When a child is diagnosed with cancer or a serious blood disorder, it affects the whole family. Pediatric hematology/oncology specialists at NewYork-Presbyterian Hospital combine expertise with compassion when caring for every patient — and his or her family — who walks through our doors. Our goal is not only to provide effective therapies, but to return children to lives that are as normal and productive as possible, so they can grow up to be healthy adults.

We provide care for children and adolescents with cancer and blood disorders at two renowned academic medical centers: NewYork-Presbyterian/Columbia University Medical Center, which includes the Morgan Stanley Children’s Hospital, and NewYork-Presbyterian/Weill Cornell Medical Center, which encompasses the Phyllis and David Komansky Center for Children’s Health. Children receive exceptional care for a wide range of congenital and acquired blood disorders, including sickle cell disease, hemophilia, platelet disorders, and hemoglobinopathies — especially the thalassemias, for which we are internationally recognized.

We also provide high-quality care for children of all ages and types of cancer — leveraging a strong portfolio of clinical trials which provide patients with extraordinary access to the latest advances. In addition, research scientists at both campuses are conducting basic and translational research that is helping to improve the future for children with cancer and blood disorders.

Our focus on a multidisciplinary approach to care and access to a full array of pediatric specialists enables us to treat even the sickest patients. We invite you to learn about the strengths of our programs and encourage you to contact us for more information or to refer a patient.

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One of the nation’s leading hospitals for the treatment of cancer and blood disorders in children and adolescents.
In studies sponsored by the Children’s Oncology Group (COG) and clinical trial. For newly diagnosed patients, the Division participates in the largest pediatric oncology programs in the United States and is recognized by the National Cancer Institute (NCI) as a center of clinical leadership. Our faculty hold national leadership roles in developing and leading multi-institutional pediatric trials, including those sponsored by DFCI and the Therapeutic Advances in Childhood Leukemia & Lymphoma (TACL) consortium. These studies allow us to offer patients access to emerging therapies when conventional options have been exhausted.

Comprehensive Patient-Oriented Pediatric Cancer Care

New York-Presbyterian Morgan Stanley Children's Hospital has one of the largest pediatric oncology programs in the United States and is recognized by the National Cancer Institute (NCI) as a center of excellence.

Patient-Centered Care and Clinical Research

To provide the full range of options for patients with cancer, we maintain a broad portfolio of clinical, biological, behavioral, and complementary therapy protocols that allow us to provide comprehensive patient-oriented care. Over 90% of families who present to our center choose to have their child participate in at least one clinical trial. For newly diagnosed patients, the Division participates in studies sponsored by the Children’s Oncology Group (COG) and the Dana Farber Cancer Institute (DFCI) Leukemia Consortium.

Bone Marrow Transplantation: the Only Cure for Sickle Cell Disease

Despite advancements in supportive care for sickle cell disease, the current median life expectancy for patients is only 45, and patients suffer from a range of symptoms such as pain, infection, anemia, stroke, and blindness. The Stem Cell Transplantation Program at Morgan Stanley Children's Hospital is one of the largest in the Tri-State area offering bone marrow transplantation to patients with sickle cell disease. With over a decade of experience, we have the expertise to provide state-of-the-art care for children with sickle cell disease who wish to pursue this curative option.

Changing the Paradigm of Care

Although bone marrow transplantation is the only curative therapy for those affected with sickle cell disease, the toxicity associated with conventional transplantation approaches has posed a barrier for many patients. Our Stem Cell Transplantation Program has pioneered new approaches that have dramatically improved the outcomes for patients undergoing transplantation from a matched sibling donor. Using a method that reduces the intensity of the transplant regimen, we have achieved 100% event-free survival rate over the last five years, utilizing sibling donors to cure patients with sickle cell disease.

With more data on risk factors, we will be able to identify which patients need to receive prophylactic treatment and with what agent,” said Nicole Kucine, MD, Assistant Professor of Pediatrics and lead physician for the pediatric thrombosis program. “This is a novel approach in which we have established a comprehensive “anticoagulation clinic” for the short- and long-term follow-up of children who have had a thrombus — not only providing expert continuum care by a hematologist, but also gathering data which will guide factors such as treatment type and duration.

