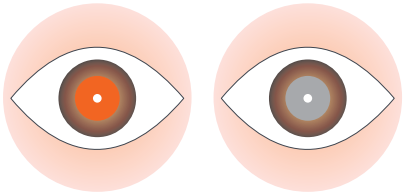
**NORMAL**
**Both red reflections are equal**



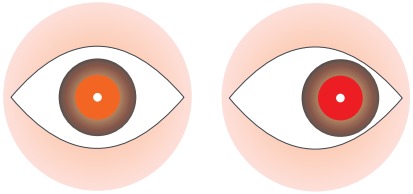
**FOREIGN BODY OR ABRASION**
**Irregular or patchy reflex**



**UNEQUAL REFRACTION**
**One red reflection is brighter**



**NO REFLEX**
**Scarring or opaque lens blocks the red reflection**



**STRABISMUS**
**The red reflection is more intense in the deviated eye**

# Cancer Predisposition Program: Advancing Precision Care for At-Risk Children

**The Cancer Predisposition Program** at Children's Wisconsin provides a specialized approach to caring for children and families with inherited cancer risk. As research identifies more syndromes linked to pediatric malignancies, the clinic serves as a centralized hub where oncology, genetics and primary care intersect to deliver individualized surveillance and counseling.

Referrals often arise when a child presents with cancer at an unusually young age, has multiple tumors or demonstrates clinical features suggestive of a hereditary syndrome. A significant family history of cancer can also prompt evaluation, though limited or unknown histories are not barriers. Genetic testing frequently uncovers variants that guide care even when family history is incomplete.

Each new patient is evaluated by a team that may include pediatric oncologists, genetic counselors and other specialists. Initial visits include clinical evaluation, family history review and when appropriate, genetic testing. The team collaborates to interpret results and assess risk within the context of current evidence.

Surveillance protocols are customized according to the patient's genetic findings and risk profile. While guidelines exist for well-characterized syndromes such as Li-Fraumeni or Beckwith-Wiedemann, the clinic often adjusts or develops plans in real time for conditions with limited published guidance. Plans are reevaluated regularly to account for new evidence and patient growth.

Family cascade testing is offered to identify at-risk relatives and provide care recommendations. The program works closely with oncology, genetics and primary care providers to ensure continuity of care. When testing identifies a variant of uncertain significance, the team emphasizes clear counseling and continued monitoring rather than immediate escalation. Families are supported with updated information as science clarifies the relevance of these findings.

The Cancer Predisposition Program also contributes to registries and research efforts that aim to advance early detection and refine risk assessment tools. Through national collaborations, Children's Wisconsin is helping expand the evidence base that guides clinical care for inherited cancer syndromes.

The program is a resource for providers who encounter children with red flags or concerning family histories. Early referral supports timely surveillance and intervention, and helps families navigate the complexities of hereditary risk with clarity and confidence.

QUANTIC69 VIA GETTY IMAGES

**Our Cancer Predisposition Program offers comprehensive care for children and adolescents who have:**

- A known cancer predisposition syndrome
- A new cancer diagnosis that may be due to an underlying genetic syndrome
- A known family history of a cancer predisposition syndrome
- A strong family history of cancers that may be associated with familial syndromes
- A non-cancer diagnosis that may be associated with an underlying cancer predisposition syndrome

**For more information about the Cancer Predisposition Program at the MACC Fund Center for Cancer and Blood Disorders, visit childrenswi.org/genetictestingcancers.**

# Early Detection With a Lifelong Impact: Wisconsin's Newborn Screening Program

*Coordinated care and early screenings improving outcomes for Wisconsin newborns*

**Starting with a quick heel poke as early as 24 to 48 hours after birth,** newborn screening programs have the potential to identify life-threatening, treatable conditions before symptoms appear or become noticeable.

Wisconsin's Newborn Screening Program, coordinated through the Wisconsin State Laboratory of Hygiene, partners with hospitals and primary care providers to test newborns for a panel of 50 rare metabolic, endocrine, hematologic and other genetic conditions.

"These are conditions that if we can identify them early, before children develop symptoms or enter any sort of medical crisis, we can institute interventions to keep kids healthy and prevent adverse health outcomes," said Emily J. Singh, GC, Pediatric Certified Genetic Counselor at Children's Wisconsin.

After samples arrive at the state lab, specialized blood testing looks for any markers or abnormalities that may require further evaluation. If results are abnormal, a metabolic physician is notified to coordinate care with the child's family and primary care physician.

"An abnormal level or marker on the newborn screen is not sufficient to make an absolute diagnosis," said Singh. "But it's the flag for additional workup."

Each newborn screening report provides clear guidance, contact information and timelines to ensure timely follow-up care. This shared commitment between primary care and specialty providers supports the best possible outcomes for Wisconsin's newest patients.

# Comprehensive, Lifelong Care for Vascular Anomalies

**The Vascular Anomalies Program** at Children's Wisconsin offers comprehensive, multidisciplinary care for patients with complex vascular disorders from prenatal diagnosis through adulthood. These conditions, now recognized as genetic disorders of blood vessels, range from isolated skin birthmarks to multi-organ involvement.

*Children's Wisconsin Vascular Anomalies Program team*

The multidisciplinary team includes dermatology, interventional radiology, pathology, oncology, hematology, otolaryngology and orthopedic surgery, with monthly meetings to review complex cases and develop individualized care plans. "We tailor our diagnostic and therapeutic approach to each individual," said Valerie Carlberg, MD, Medical Director of the Vascular Anomalies Program. They determine which providers should be involved and coordinate clinic visits so patients can see the necessary experts — ideally on the same day.

