Healthlink On Air

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>> Trisha Torrey: Well, Dr. Nicholas Bennett joins us in the studio this morning. He's a Fellow in Pediatric Infectious Disease at Upstate. Welcome Dr. Nicholas Bennett.

>> Dr. Bennett: Hi.

>> Trisha Torrey: I know you like to be called Bennett, but I'm going to call you Dr. Bennett this morning.

>> Trisha Torrey: Okay, that's fine.

>> Trisha Torrey: All right? Very good. Kids and swine flu. Our kids are getting ready to go back to school.

>> Dr. Bennett: Mm-hmm.

>> Trisha Torrey: And there's a ton of information out there. And I think some of it's confusing and some of it's even conflicting. So let's talk about what parents need to know.

>> Dr. Bennett: Sure. Some of the information has changed. And I think that's part of the issue why there's been some confusion. The whole swine flu thing in the last year, we've learned a lot about the virus, a lot about the disease that it causes and a lot of our fears about it really haven't come to be founded. So that's helped direct our advice to people. And we're getting advice as doctors from places like the CDC and the Health Department. And [inaudible] as things have changed and I think the environment's helpful to [inaudible].

>> Trisha Torrey: Things have really changed. And you know, I know this summer kids were going off to summer camp and a lot of kids were getting the swine flu.

>> Dr. Bennett: Mm-hmm.

>> Trisha Torrey: We'd hear reports, but we really haven't heard any of the dire predictions about deaths or anything else, have we?

>> Dr. Bennett: Mm-hmm. I think what we've found, and that [inaudible] information kind of play into that. What we've found is that the swine flu really isn't any more dangerous than the regular flu. The regular flu of course is dangerous. It kills 36 - 40 thousand people a year. But the swine flu doesn't seem to be any more dangerous except in people who have a kind of a preexisting condition that makes them more vulnerable, something that affects their immune system, a chronic disease that's already got them a little bit sick, that kind of thing.

>> Trisha Torrey: Well, let's make sure that we understand. And also your advice is a little bit different for different ages as well. So, let's talk briefly about babies and pregnant women. What do we need to know?

>> Dr. Bennett: Well the biggest difficulty with babies is really two-fold. First is they tend to get sicker with flu. They don't just get a cold, although they might just get a cold, but they may be more likely to get a serious pneumonia or even more of what we call a systemic infection where the virus kind of goes everywhere.

>> Trisha Torrey: Mm-hmm.

>> Dr. Bennett: So they can get very sick with flu. That's the first thing. The second thing is, the vaccines really can't be given. They've not really been tested in the very young infants, less than six months of age, although there's some work to change that too. Which means the only way to protect the very young babies is to kind of vaccinate around them, the other kids in the house, the caregivers, parents, grandparents who might be looking after the kids.

>> Trisha Torrey: Anybody who is going to be coming into contact with that baby.

>> Dr. Bennett: Exactly.

>> Trisha Torrey: And pregnant women? Let's briefly cover what they need to be concerned with.

>> Dr. Bennett: One of the interesting things, and unfortunate things, is that the swine flu deaths that have occurred, as I said before, are in people with preexisting conditions. But also pregnant women seem to have had a hard time.

>> Trisha Torrey: Well, that's kind of a preexisting condition.

>> Dr. Bennett: Yeah. And it can affect a woman's immune system. So I would recommend that pregnant women vaccinate themselves not just to protect themselves, but also their antibodies, their immune responses could cross over into the baby before it's born.

>> Trisha Torrey: Mm-hmm. Okay.

>> Dr. Bennett: And that's the only way you're really going to protect a very young baby, less than six months, is to share the antibodies. So in a way you're vaccinating the baby while you're vaccinating yourself.

>> Trisha Torrey: I see. Now, of course the vaccine's not going to be ready for a couple of more months.

>> Dr. Bennett: Mm-hmm.

