

COMMENTARY

Who Will Care for Tomorrow's Children With Benign Hematological Conditions?

Over the past decades pediatric hematologists have greatly contributed to the field of Medicine in a variety of ways. The unraveling of the molecular basis of thalassemia for example has enabled us to diagnose this disease pre-natally. Pediatric hematologists also identified the molecular basis for bone marrow failure syndromes and chronic granulomatous disease, and established effective treatments for iron overload in the hemoglobinopathies. Moreover, pediatric hematologists were instrumental in developing age appropriate strategies to diagnose and treat the coagulation disorders and hypercoagulable states in childhood. However, research opportunities continue to exist in this field. For example, who will identify the basis for fetal hemoglobin switching and define other potential cures and disease modifiers for sickle cell disease? There is a demand in transfusion medicine and opportunities for pediatric hematologists to unravel molecular underpinnings and treatments of a number of bone marrow failure syndromes, including Shwachman Diamond syndrome, Diamond Blackfan syndrome, and Dyskeratosis Congenita. These bone marrow failure syndromes are all disorders in which ribosomal function is affected. In part, there is much interest as to how ribosomal dysfunction predisposes some patients to cancer. Then, based on the ongoing need for (and therefore success of) the 1-800-NO-CLOTS service, we suggest that the need for experts capable of managing patients with complex bleeding and hypercoagulable disorders remains unchanged. Finally, our field also needs to develop tomorrow's hemophilia center leaders. Today there about 150 federally funded hemophilia centers mandated to manage and support affected patients and their families. These programs provide great career opportunities for pediatric hematologists. The work of pediatric hematologists does certainly not seem over to us.

Given the ongoing demand for academic pediatric hematologists, we believe that there is a responsibility for today's educational leaders (Pediatric Chairs and Pediatric Hematology/Oncology Division Chiefs and Programs Directors) to encourage sufficient trainees to choose a career in hematology. If funding for such a career is an issue, and we believe that at present funding for training in oncology is indeed better supported than that for hematology, today's leaders need to make concerted efforts to rectify the imbalance. We suggest that current leaders have the obligation to ensure that tomorrow's children with hematological disorders will be cared for as least as well as today's children. That certainly includes the availability of experts in that area and if that means that today's leaders need to lobby for better funding opportunities to train pediatric hematologists, let's get started. Perhaps ASPHO should consider an impact analysis to document the number of trainees pursuing careers in pediatric hematology compared to oncology over the past 10 years.

We suggest that Pediatric Departments acknowledge and publicly reward those who are successful in training pediatric hematologists. Their achievement should be highlighted and celebrated at (inter)national meetings, to encourage 'undifferentiated'

trainees to follow in their footsteps. Trainees in pediatric hematology/oncology programs need to be informed of the ASH Trainee Career Center web page. The web page contains a Grants Clearinghouse which lists comprehensive research grants for hematology trainees in various stages of training. The Grants Clearinghouse (available to all ASH members as an Excel file) provides grant opportunities available through ASH, NIH, other federal agencies, as well as grants provided by selected patient groups. We hope that by highlighting accomplishments and grant opportunities in hematology that more individuals at the formative point in their careers will pursue careers in pediatric hematology.

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