A key focus of the program is continuity. Children's Wisconsin works closely with specialists at Froedtert & the Medical College of Wisconsin to ensure seamless transition into adult care. Some pediatric providers follow patients into adulthood, reducing care gaps.

Over the past decade, treatment has evolved with advanced technologies and combined procedures. Genetic testing now guides targeted therapies, while options such as laser therapy, sclerotherapy, surgical resection and systemic medications improve outcomes and reduce recurrence.

Beth Anne Bongert, RN, serves as the program's Nurse Coordinator. With 17 years of dermatology experience at Children's Wisconsin, she serves as the point of contact for both families and providers.

The Vascular Anomalies Program is built on a culture of collaboration and respect where every specialty has a seat at the table. As a result, the team continues to grow, drawing interest from specialists across nearly every department.

**For more information or to make an appointment, contact Beth Anne Bongert at ebongert@childrenswi.org or call (414) 266-3727.**

BPD affects
**15 to 25%**
**of infants born under 1,500 grams,**
**representing about 15,000 infants annually in the United States.**

# Moving Infants Forward: The NICU Forward Team at Children's Wisconsin

**In October 2023, Children's Wisconsin** launched the NICU Forward Team, a dedicated rounding service for infants with severe bronchopulmonary dysplasia (BPD). This initiative marks a shift toward a chronic care model in the NICU, focusing on long-term outcomes for vulnerable patients.

The Forward Team was established as a fourth rounding team within the 76-bed NICU to provide specialized care for infants with severe BPD, most often preterm infants born before 32 weeks gestation who remain on high levels of respiratory support at or beyond 36 weeks corrected age.

"Our mission is to use best care practices to move infants forward, or closer to discharge," said Elizabeth Orloski, APNP and member of the Forward Team. "These are babies with some of the longest average lengths of stay in the NICU. Our north star is to optimize neurodevelopment, because BPD evolves during a period of rapid brain growth."

This requires shifting from an acute ICU mindset to a chronic care approach. The focus is no longer only on lung protection but also on strategies that support lung and brain growth. These include supportive ventilation, improved nutrition and minimizing negative exposures such as frequent lab draws and painful procedures.

BPD affects 15-25% of infants born under 1,500 grams, representing about 15,000 infants annually in the United States. These patients often require complex interventions including tracheostomy, feeding tubes, home oxygen and long-term medications. They face higher risks of developmental impairment, prolonged NICU stays and rehospitalization.

The team typically cares for 16 patients at a time, ensuring individualized attention and continuity. The team integrates a small group of neonatologists and nurse practitioners supported by a care coordinator. "Families benefit from more consistent communication regarding the plan of care," said Orloski. "We hold Tuesday huddles and Thursday multidisciplinary rounds where families meet with occupational, physical and speech therapy, pulmonology, case management and social work. That consistency helps families feel heard and prepared."

*Elizabeth Orloski, APNP, Neonatology, Children's Wisconsin*

An emphasis on coordination with outpatient care ensures families meet providers before discharge. "Our future vision is to expand the role of the Forward Team care coordinator to bridge the gap between discharge and the first BPD clinic visit," said Orloski.

The team is tracking neurodevelopmental outcomes, feeding method at discharge, time to liberation from respiratory support, hospital readmission and family preparedness. "Our goal is to make sure families feel ready for discharge, especially with complex needs like home oxygen," she said.

The NICU Forward Team is reshaping how Children's Wisconsin cares for infants with severe BPD. Through multidisciplinary support, early discharge planning and seamless inpatient–outpatient coordination, the team strengthens family confidence and continuity of care to improve outcomes for babies facing the longest, most complex NICU journeys.

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**To learn more about the NICU Forward Team, visit childrenswi.org/forwardteam.**

ART-SKVORTSOVA VIA GETTY IMAGES

# Agree to Agree: A Pediatric Perspective on Gun Violence Prevention

**Firearms are now the leading cause of death** among children and adolescents in the United States. As pediatric providers, we are often the first point of contact for families seeking guidance on their children's safety and well-being. Children's Wisconsin has joined the Agree to Agree gun violence prevention initiative, an evidence-informed campaign to foster open, nonjudgmental conversations about firearm safety.

The decision to participate comes from a troubling reality: gun-related injuries are a preventable public health crisis. Every pediatric firearm injury is not only a clinical emergency but also a missed opportunity for prevention. Children's Wisconsin has a long-standing commitment to injury prevention, from safe sleep and car seat checks to teen mental health initiatives. Addressing firearm injury risk is a natural extension of this work.

Partnerships with the Ad Council and the Northwell Health CEO Council on Gun Violence Prevention help extend the reach of the campaign. These collaborations ensure messaging is consistent, nonpartisan and accessible for families whether they are in a clinic, at home or online.

The Agree to Agree campaign aims to normalize firearm safety discussions during routine pediatric visits, equip clinicians with effective and respectful communication tools and engage the wider community in supporting safe storage and risk reduction.

SUPERSIZER VIA GETTY IMAGES

**Firearm injuries are the leading cause of death for children and teens ages 1-17, surpassing car crashes for the first time in two decades.**

The campaign website, which can be found at AgreeToAgree.org, offers conversation guides, printable handouts, training videos and up-to-date statistics. These resources are designed for seamless integration into visits so providers can tailor their approach to a family's readiness to engage.

Discussing firearms can be challenging for many clinicians. Concerns about offending families, uncertainty about how to start the conversation and limited time in consultations and clinic visits are common barriers. Agree to Agree addresses these concerns by offering patient-centered language and practical quick-reference tools that fit into busy clinic schedules.

Beyond the campaign, Children's Wisconsin is strengthening advocacy efforts and supporting staff who want to participate in legislative engagement, community outreach and school-based education. Broader injury prevention strategies include collaborations with law enforcement, schools and community groups to expand safe storage distribution and public awareness efforts.