>> Trisha Torrey: So that is something that they need to be looking toward when that comes along?

>> Dr. Bennett: Yes.

>> Trisha Torrey: One of the things we hear is that young people, and that would include children, seem to be more vulnerable to the swine flu, which seems to go counter to what we know about seasonal flu. So, how would that happen?

>> Dr. Bennett: Well, the bias is really the other way around. It's not so much that the youngsters are more vulnerable, but what's been surprising is that the older side of the population haven't been more vulnerable and what the CDC defines as older is kind of over 65.

>> Trisha Torrey: Oh, okay. I'm not quite there, but go ahead [laughs].

>> Dr. Bennett: [Laughs]. But there's been a very odd phenomenon with swine flu. And that's been that the older population hasn't been as widely affected as we'd thought. So the kids and the younger adults have kind of stood out.

>> Trisha Torrey: Mm-hmm.

>> Dr. Bennett: But it's not so much that they're vulnerable as they're just normal.

>> Trisha Torrey: Ah-hah.

>> Dr. Bennett: The reason why the older population seems to be protected is that they have a preexisting immunity to the virus. It's a very similar strain as was thought to have circulated in the mid- to late 1950s. So anyone born before '57 is thought to have been exposed and protected. So that has implications for the vaccine recommendations.

>> Trisha Torrey: I see. Okay. You know what? That makes sense. If you were exposed to it before, you would build some immunity. All right. Our kids are going back to school.

>> Dr. Bennett: Mm-hmm.

>> Trisha Torrey: What's the number one piece of advice you would give?

>> Dr. Bennett: Well, top three pieces of advice I would give, one would be hand washing, the second would be hand washing and the third would be hand washing.

>> Trisha Torrey: I see. So you think that hand washing is important [laughs].

>> Dr. Bennett: Definitely.

>> Trisha Torrey: And what about hand sanitizers?

>> Dr. Bennett: Sanitizers would be good. The alcohol based washes with kill the virus. They'll kill flu quite nicely.

>> Trisha Torrey: Okay.

>> Dr. Bennett: Simple things. If you're sick, stay home. If you have to sneeze, sneeze into your sleeve, not into your hand.

>> Trisha Torrey: Mm-hmm.

>> Dr. Bennett: All of these little things which you would be recommending to any regular flu, any regular cold apply to swine flu. And really, because swine flu

doesn't seem to be any more dangerous, those recommendations haven't really changed.

>> Trisha Torrey: you know, I read somewhere where they're thinking now that one of the reasons swine flu has been no more dangerous than it is is because all of a sudden we really have paid attention to this good advice that's been out there for a long time anyway.

>> Dr. Bennett: I think that's true to some extent. But what we've found is that it spread very quickly. And the fact that it's spreading in the summer is interesting where really we haven't -- we don't traditionally see flu. We see spikes every winter --

>> Trisha Torrey: Mm-hmm.

>> Dr. Bennett: But nothing much in the summer. Swine flu's continued to spread around. So it's certainly infectious and contagious, and the fact we haven't seen so many bad outcomes I think is a reflection of the virus more than our efforts kind of contain it.

>> Trisha Torrey: Ah-hah.

>> Dr. Bennett: Because the containment hasn't worked as well as we'd hoped. I think we certainly had enough global spread of the virus.

>> Trisha Torrey: And if kids to get sick, what should we recommend? Do they need to stay home? I know in the spring they were saying they should stay home for a week, but even that has changed hasn't it?

>> Dr. Bennett: Yeah. In the spring we really didn't know what we were dealing with and particularly with the reports coming out of Mexico City, there was a very real concern that this was a dangerous virus like avian flu.

>> Trisha Torrey: Mm-hmm.