Phyllis and David Komansky Center for Children's Health is the preeminent center in New York, New Jersey, and Connecticut for preeminent center in New York, New Jersey, and Connecticut for comprehensive patient-oriented cancer care. Over 90% of families who present to our program by calling (212) 746-3400.

An innovative laboratory is headed by another member of our Division — Beatt Mitchell, MD, Clinical Assistant Professor of Pediatrics. His work focuses on understanding the biology of how platelets are actually made in the bone marrow from stem cells. Advances in the clinical management of patients in a direct translational ‘bench-to-bedside’ manner.

Pediatric thrombosis — a rising trend: As children with complex medical disease live longer, their needs for medical advance, invasive procedures, and complex surgeries — more of them are surviving with shunts, stents, and surgical hardware inside their bodies that place them at increased risk of forming blood clots. Children who have been treated for short bowel syndrome and those who have had any kind of organ transplant are also at risk. We have also become more aware of inherited conditions which predispose children to forming clots, mainly through better investigation of clots when they occur in parents or siblings.

The incidence of thrombosis among hospitalized children has risen ten- to 20-fold in recent years. This alarming rise has led to increased morbidity and occasionally mortality, and a significant problem of trying to balance the improved survival achieved through medical advances with the secondary risks these treatments bring.

At the Komansky Center for Children’s Health, we have established a pediatric-focused thrombosis program. We have created a new registry for any child with a blood clot, coupling clinical information with data on potential risk factors from procedures, immobilization, and factors related to their environment (including lifestyle, medications, and activity) and inherited predisposition. The goal is to use this information to create an algorithm to assess thrombosis risk. “If we identify the high-risk factors,” Dr. Bussel said, “we can then treat them and the children can be monitored.”

Our laboratory and translational research programs are refining the care of young patients with platelet disorders and offering whole-genome sequencing to patients with sickle cell disease who do not have a matched sibling. We are exploring ways to reduce the toxicity of transplants using unrelated donors, including the use of stem cell donation and less intensive conditioning regimens. We also offer access to multiple national clinical trials, including one aimed at improving the success of bone marrow transplantation from an unrelated donor by reducing the intensity of the conditioning regimen (the SCURT Study: Sickle Cell Leukemia Reduced Transplant Study).

"Given our outstanding outcomes, we have reached a point where we believe bone marrow transplantation should be an option for every child with sickle cell disease who has a matched sibling,” explained Monica Bharia, MD, Director of the Stem Cell Transplantation Program, who directs the program. “About one in five patients falls into this category and may benefit from this procedure. We’ve shown that bone marrow transplantation improves the overall quality of life for patients with sickle cell disease and their families.

For more information or to schedule an appointment, call Elana Smilow, CPNPn at (212) 305-8443 or Ria Hawk, CPNP at (212) 305-5993, or visit nyp.org/kids/morganstanley.

Personalized Care for Patients with Sickle Cell Disease

Patients referred to our program are evaluated by a team of physicians, nurse practitioners, coordinators, psychologists, and other pediatric specialists as needed. If patients elect to undergo transplantation, this team is expanded to include nurses, social workers, and child life specialists who together care for the child during and after the bone marrow transplantation. We work closely with the primary hematologist and pediatrician to develop a shared care model to ensure optimal care of patients during the post-transplant period.

Focus on Pediatric Hematology/Oncology

Translational Research

Our laboratory and translational research programs are focused on identifying new causes of childhood cancer and unlocking these discoveries into clinically relevant methods to diagnose and treat cancer. Recent advances from our program include the discovery of acause for treatment failure in patients with leukemia, as well as new causes of brain tumors. We are now exploring the potential of next-generation sequencing to impact the care of patients with cancer. We have implemented the Precision in Pediatric Sequencing (PiPeS) program and are now offering whole-genome sequencing to patients with high-risk or relapsed tumors. As the program expands, we believe these technologies will not only allow us to provide more beneficial therapies to patients with cancer, but also allow us to provide more beneficial therapies to patients with cancer.