**To learn more about the campaign, visit agreetoagree.org.**

# Protecting Children After Liver Transplant

*How updated vaccination guidelines are helping families and providers*

**For children facing severe liver disease,** a transplant can be life-saving. But because many transplants take place at a very young age, children often have not yet completed their primary vaccination schedule. Until recently, experts recommended that children not receive live vaccines indefinitely after transplant, due to concerns about infection or rejection in an immunocompromised state. While this approach made sense at the time, lower vaccination rates in the community have weakened herd immunity, leaving children who have undergone transplant more vulnerable to illnesses that vaccines can prevent. In fact, studies show that as many as 16% of pediatric transplant patients are hospitalized with vaccine-preventable illnesses in the years after their transplant surgery.

## SHIFTING GUIDELINES

Recognizing this reality, the American Society of Transplantation now allows live vaccines in carefully chosen post-transplant patients. Early studies suggest these vaccines can be both safe and effective in this group, though ongoing research is still needed. At Children's Wisconsin, our transplant team created criteria to help decide when and how vaccines should be given. These include how long it has been since transplant, the child's medication levels and whether the child has had any recent serious infections.

JACOB WACKERHAUSENA VIA GETTY IMAGES

NAMBITOMO, LIANGPV VIA GETTY IMAGES

## What This Means for Families

During yearly follow-up visits, the team reviews vaccine antibody levels for illnesses like:

- Measles
- Mumps
- Rubella
- Varicella (chickenpox)
- Hepatitis A and B
- Haemophilus influenzae type B

Based on these results, families and primary care providers receive tailored recommendations. Vaccines are usually given at the child's primary care office, with close monitoring for side effects. In a recent quality improvement effort involving 54 pediatric liver transplant patients, vaccination rates and immunity improved:

**100%** achieved immunity to measles

**95%** achieved immunity to mumps and rubella

**94%** achieved immunity to chickenpox (varicella)

Still, over time some children lost immunity, especially to chickenpox and measles. This shows how important it is for families to keep follow-up appointments and for providers to monitor antibody levels regularly.

### LOOKING AHEAD

To make the process easier, our team now provides vaccines right in the liver transplant clinic. This will reduce the number of extra appointments and help families get timely protection. For families, the takeaway is clear: Staying up to date on vaccines after transplant is just as important as it was before. For providers, this work highlights the need for ongoing education, follow-up and a clear plan for maintaining immunity.

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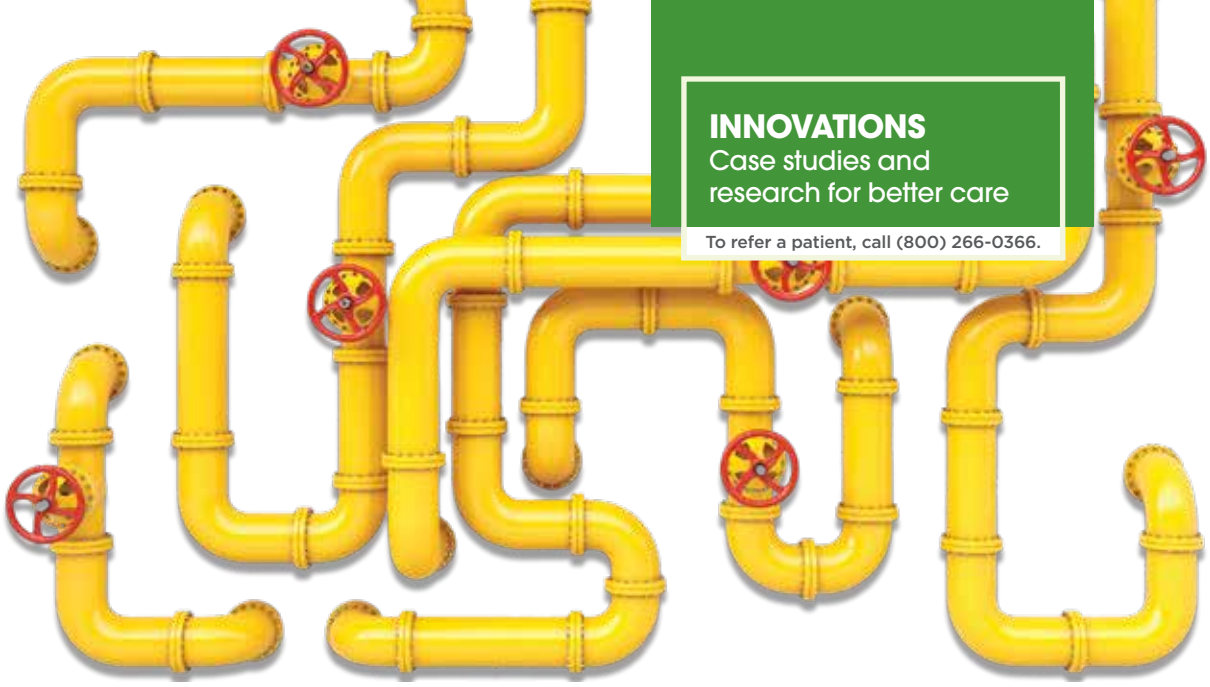
**Want to learn more about liver transplant? Visit childrenswi.org/livertransplant.**



**INNOVATIONS**
Case studies and research for better care

To refer a patient, call (800) 266-0366.