>> Dr. Bennett: That hasn't turned out to be the case, thankfully. So the recommendations have been scaled back. They reopened the schools earlier on in the year. And now they're saying if someone is sick, for kids at least going back to school, stay away for about 24 hours after your symptoms have gone, including fever. Now that doesn't count if you've managed your fever with something like Tylenol or Motrin, because the virus is obviously still there. You're just suppressing the immune response to expressing the fever to it. You want to make sure it's a natural loss of symptoms.

>> Trisha Torrey: Okay.

>> Dr. Bennett: Obviously manage symptoms as needed.

>> Trisha Torrey: But then go ahead and send your kids back to school.

>> Dr. Bennett: After a day, that's what the recommendations are.

>> Trisha Torrey: Very good. Well Dr. Nicholas Bennett, Fellow in Pediatric Infectious Disease at Upstate. Thanks for coming by this morning. Good advice before we go back to school.

>> Dr. Bennett: Thanks for having me on.

[Music]

>> Hi. I'm gettin' happier, gettin' healthier psychologist, Dr. Rich O'Neill with this week's Check up from the Neck up. Well folks, every once in a while, I meet one of my legion fans who tells me I look like Bill Nye, the Science Guy. While I don't see it, I do like being mentioned in the same admiring breath as the guy who's made science popular and useful. But around my house, it's a different story. Whenever I say something like, I read a really cool study about -- I hear groans

and, you believe that? You scientists say one thing one day and flip-flop the next, like the saturated fat in butter will kill you. Eat margarine. And then the next day, the trans-fat in margarine will kill you. Eat butter. So, I'm Rich O'Neill, the science schlemiel at home. And no amount of explaining that science piles up evidence over time until the balance tips one way or the other to the answer helps. Anyway, call me what you will, but this week I read a really cool piece of research with unquestionable life-changing results. These researchers reviewed thousands of studies done over decades, picked the ones with the very best scientific designs and combined the results of all of them to answer one question. What's the smallest change many of us have to make for big time happier, healthier results? Something that sweeps aside our usual excuses of, I don't have enough time, or it'll be too hard. And we already know how to do it. And we'll have less pain and less disability, spend less on doctors, feel sexier and be skinnier. And it's free. We don't even have to change cloths, get sweaty, take a shower, go outside or miss our favorite TV shows. What was it? Regular old walking. Yep. The researchers found that people who walked 10 minutes a day had 1/3 less chance of heart disease and 1/3 less chance of dying over the average 12 year period of these studies than people who didn't. 10 minutes a day for 12 more years. And I figured out how to do it during TV time without going outside. Every time a commercial comes on, instead of pushing a button to channel surf, let's put the button on the butt, stand up and walk around the room until the show comes back on. Do that a couple of times in a half hour, and we'll have our 10 minutes. Voila, my walking partners. I'm Dr. Rich O'Neill, the happier, healthier science schlemiel. Thanks.

[Music]

>> Trisha Torrey: Well, welcome back to HealthLink On Air brought to you each week by SUNY Upstate Medical University, making the academic difference in health care in the Central New York community. And this is your host, Trisha Torrey, every patient's advocate. Well you know, as the Golisano Children's Hospital continues making its impression on our cityscape, we at HealthLink On Air continue bringing stories about the services that already exist for children at University Hospital. So many of them are services we just don't think about because we've not been in a position to need them or to take advantage them. And this morning we're going to highlight another one of those services. I love these kinds of conversations. In the studio with me this morning is Marsha Kernan. Marsha's a certified child life specialist who works with the Pediatric Outpatient Department at University Hospital. Good morning Marsha.

>> Marsha Kernan: Good morning.

>> Trisha Torrey: And we're going to talk about what her job entails as a pediatric child life specialist and how children and families benefit. It seems like a broad title Marsha. I mean, I think about as a parent, I feel like I'm my child's life specialist. But you're talking about a particular point in their lives, aren't you?

>> Marsha Kernan: Yes, when children are admitted to the hospital, or even going to a doctor's visit, it can be very stressful, very frightening. They don't know what to expect. And many times, they're not feeling well. The parent is under a lot of stress. So part of our job is to help the children and the parents cope with the hospital experience, cope with the illness and to teach them different ways to get through the illness with a little bit less stress and a little less fear.

>> Trisha Torrey: Well you know, it's interesting you say that. I've mentioned before on the program that when I was four years old, I was hospitalized. I had a birth mark removed. So it probably was no big deal to the doctors nor to my parents. I was scared to death. And to this day, many, many, many years later, I remember the fear. And that's really what you're there to mitigate, aren't you?

>> Marsha Kernan: Yes. Our job is to talk with the parents and to teach the children what is happening. And it may not necessarily be in medical terms, but in what they're going to see and what they're going to hear, what they're going to feel. Because sometimes the unknown is worse than what is actually going to happen.

>> Trisha Torrey: Oh, you know, I think that very much rings true with a lot of people. What does your day look like then? You come into work, and where you go to the outpatient clinic, I know. But there are a number of child life specialists, aren't there?

>> Marsha Kernan: There's eight of us here at the hospital. Some cover the emergency room, we cover surgery center, all of the inpatient units. I happen to work in the outpatient department. If children come to see the doctor, and they're afraid, we can talk to them about what is going to -- what the doctor's going to do. We also have dolls and medical equipment that they can play with. We have real equipment, but we also have play equipment to get them a little bit more used to what's going to happen. We have different ways to show them that certain things

aren't going to hurt. Or we have different ways to explain to children. Instead of saying, you have to get a shot, we say, it's going to feel like a small pinch.

>> Trisha Torrey: Mm-hmm.

>> Marsha Kernan: Which is a little less threatening to the children.

>> Trisha Torrey: It is, it is. You're the ones that are blowing up those surgical gloves, aren't you [laughs].

>> Marsha Kernan: No, most definitely, we are not, because that is a chokable item. We're the ones that are looking out for the children's safety.

>> Trisha Torrey: Ahh.

>> Marsha Kernan: And we're taking those surgical balloons away from the children.

>> Trisha Torrey: Ah-hah. That's a very interesting point.

>> Marsha Kernan: Because the kids will put a finger in their mouth. If they bite down on it, they can choke on it. So we're looking out for their safety and their welfare in all aspects.

>> Trisha Torrey: Very interesting point. Well speak to me about some of the children that you might help out, because they would be at different ages. You would have different services for them, am I right?

>> Marsha Kernan: Oh, most definitely. We're trained in child development. So we understand how children think at different ages.

>> Trisha Torrey: Sure.

>> Marsha Kernan: And so you have to explain to children in language that they can understand. And if they're particularly young, sometimes they don't have the cognitive level to understand what you want to teach them, so you may use different coping mechanisms of different relaxation or distraction. But if they're a little bit older, preschool, school age, you can use different language to explain to them or to demonstrate with a medical doll --

>> Trisha Torrey: Mm-hmm.

>> Marsha Kernan: -- what's going to happen.

>> Trisha Torrey: I see. And what about then when they get into more like school age? So, they know, they're preparing to go to the hospital perhaps, unless of course it's an emergency. Do you help them get ready for surgery, for instance?

>> Marsha Kernan: We do have a child life specialist that works in the surgery center that will give tours to show the children and the families what to expect and because as I said before, sometimes the unknown is worse than knowing what to expect. And to talk to the kids about how they're going to feel and that the emergency -- or excuse me, the operating room is going to feel chilly. Some of the sounds that they're going to hear, some of the equipment that they're going to see, what they're going to be expected to wear.

>> Trisha Torrey: Mm-hmm. And you know, I love that you're talking about managing their expectations. And I think that's huge. Now what about the kids who get a little older? I'm not sure, how old are the oldest children you work with?

>> Marsha Kernan: Pediatrics goes through age 18.

>> Trisha Torrey: Mm-hmm. And so you must be working with some adolescents and older kids. What kinds of issues do they have?