# Expanding Access to Advanced Pediatric Endoscopic Care

*Innovations in ERCP, EUS and multidisciplinary collaboration at Children's Wisconsin*

**Each year, hundreds of children nationwide** require advanced pancreaticobiliary interventions — procedures once thought possible only for adults — to diagnose and treat complex conditions of the bile ducts, pancreas and gastrointestinal tract. At Children's Wisconsin, pediatric gastroenterologists in the Advanced Endoscopy Program are delivering these procedures safely and effectively for children of all ages, thanks to cutting-edge technology, specialized training and close collaboration across specialties.

"Our goal is to provide children with access to the same high-level diagnostic and therapeutic options available to adults, but in a way that's tailored to their size, physiology and needs," said Diana Lerner, MD, Pediatric Gastroenterologist at Children's Wisconsin and Professor of pediatrics at the Medical College of Wisconsin. "We're bringing specialized tools and skills directly to our patients."

## HELPING KIDS WITH COMPLEX GI AND PANCREATIC CONDITIONS

The Advanced Endoscopy Program at Children's Wisconsin performs a full spectrum of therapeutic procedures, including:

**Endoscopic Ultrasound (EUS):** EUS combines endoscopy with high-resolution ultrasound imaging. An ultrasound probe at the tip of the endoscope produces detailed images of the pancreas, bile ducts, liver and surrounding blood vessels from inside the GI tract. Unlike CT or MRI, EUS provides real-time, close-up imaging of the ducts and allows direct intervention. Clinical uses include:

- **Diagnosis of microlithiasis and biliary sludge** not seen on CT, MRI or transabdominal ultrasound.
- **Characterization of strictures or masses** and evaluation of chronic pancreatitis.
- **Fine-needle aspiration (FNA)** for tissue sampling when needed.
- **Guided drainage procedures** for pancreatic fluid collections, pseudocysts or walled off necrosis.

DIMDIMICHA VIA GETTY IMAGES

**Endoscopic Retrograde Cholangiopancreatography (ERCP):** This procedure combines endoscopy and fluoroscopic imaging. Using a side-viewing duodenoscope, physicians advance to the small intestine, where a thin catheter is guided into the bile or pancreatic ducts. Dye is injected to create a cholangiogram or pancreatogram, allowing precise visualization of blockages, stones or strictures. Therapeutic steps may include:

- **Sphincterotomy:** A small cut in the bile duct opening to allow drainage
- **Stone extraction:** Removal of gallstones or sludge that cause blockages
- **Stent placement:** Insertion of plastic or metal stents to bypass strictures and restore bile or pancreatic flow
- **Biopsies:** To obtain tissue for pathologic diagnosis
- **Dilation:** Balloon expansion of narrowed ductal segments

In children, these interventions can prevent recurrent infections, relieve jaundice, reduce pancreatitis risk and avoid surgery.

**Endoscopic drainage and stenting** for pancreatic fluid collections, which can develop after pancreatitis or trauma. EUS-guided drainage provides a minimally invasive alternative to surgery, using internal stents to create a controlled passage for fluid to resolve safely. These can also be used to remove necrotic tissue and expedite healing.

## A MULTIDISCIPLINARY MODEL OF CARE

Patients are often referred after a diagnosis is suspected on imaging or lab work. Many deal with recurrent pancreatitis, choledocholithiasis, congenital biliary anomalies, post-surgical complications, dilated bile ducts or abnormal liver enzymes.

"Our program is built on collaboration," said Dr. Lerner. "We bring together pediatric gastroenterology, surgery, radiology, pediatric anesthesiology and nursing. "This is particularly important for children who need urgent intervention or have complex medical needs. We can coordinate laparoscopic or robotic cholecystectomy and ERCP during the same anesthesia when biliary obstruction is known or suspected."

By combining expertise across specialties, Children's Wisconsin ensures safer procedures, more comprehensive care plans and fewer delays for children with acute or chronic pancreaticobiliary conditions.

## EXPANDING ACCESS CLOSE TO HOME

Children's Wisconsin is one of few pediatric centers in the Midwest offering ERCP and EUS, eliminating the need to travel long distances.

"These procedures can be life-changing," said Dr. Lerner. "By bringing advanced technology and specialized expertise to our patients here, we reduce the stress of travel, keep families close to home and improve outcomes."

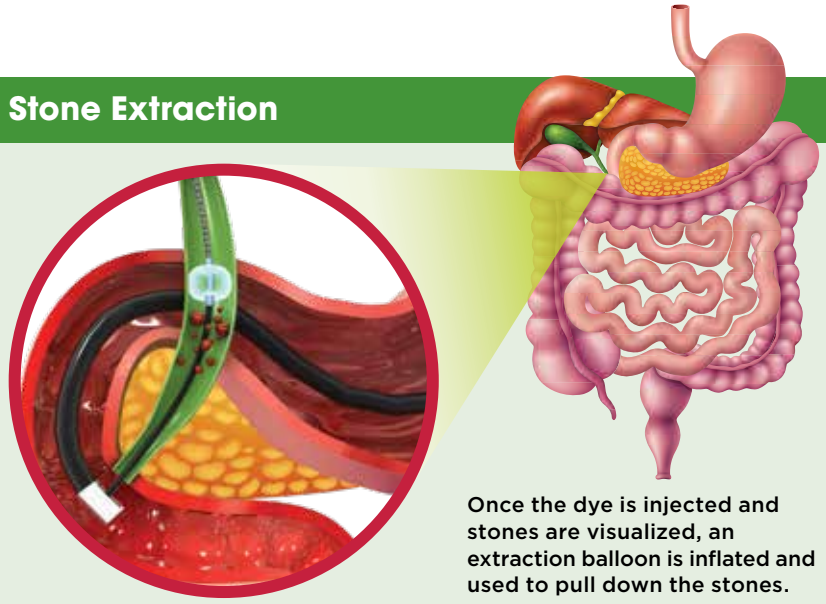
*Diana Lerner, MD, Pediatric Gastroenterologist at Children's Wisconsin and Professor of pediatrics at the Medical College of Wisconsin*

## LOOKING AHEAD

The vision for the Advanced Endoscopy Program includes supporting our acute and chronic pancreatitis patients and collaborating with our multidisciplinary pancreas program to offer state-of-the-art treatments. "Our long-term goal is to ensure that every child in Wisconsin — and beyond — has timely access to the advanced endoscopic care they need," said Dr. Lerner. "We're proud to be a center families and referring physicians can trust."