>> Marsha Kernan: Well, many of the older kids and the adolescents, they have very independent --

>> Trisha Torrey: Mm-hmm.

>> Marsha Kernan: -- views. And they may not want to admit that they're afraid or they're nervous about something. And also with adolescents, there's a lot of different body issues.

>> Trisha Torrey: Mm-hmm.

>> Marsha Kernan: Odd image issues. And when you go to the hospital and you're working with a doctor, they -- sometimes they're very, very nervous or what are people going to think about me? And do I have to wear that gown? Why can't I wear my own clothes? So sometimes the child life specialists, we can be an advocate for some of those patients. And as long as it doesn't interfere with medical process, we are advocates and say, well you know, let them wear their jeans.

>> Trisha Torrey: As long as they're not going to get in the way.

>> Marsha Kernan: Yeah. Bring their own pajamas.

>> Trisha Torrey: Sure, very good, very good. How does your service get paid for? I mean is this something that ends up on somebody's hospital bill?

>> Marsha Kernan: Oh, most definitely not. Our service is provided through the hospital. Any child that is inpatient in the hospital would have a child life specialist introduce themselves to them and offer their services to the children and to the parents.

>> Trisha Torrey: Mm-hmm.

>> Marsha Kernan: There's a playroom on the floor. If the child is too sick to go to the playroom, the child life specialist can bring therapy and play materials to the child at their bedside as well.

>> Trisha Torrey: You can. And then you work with the family as well.

>> Marsha Kernan: Oh most definitely. We often ask -- work as advocates for the parents. Many parents are not sure what questions to ask, or not sure who to ask. So we kind of give them a roadmap too, of who's who at the hospital and who's taking care of their child and to give them the freedom to know, you can ask these questions. It's okay.

>> Trisha Torrey: And you know, I think that's very, very important. How did you become a child life specialist? What kind of training you -- I know that you said you have child development training. But is there a certain degree you get? Is there a certification?

>> Marsha Kernan: Yes. You can get your degree as a child life specialist. It's a four year degree.

>> Trisha Torrey: And who offers it?

>> Marsha Kernan: The closest one is Utica College, which is part of Syracuse University.

>> Trisha Torrey: Mm-hmm, very good.

>> Marsha Kernan: Or you could check on the Child Life Website, Child Life Council. They can lead you to different programs. You must have a 480 hour internship.

>> Trisha Torrey: Wow.

>> Marsha Kernan: Yes.

>> Trisha Torrey: That's a long internship.

>> Marsha Kernan: It's a complete semester. It's 40 hours a week for a complete semester.

>> Trisha Torrey: So is that part of a Bachelor's degree or do you also get a Master's degree?

>> Marsha Kernan: That's part of the Bachelor's degree.

>> Trisha Torrey: Mm-hmm.

>> Marsha Kernan: And once you complete that, then you can take a certification exam, which is a national exam.

>> Trisha Torrey: It is. And so child life specialists may be found in other hospitals, not just University Hospital?

>> Marsha Kernan: Yes.

>> Trisha Torrey: And tell me about that. They haven't been around for a long time, have they?

>> Marsha Kernan: No, the career has been around about 30 years.

>> Trisha Torrey: Mm-hmm.

>> Marsha Kernan: The certification has been -- with the testing -- has been around for about 10 to 15 years. And they have always looked at more ways to make it more professional. Years ago we used to be called the Play Ladies.

>> Trisha Torrey: Oh, gosh, okay.

>> Marsha Kernan: And, but we offer more professional services. So we want to make sure that we have the education to back that up. So we make sure we present ourselves in a professional manner.

>> Trisha Torrey: Very good. So, if anyone is actually thinking about child life specialist as a career, they can go to the Website. And tell me again what that is.

>> Marsha Kernan: Mm-hmm. It's Childlife.org.

>> Trisha Torrey: Childlife.org. Easy enough. And we'll also put a link from our HelpLink on your Website. Well, is there anything else we should know about child life specialists at University Hospital?

>> Marsha Kernan: Well, sometimes people forget that you have to think like a child --

>> Trisha Torrey: Mm-hmm.

>> Marsha Kernan: -- when you are working with children in a hospital. Just one short story I'd like to tell you. We had a child in our outpatient department. He was seven years old and he was in the foster care system. And he was going to have to be admitted to the hospital for IV antibiotics because he had an infection in his knee. He was very scared to go. The doctors and the nurses spent probably two hours trying to convince him to go to the hospital and to be admitted for this special medication. And finally they asked me to talk to him. And I just spent a little bit more time talking to him about that they would bring him his food on a tray and that his bed would go up and down and he would have a special button to call the nurse whenever he needed anything, because his foster family wasn't going to be able to stay with him.

>> Trisha Torrey: Mm-hmm.

>> Marsha Kernan: And he looked at me and he said, "You mean the nurse would come all the way from her home in the middle of the night?"

>> Trisha Torrey: Ah-hah!

>> Marsha Kernan: He did not know that nurses stayed at the hospital all night. Once he knew that there was going to be an adult there, so he was more than willing to give it a try at that point. But we had to get beyond the medical reason why he was going to be and to talk to him about the things that he was concerned about.

>> Trisha Torrey: And that's excellent. And it goes back to managing his expectations and answering questions we wouldn't even think to ask, would we?

>> Marsha Kernan: Exactly.

>> Trisha Torrey: Very good. Well Marsha Kernan, thanks so much. This is a great program. I had no idea there was this expertise at University Hospital. I think families and children certainly must benefit. And I so appreciate the fact that you're there.

>> Marsha Kernan: Thank you for having me.

>> Trisha Torrey: And listeners, we do need to take a break now, but please stay with us. We'll be back in just a few moments. This is SUNY Upstate's HealthLink On Air, on 570 WSYR.

[Music]

>> Trisha Torrey: Well, welcome back to HealthLink On Air, brought to you by University Hospital, making the academic difference in health care in the Central New York community. And I'm your host Trisha Torrey, every patient's advocate. And I don't know about you, but it seems to me every time I turn around, there's another fund raiser for one thing or another. Personally I have a handful of charities I donate to, ones that have become important to me, but among them are local charities. And in having this discussion with some friends recently, we were talking about cancer charities. It seems like every time we turn on the radio, turn on the TV there's another one that money's being raised for. And one of my questions was whether or not any of that money comes to Central New York. So in looking through who we could talk to about this, we found Dr. Richard Sills. And Dr. Sills is in the studio with me this morning. Good morning Dr. Sills.

>> Dr. Sills: Good morning.

>> Trisha Torrey: Dr. Sills is a Professor of Pediatrics at SUNY Upstate and works with pediatric cancer patients, meaning children with cancer. I've got to think that that must be the highs and lows of any kind of doctoring. Am I right?

>> Dr. Sills: Well it is, but there are a lot of joys. Over 70% of children with cancer now survive their disease.

>> Trisha Torrey: Over 70%?

>> Dr. Sills: And so there are a lot of joys to go along with the more difficult times.

>> Trisha Torrey: I see. Well let's talk about some of the children's cancers and then let's go back to this fund raising question that I alluded to because that really is what precipitated this conversation. Children's cancers, what kinds of cancers are we typically talking about?

>> Dr. Sills: The most common cancer that we see in children is leukemia.

>> Trisha Torrey: Mm-hmm.

>> Dr. Sills: Which is over a third of the patients that we treat have it.

>> Trisha Torrey: And what kind of cancer is leukemia?

>> Dr. Sills: Leukemia is a cancer of blood; it's a cancer of the white blood cells that fight infection. And it was the first cancer for which there really was successful chemotherapy, starting around 1950. To the point today that a disease that was uniformly fatal then now has a cure rate that's approaching 90%.