**To learn more about endoscopic services at Children's Wisconsin, visit childrenswi.org/endoscopy.**

## Stone Extraction



**Once the dye is injected and stones are visualized, an extraction balloon is inflated and used to pull down the stones.**

MOHAMMED HANEEFA NIZAMUDEE, ALONZON VIA GETTY IMAGES

# Transforming Early Detection for Type 1 Diabetes

**At Children's Wisconsin, the Screening for Sibs program identifies** children at risk of Type 1 diabetes (T1D) before symptoms appear. Supported by a Breakthrough T1D and the Autoimmunity Screening for Kids (ASK) initiative, the program offers providers and referring physicians a vital opportunity to understand the rationale, process and implications of early detection to keep kids safe and advance patient care.

Siblings of children with T1D have a 15-fold higher risk of developing the disease compared with the general population. Detection of diabetes autoantibodies in the blood, a signal of autoimmune attack of the insulin-producing beta-cells, can identify risk years before clinical onset. According to Susie Cabrera, MD, Director of the Children's Wisconsin Diabetes Program, detecting presymptomatic T1D not only prevents dangerous presentations such as diabetic ketoacidosis but also allows families time to process and creates access to disease-modifying therapies and ongoing clinical trials. "Early screening empowers families and allows for structured follow-up within a multidisciplinary endocrinology team," she said. The American Diabetes Association recommends anyone with a family history of T1D be screened for diabetes autoantibodies.

**Siblings of children with T1D have a 15-fold higher risk of developing the disease compared to the general population.**

### THE SCREENING PROCESS

Through partnerships with Breakthrough T1D, Children's Wisconsin provides a simple dry blood spot test to detect diabetes autoantibodies. Eligible siblings and family members are typically ages 1 to 40, though clinical judgment can expand criteria. When one or more autoantibodies are present, confirmatory blood testing is performed. If one or more autoantibodies are confirmed positive, the family is connected to a consultative visit with a diabetes provider, and metabolic testing is performed to determine their near- and life-time risk of developing clinical Type 1 diabetes. Results are communicated compassionately, and an education and a monitoring plan are developed to assure the child's safety and provide timely initiation of appropriate treatments, such as insulin therapy.

### IMPACT ON OUTCOMES

Individuals with two or more circulating diabetes autoantibodies have a nearly 100% life-time risk of developing clinical (stage 3) T1D. The time to progression to stage 3 T1D is shorter in younger patients and those with more autoantibodies. Because of this,

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*Susanne (Susie) Cabrera, MD, Director, Children's Wisconsin Diabetes Program, Associate Professor at the Medical College of Wisconsin*

people with two or more autoantibodies are said to have stage 1 (normal glucose levels) or Stage 2 T1D (dysglycemia without hyperglycemia). Teplizumab is an FDA-approved medication to delay progression from stage 2 to stage 3 T1D in those 8 and older. "Identifying children in these stages allows for close monitoring, early intervention and reduced incidence of acute complications at diagnosis," said Dr. Cabrera. "Families gain valuable time to prepare emotionally, logistically and medically. For those who test negative, the reassurance is equally powerful, coupled with counseling about ongoing eligibility for re-screening every few years."