>> Trisha Torrey: Wow! Now, when you say children, are you talking about babies with leukemia or are they a little older before they develop it?

>> Dr. Sills: We're talking about newborns up to the age of 21, which is the age to which we treat.

>> Trisha Torrey: Wow. And do we know what causes leukemia?

>> Dr. Sills: We're beginning to understand it, but our understanding of why it really happens is still pretty primitive.

>> Trisha Torrey: You know, that's interesting because we hear so much about cancer research, and it seems to me that in so many cases, they discover what causes it and then they can figure out how to attack it. And this is the opposite of that, isn't it?

>> Dr. Sills: Absolutely. Here we are just trying all sorts of, sometimes very non-specific approaches, trying to kill these rapidly dividing malignant cells without truly understanding what we're treating. There are some exceptions. There are some specific leukemias for which we now understand better what causes them and how to specifically treat them. But for most of our patients, it's really kind of shotgun approach, or trying different things. But, that shotgun approach is working.

>> Trisha Torrey: Well children seem so resilient, I have to think that they can probably bear up under an awful lot that -- and that has got to be helpful to them. Is that true?

>> Dr. Sills: It is. I think there's also just a difference in the biology. What looks like the same leukemia in adults and in children, actually children do much better. And it's not only their resilience. There's actually probably real differences in their cancers.

>> Trisha Torrey: I see. What other cancers do you deal with?

>> Dr. Sills: Brain tumors are very common, probably the second most common malignancy we see in children. And we're getting more and more successful at introducing chemotherapy for many of these children. And the next most common group would be the cancers of the lymph nodes, the lymphomas.

>> Trisha Torrey: The lymphomas. Now you mentioned also hematology. I know that you work with oncology, which is cancer treatment. Hematology, which is blood treatment?

>> Dr. Sills: Correct.

>> Trisha Torrey: Tell me more about that.

>> Dr. Sills: There are a wide variety of hematologic or blood disorders in children.

>> Trisha Torrey: Say that word again.

>> Dr. Sills: Hematologic.

>> Trisha Torrey: Okay, that's a good one [laughs]. Tell me more.

>> Dr. Sills: And, some of these are children who develop simple iron deficiency anemia and get better. Some are children who develop bone marrow failure who actually have diseases so severe that the likelihood of their surviving their disease may be less than that of children who have cancer. There are a large number of children with sickle-cell anemia in our community, which affects African-Americans more than other populations. And this is a very serious life-long illness that has a number of often very painful complications.

>> Trisha Torrey: You know, I've heard of sickle-cell anemia, but I don't know very much about it. Can you tell us a little bit more? Is there a way of telling if someone has sickle-cell anemia, if we see somebody say on the street? Or is it just something that's in their blood and they have to deal with?

>> Dr. Sills: It's in their blood. It's recognized at birth. It's a genetic disorder. We understand how it occurs and the specific genetic defect.

>> Trisha Torrey: Okay.

>> Dr. Sills: The carrier state occurs in 1 in 10 African-Americans and the disease in about 1 in 400. We are getting better at treating this disease, but we have a long way to go.

>> Trisha Torrey: But you said it's life-long. Can someone live a long time with sickle-cell anemia?

>> Dr. Sills: The average life span for patients with this disease is probably approaching 50.

>> Trisha Torrey: Wow. Well, at least -- but you said it's a painful experience?

>> Dr. Sills: There are episodes of pain that are unpredictable but probably among the most severe if not the most severe painful episodes that we see in patients with any disease.

>> Trisha Torrey: Oh, my gosh. And how is it treated then?

>> Dr. Sills: It is treated in some ways by supporting kids through this episode that we are developing drugs that appear to decrease the likelihood of the disease. We are working toward improving bone marrow transplantation, which right now is the only real cure of the disease, but it's not available to most of our patients.

>> Trisha Torrey: Now, all of these special treatments and curing this many children and helping them get through these experiences requires a lot of money, doesn't it?

>> Dr. Sills: Oh it does. And it really requires more than just medical care.

>> Trisha Torrey: Mm-hmm.

>> Dr. Sills: I mean, health insurance reimburses us to provide medical care, but we try to do much more than that. We try to provide psychologic support, psycho-social support, helping families through this. Not only helping the child with treatments, but helping the child adjust to returning to school when they've lost their hair --

>> Trisha Torrey: Oh, my gosh, yeah.

>> Dr. Sills: -- and are ridiculed.

>> Trisha Torrey: Yeah.

>> Dr. Sills: Helping the siblings who suddenly don't understand why they're not getting any attention.

>> Trisha Torrey: You know, true.

>> Dr. Sills: Why mommy and daddy are there. It's a huge part of what we do, and that's what we really need community support for.

>> Trisha Torrey: Very interesting. Those are aspects that I really hadn't thought about. I tried to think, I tried to put myself in the shoes of a parent whose child has just been diagnosed with cancer. And I'll be frank with you, my first thought was, I would want my child to get the very best care available, and that must be, and then I could think of all of these places that I hear about fundraising. I here of St. Jude's and I hear of Dana Farber, and the Jimmy Fund, which I even see at the movies sometimes. Do Central New York children go to those places?

>> Dr. Sills: Occasionally, but really very rarely. Probably 99% of children stay right here and actually get the very same therapy they would get at all those other institutions, Memorial Sloan Kettering, St. Jude's, Boston Children's. In the United States the way we developed the best trials and treatments for childhood cancer is to do it nationally. And we belong, here in Syracuse at Upstate Medical University, to the Children's Oncology Group. So we are a part of a huge network of the major centers in the United States treating children with cancer. We've all used the same protocols. So centrally, there are a group of people who develop the best treatment for kids with leukemia, the best treatment for kids with brain tumor. And those protocols are then utilized throughout the membership of the Children's Oncology Group. So our kids are going to get the benefit of those best brains --

>> Trisha Torrey: Mm-hmm.

>> Dr. Sills: -- across the United States and get that same therapy that they would get in Boston, or they would get in New York or they would get in Memphis or in Houston.

>> Trisha Torrey: And yet they can be close to home.

>> Dr. Sills: And yet they're close to home. For families to have a child diagnosed with cancer and then to have to pick up, leave their support, leave siblings behind, not have the grandparents. It is so difficult as it is. That makes it incredibly difficult. To be able to at least be near home and have their support systems and have a center big enough to have the experience, but small enough to know the name of every child who walks in the door, and their siblings, makes a tremendous difference to help families deal with this disease.

>> Trisha Torrey: I hear the passion in your voice. This is clearly something that's very, very important to you. And it occurs to me then, if I'm seeing all of these places, going back to my original question about donating money to help these children, if I hear you correctly, we don't have very many children going to all of these other places, so if I'm sending my money to St. Jude's or the Jimmy Fund or one of them, I'm not helping Central New York children.

>> Dr. Sills: That is essentially correct. You're not.

>> Trisha Torrey: And I realize you're trying to be politically correct and you're trying to bite your tongue and all of those good things, but I'm thinking now that my checks should be written here locally, shouldn't they?

>> Dr. Sills: Yes, it should.

>> Trisha Torrey: [Laughs] Okay. And I can appreciate that you're being very good about all of that. Well, Dr. Sills, thank you so much for coming by to tell us this morning. I understand better now about children's cancers and I also know where I'm going to write those checks. I'm excited about the Golisano Children's Hospital. I think that this is going to be huge, and clearly your passion shows right through. Thanks so much for coming by this morning.

>> Dr. Sills: Thank you.

>> Trisha Torrey: And listeners, we do need to take a break. Please stay with us. We'll be back in just a few moments. This is University Hospital's HealthLink On Air, on 570 WSYR.

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