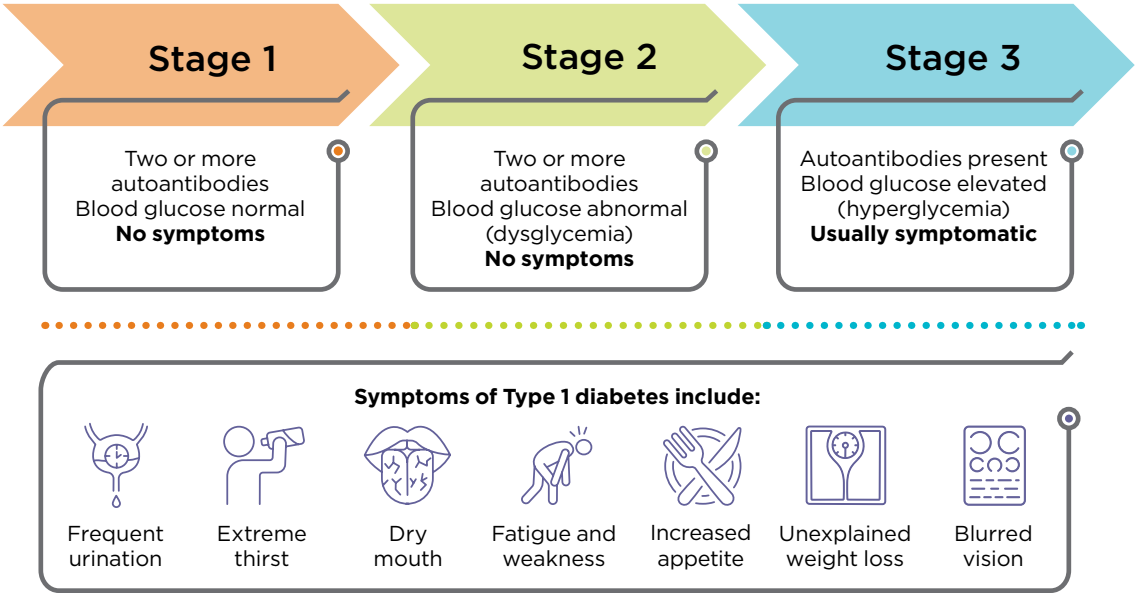
## ROLE OF REFERRING PROVIDERS

Primary care providers are central to early detection of T1D. They can identify eligible siblings, counsel families on the importance of screening and reinforce follow-up care. "The recommendation to screen family members for diabetes autoantibodies is so new that many providers aren't aware of it," said Dr. Cabrera. The Children's Wisconsin team has been educating primary care providers on why and how to screen, whether through available research trials, a clinic blood draw or dry blood spot testing. "Children's Wisconsin can help primary care and community providers navigate the process through screening, monitoring and clinical trials for patients who test positive for diabetes autoantibodies in early-stage T1D," said Dr. Cabrera. "Beyond referral, providers remain key partners in longitudinal monitoring, ensuring families stay engaged with endocrinology and broader support services."

## INTEGRATION WITH NATIONAL INITIATIVES

The program is part of a national movement to promote early detection and prevention. Breakthrough T1D and their clinical partners are at the forefront of research and advocacy in this area. Together, these programs create a continuum of care that begins with a screening test and extends into disease management and potential prevention.

By engaging in early detection for siblings of children with T1D, providers help reduce crisis presentations and give families the knowledge and tools to manage T1D with confidence.




**To learn more about Type 1 diabetes, visit childrenswi.org/diabetes.**

# The State of Oral Health

*Working together to improve dental care for kids*

**More than two decades ago, U.S. Surgeon General David Satcher, MD, PhD,** called poor oral health a "silent epidemic." Unfortunately, tooth decay is still the most common childhood disease. By the time children start kindergarten, about 40% already have cavities. If untreated, cavities can cause pain, infection, trouble eating, speaking and sleeping. They can also affect a child's self-confidence and ability to learn.

Children in families with lower incomes, children with special health care needs and those with craniofacial differences are at a significantly higher risk. These children are twice as likely to have cavities and only half as likely to see a dentist as their peers.

## ORAL HEALTH IN WISCONSIN

Wisconsin faces many of the same oral health challenges seen nationwide: one in three children has untreated tooth decay. More than half of counties in the state don't have enough dentists, and only 29% accept Medicaid.

Children's Wisconsin is now one of the state's largest pediatric dental providers. Each year, our clinics see more than 27,000 visits. Children with special health care needs make up 35% of our patients, and 85% of visits are Medicaid-covered. In 2023, nearly 1,500 children required dental surgery under anesthesia.

Because dental health is so closely tied to overall health, Children's Wisconsin has integrated dental services with surgical, craniofacial and plastic surgery programs. This team approach helps us address the full range of a child's needs. One of the most effective strategies has been coordinating dental surgery with other procedures that require anesthesia. This approach allows teams to address each child's full range of needs while reducing risk, minimizing stress for families and streamlining care.

## EXPANDING ACCESS TO ORAL SURGERY

Dental surgery time in operating rooms shrank after the COVID-19 pandemic, as hospitals prioritized other cases. At Children's Wisconsin, we protected OR time for dentists, helping us treat urgent cases and give families better access. We're also testing new ways to reduce wait times and improve the experience for kids and families.

**References**

Salerno C, et al. Children. 2022;9(12). doi:10.3390/children9010012. Guerreiro E, et al. J Clin Med. 2024;13(4):1164. doi:10.3390/jcm13041164. Amini H, et al. Pediatr Dent. 2023;45(6):504-509. Ritwik P, Khan FM. J Clin Ethics. 2023;34(2):211-217. Nilz M, et al. Ann Emerg Med. 2022;80(4):S74–6. Wisconsin Department of Health Services, 2022.


## Tips for Families: Keeping Kids' Teeth Healthy

**Start early:** Brush your baby's teeth as soon as they appear. Use a tiny amount of fluoride toothpaste.

**Brush twice a day:** In the morning and at bedtime. Use a pea-sized amount of fluoride toothpaste by age 3.

**Floss daily:** Begin flossing when teeth touch, typically around the age of 2 or 3.

**See the dentist regularly:** First visit by age 1, then every six months.

**Choose healthy snacks and drinks:** Limit juice, other sugary beverages and sweets. Offer water, fruits and vegetables.

**Coordinate for complex needs:** For children with special health conditions, ask your care team about combining dental and medical procedures when possible.

**Why it matters:** Cavities are the most common childhood disease — but they are preventable. Healthy teeth support nutrition, speech, learning and self-esteem.

**Want to learn more about oral health? Visit childrenswi.org/dental.**


**Nearly 10% of children are reported to have a penicillin allergy, only about 1% have a true allergy.**

# Penicillin De-Labeling Clinic Helps Children Access First-Line Antibiotics

**At Children's Wisconsin, the Penicillin** De-Labeling Clinic works to remove inaccurate allergy labels from patient charts. "While nearly 10% of children are reported to have a penicillin allergy, only about 1% have a true allergy," said David Vyles, DO, MS, Pediatric Emergency Medicine Physician.

Amoxicillin is the first-line treatment for common pediatric illnesses including ear infections, strep throat and pneumonia. It is also inexpensive and well tolerated. When penicillin is not an option, children are often prescribed broader-spectrum antibiotics that are more expensive, less effective and more toxic over time.

Since opening, the clinic has tested more than 500 patients. Only about 2% experience mild delayed reactions, such as a rash, and no serious allergic reactions have been reported. The clinic uses a risk-based testing approach. Most patients are considered low risk and undergo a single-dose amoxicillin challenge with a 45-minute observation period. If no reaction occurs, the allergy label is removed. High-risk patients complete a three-step process involving two skin-based tests and an oral challenge.

The clinic accepts both pediatric and adult patients. No referral is required, though providers may submit one if preferred. Visits are billed as an outpatient specialty appointment and covered according to individual health insurance plans.

**To refer patients or learn more, call (414) 607-5280 or visit childrenswi.org/penicillin.**

*David Vyles, DO, MS, Pediatric Emergency Medicine Associate Professor at the Medical College of Wisconsin*

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### Adolescent Medicine

**Elizabeth Hovel, MD**, is an Adolescent Medicine Physician at Children's Wisconsin and an Assistant Professor at the Medical College of Wisconsin.

- University of Wisconsin School of Medicine & Public Health, MD
- University of Michigan Health System-Pediatrics
- Medical College of Wisconsin Affiliated Hospitals Inc.-Adolescent Medicine
- Adolescent Medicine

### Anesthesiology

**Sarah Pullos, MD**, is an Anesthesiologist at Children's Wisconsin and an Assistant Professor at the Medical College of Wisconsin.

- St. George's University of Medicine, MD
- SUNY Upstate Medical University
- MCWAH Children's Hospital Wisconsin-Pediatric Anesthesiology
- Anesthesiology

### Asthma, Allergy and Immunology

**Kelsey Finkel, MD**, is a Pediatric Immunologist at Children's Wisconsin and an Assistant Professor at the Medical College of Wisconsin.

- Boston University, BS, Central Michigan University College of Medicine, MD
- Genesys Hospital-Internal Medicine
- Henry Ford Hospital-Allergy & Immunology
- Allergy Immunology

### Child Advocacy and Protection

**Mallory McPhee, MD**, is a Pediatric Physician at Children's Wisconsin and an Assistant Professor at the Medical College of Wisconsin.

- Marquette University, BS, Michigan State University College of Human Medicine, MD
- Phoenix Children's Hospital–Pediatrics
- UC San Diego–Child Abuse Pediatrics
- Child Advocacy and Protection Services

### Emergency Medicine

**Andrea Anderson, MD**, is an Emergency Medicine Physician at Children's Wisconsin and an Assistant Professor at the Medical College of Wisconsin.

- University of Massachusetts Medical School, MD
- Seattle Children's Hospital/University of Washington Medical Center-Pediatrics
- Seattle Children's Hospital/University of Washington Medical Center-Pediatric Emergency Medicine
- Cardiology, Pediatric Cardiac Surgery, Thoracic and Cardiac Surgery

### Hospital Medicine

**Sabrina Carro, MD**, is a Hospitalist at Children's Wisconsin and an Assistant Professor at the Medical College of Wisconsin.

- Temple University–Lewis Katz School of Medicine, MD
- Medical College of Wisconsin Affiliated Hopsitals-Pediatrics
- Vanderbilt University Medical College-Pediatric Hospital Medicine
- Hospital Medicine

### Hospital Medicine

**Katherine Krause, MD**, is a Hospitalist at Children's Wisconsin and an Assistant Professor at the Medical College of Wisconsin.

- Indiana University School of Medicine, MD Indiana University School of Medicine-Internal Medicine/Pediatrics
- Medical College of Wisconsin/Children's Wisconsin-Pediatric Hospital Medicine
- Medical College of Wisconsin Pediatric Hospital Medicine Fellowship-Pediatric Hospital Medicine
- Hospital Medicine

### Hospital Medicine

**Megan LaCroix, MD**, is a Hospitalist at Children's Wisconsin and an Assistant Professor at the Medical College of Wisconsin.

- University of Wisconsin (Stevens Point, WI), BS, Medical College of Wisconsin, MD
- Medical College of Wisconsin Pediatrics-Pediatrics
- Medical College of Wisconsin-Pediatrics Child Neurology
- Hospital Medicine

### Hospital Medicine

**Natalia Painter, MD**, is a Hospitalist at Children's Wisconsin and an Assistant Professor at the Medical College of Wisconsin.

- University of Illinois College of Medicine at Peoria, MD
- University of Michigan Health Systems-Internal Medicine and Pediatrics
- University of Michigan Health Systems-Pediatric Hospital Medicine
- Hospital Medicine

### Hospital Medicine (Fox Valley)

**Karen Myhre, MD**, is a Hospitalist at Children's Wisconsin and an Assistant Professor at the Medical College of Wisconsin.

- Northwestern University Feinburg School of Medicine, MD
- Children's Hospital of Wisconsin-Pediatrics
- Hospital Medicine

### Plastic Surgery

**Megan Pencek MD**, is a Pediatric Plastic Surgeon at Children's Wisconsin and an Assistant Professor of Plastic Surgery at the Medical College of Wisconsin.

- University of Rochester School of Medicine and Dentistry, MD
- University of Rochester Medical Center-Plastic Surgery
- Washington University in St. Louis-Microsurgery, UPMC Children's Hospital of Pittsburgh-Craniofacial and Pediatric Plastic Surgery
- Plastic Surgery

## New Advanced Practice Providers

**Gastroenterology**
Angela Johnson, APNP

**Genetics**
Aleigha Barry, APNP

**Neurology**
Sarah Otterson, APP

## Retirement

Children's Wisconsin thanks our providers for their years of service.

**John Aiken, MD**
Pediatric Surgery

**Lynde Eliot May, PA-C**
Cardiac Surgery

**Laurie Good, APNP**
Critical Care

**Joe Kerschner, MD**
Otolaryngology

**Kant Lin, MD**
Plastic Surgery

**John Meurer, MD**
General Pediatric Medicine

**Coleen Rosen, NP**
Urology

**Jeff Schwab, MD**
Orthopedic Surgery

**Grzegorz (Greg) Telega, MD**
GI

### Gastroenterology

**Gila Ginsburg, MD**, is a Pediatric Gastroenterologist at Children's Wisconsin and an Assistant Professor of Gastroenterology at the Medical College of Wisconsin.

- Technion Israel Institute of Technology, MD
- Advocate Children's Hospital
- Medical College of Wisconsin–Pediatric Gastroenterology
- Gastroenterology

### Genetics

**Michael Finkel, DO**, is a Hospitalist at Children's Wisconsin and an Assistant Professor at the Medical College of Wisconsin.

- Michigan State University College of Osteopathic Medicine, DO
- Detroit Medical Center/Wayne State University School of Medicine–Pediatrics/ Medical Genetics & Genomics
- University of Michigan-Medical Biomedical Genetics–Medical Genetics
- Genetics

### Hematology/ Oncology

**Alejandra Escobar Vasco, MD**, is a Hematologist at Children's Wisconsin.

- Universidad CES, MD
- Michigan State University
- College of Human Medicine-Pediatrics
- Medical College of Wisconsin-Pediatric Hematology/ Oncology

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## Departures

Children's Wisconsin would like to thank the following providers for their contributions. We wish them well in future endeavors.

**Neurology**
Elham Emad Abushanab, MD

**Plastic Surgery**
Samee Shakir, MD

### Neonatology

**Sarah Furqan, MD**, is a Pediatric Neonatologist at Children's Wisconsin and an Assistant Professor of Neonatology at the Medical College of Wisconsin.

- Jinnah Sindh Medical University, MD
- Southern Illinois University School of Medicine–Pediatrics Advocate Health Care–Neonatal-Perinatal Medicine
- Neonatology

### Neonatology

**Paula Keppeler, MD**, is a Pediatric Neonatologist at Children's Wisconsin and an Assistant Professor of Neonatology at the Medical College of Wisconsin.

- UW-Madison School of Medicine and Public Health, MD
- Medical College of Wisconsin–Pediatrics
- Neonatology

### Neonatology

**Erik Verhage, MD**, is a Pediatric Neonatologist at Children's Wisconsin and an Assistant Professor of Neonatology at the Medical College of Wisconsin.

- Florida International University Herbert Wertheim College of Medicine, MD
- Duke University School of Medicine–Pediatrics
- University of Florida College of Medicine–Neonatology
- Neonatology

### Neurology

**John W. Whitinger, MD**, is a Pediatric Neurologist at Children's Wisconsin and an Assistant Professor of Neurology at the Medical College of Wisconsin.

- Wheaton College, BS University of Oklahoma Health Sciences Center (Oklahoma City), MD
- Medical College of Wisconsin Affiliated Hospitals – Child Neurology
- Neurology

### Ophthalmology

**Carleigh Bruce, MD**, is a Pediatric Ophthalmologist at Children's Wisconsin and an Assistant Professor of Ophthalmologist at the Medical College of Wisconsin.

- University of Florida–Gainesville, MD
- Medical College of Wisconsin
- Indiana State University–Pediatric Ophthalmology Medical College of Wisconsin–Neuro-Ophthalmology
- Ophthalmology

### Psychiatry

**Amna Aziz, MD**, is a Pediatric Psychiatrist and an Assistant Professor of Psychiatry at the Medical College of Wisconsin.

- Texas Tech University Health Sciences Center, MD
- Indiana University-Pediatric Psychiatry

### Psychiatry

**Breya Whitefield, PhD**, is an Adjunct Assistant Professor of Psychiatry at the Medical College of Wisconsin.

- Drake University, BS, Ball State University, PhD
- Psychiatry

### Pulmonary

**Mitali Thanawala, MD**, is a Pediatric Pulmonologist and an Assistant Professor of Pulmonology at the Medical College of Wisconsin.

- University of Missouri-Kansas City School of Medicine, MD
- Indiana University School of Medicine/ Riley Hospital for Children-Pediatrics
- Baylor College of Medicine-Sleep Medicine, Pediatric Pulmonology
- Pulmonology

### Urology

**Susan Jarosz, DO**, is a Pediatric Urologist and an Assistant Professor of Urology at the Medical College of Wisconsin.

- Western Michigan University, BS Michigan State University of Osteopathic Medicine, DO
- Ascension Macomb-General Urology
- Medical College of Wisconsin Affiliated Hospitals-Pediatric Urology
- Urology

## Condolences

Children's Wisconsin extends heartfelt gratitude to **Andrew Foy, MD**, for his many years of dedicated service. He will be deeply missed.

**KEY TO SYMBOLS:** DEGREE RESIDENCY FELLOWSHIP BOARD CERTIFICATION

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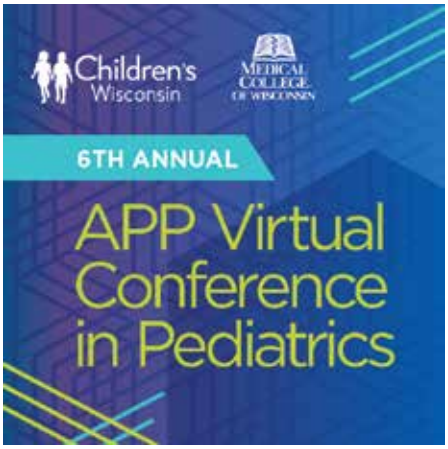
# Continuing Medical Education

**Children's Wisconsin is committed** to supporting medical professionals with continuing medical education and resources. Our physicians and providers are eager to share their knowledge and research to help you care for your patients. We are continually planning events that highlight the latest news about our specialties, best practices and other important topics.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Questions? Email **mdconnect@childrenswi.org.**