

A NEWSLETTER FOR
FRIENDS AND SUPPORTERS

Connections

SUMMER 2026



Investing in the Next Generation of Discovery

Young UCSF scientists are shaping the future of medicine

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Steady Leadership

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Precision Medicine

Thanks to genetic testing, doctors were able to identify what was driving Charlie's cancer and create a targeted treatment that changed the course of her care and recovery.



Dear Friends,

I have always loved building things — not for their own sake but for what they make possible for children and families and the care they rely on every day.

In pediatric medicine, “building” means creating the conditions where scientific discovery and patient care can move forward together. When I came to UCSF, I saw an opportunity to help shape something special: a pediatric enterprise grounded in scientific excellence as well as in a deep responsibility to this community.

That responsibility defines how we care for patients at our two hospitals, how we think about access and equity, and how we approach discovery — as an essential part of care.

One of the most important ways we do this is by supporting researchers at the beginning of their careers. At that stage, they carry bold, untested ideas — the seeds of the next major advance in care. The next cure. Without early support, many of those ideas never take hold. Philanthropy allows us to step in at that crucial moment, providing the time and resources that enable promising research to become breakthroughs that change the trajectory of diseases and save children’s lives.

In this issue of *Connections*, you’ll see what your support makes possible. You’ll read about how early funding helped launch Dr. Elliot Stieglitz’s work reshaping care for children with leukemia. You’ll meet Charlie, a young patient whose cancer treatment was guided by specialized genetic testing — the result of sustained investment in precision medicine.

Our new Oakland hospital building, which is currently under construction, is another part of this story. By pairing state-of-the-art clinical care with expanded research in the East Bay, we are strengthening the connection between innovation and the communities we serve, helping ensure that advances in medicine translate more directly and equitably into better outcomes for all kids.

I hope you see, in these pages, the many ways your partnership helps move this work forward and the difference it makes for children and families in the Bay Area and beyond.

With gratitude,

Raphael Hirsch, MD
Chair, Department of Pediatrics
Physician-in-Chief, UCSF Benioff Children’s Hospitals



Building Bridges: From Hospital to Home

At UCSF Benioff Children’s Hospitals, care extends beyond the bedside to the conditions that shape recovery. Launched earlier this year in partnership with the Oakland Housing Authority and Oakland Affordable Housing Preservation Initiatives, the Building Bridges: Hospital to Home program connects families of critically ill children — many of whom face housing instability — to stable housing with subsidized rent and supportive services.

Backed by philanthropic and public funding, the program was introduced alongside city leaders, including Mayor Barbara Lee (pictured left), and marked an early milestone with the enrollment of its first two families. As UCSF Benioff Children’s Hospitals president Nicholas Holmes, MD, notes, “Safe, stable housing has an enormous impact on children,” underscoring UCSF’s leadership in advancing whole-child health. Scan the QR code to read more.



The Power of Early Investment

Driving the Next Cure in Pediatric Oncology



Dr. Elliot Stieglitz (center) confers with colleagues at UCSF.

Early in his career, pediatric oncologist and physician-scientist Elliot Stieglitz, MD, began studying a rare childhood leukemia. His work has since changed how the disease is diagnosed and treated. We sat down with Dr. Stieglitz, the William Fries II Professor of Pediatric Oncology, to discuss how early philanthropic support helped shape his career.

What drew you to pediatric oncology?

I wanted to be a doctor for as long as I can remember. During medical school, on my first rotation in pediatrics, I saw what that could really look like. What stood out to me was the connection — not just with the patient but also with the entire family. In pediatric oncology, you become part of the patient's inner circle, along with the parents, the grandparents, even the family dog and the next-door neighbors! It's a real privilege to be a part of that.

Can you take us back to the moment you first encountered JMML?

During my residency, I was taking care of a patient who was suspected of having this rare type of blood cancer called JMML — juvenile myelomonocytic leukemia. As soon as this diagnosis came up as a possibility, everyone said, “Call Dr. Mignon Loh [former chief of pediatric oncology] at UCSF.” I called her, and she helped us make the diagnosis using a brand-new molecular technique. That experience led to my decision to pursue oncology training at UCSF.

What made UCSF stand out to you?

This type of work often is divided — you're either a physician or a scientist. But UCSF excels in this area because these roles come together. As physician-scientists, we understand which discoveries are most likely to help patients, and that perspective shapes the research so what we learn in the lab can more

quickly translate into better care. I realized this was exactly the career I wanted, and I don't think I could have accomplished what our lab has done anywhere else.

How did your early research begin to change how JMML is diagnosed?

When I first started in 2011, JMML was often diagnosed by ruling out other, more common types of leukemia. If a child didn't fit into those other categories, they would be diagnosed with JMML. We didn't think that was good enough, so we developed a molecular test to identify JMML. We discovered that 100% of JMML patients have a mutation in the RAS family of genes. That gave us a way to definitively identify the disease and ultimately changed how JMML is diagnosed and defined around the world.

What does that shift mean for patients and families?

Families regularly tell me that getting to a diagnosis is a huge ordeal. Patients are often sick and moving between hospitals as doctors search for answers, and getting a diagnosis can take months. With this test, we can make a definitive diagnosis within two weeks.

Where did you take the research from there?

After improving the ability to make a rapid diagnosis, we began exploring which patients needed which treatment. Historically, every patient received a bone marrow transplant, which is the most intensive treatment we offer as oncologists. But we knew that some didn't need that. We just didn't have a method for identifying them.

We developed a test that analyzes patterns in DNA to better guide treatment. We're currently running a clinical trial in which, based on the results of this test, certain patients can avoid a bone marrow transplant. Now, approximately one-third of our patients are avoiding a treatment we once thought was necessary for everyone.



When you cure a child who is 2 years old, you've given them the opportunity to live an entire lifetime. There's nothing better than that.

— Dr. Elliot Stieglitz

How were you able to get this research off the ground so early in your career?

It really started with philanthropic support. During my fellowship, I received a series of young investigator awards from private philanthropic organizations, which gave me the time and support I needed to develop my expertise at a career stage when that kind of support is hardest to find. Those awards really helped bridge that gap between “trainee” and “independent investigator.”

How does philanthropy continue to support this work today?

The clinical trial we're running now costs between \$3 million and \$4 million, and the only source of funding for a clinical trial of that sort is the federal government. But to secure that level of funding, you need strong preliminary data. Philanthropic donations from individuals and organizations funded the early work that generated that data and made this trial possible. As a public institution, this becomes even more important.

Do you see pediatric cancer research as an area where private investment can make a unique difference?

Yes! Only about 4% of all federal funding for cancer research goes to pediatric cancer. Pediatric cancer is relatively rare, but when a child is diagnosed with cancer, it's everything for that family. When you cure a child who is 2 years old, you've given them the opportunity to live an entire lifetime. There's nothing better than that.

NEW HOSPITAL BUILDING

A Leadership Gift Plants the Seeds for the Future of Care

When investor and venture capital leader Shahan Soghikian learned that his 5-year-old son had leukemia, his family entered a world they had never known. Nights in the hospital, long stretches of uncertainty, and the rhythm of care became part of daily life. What stands out to him now is not only the clinical care his son received but also the people who made it possible — the nurses, child life specialists, and staff who supported the entire family. Decades later, he can still recall their names. That experience stayed with him and shaped a lasting desire to give back.

Years later, after returning to the Bay Area, Shahan found his way to UCSF Benioff Children's Hospitals — this time not just as a parent but also as a community member committed to supporting children and families facing similar challenges. He joined the Board of Directors in 2013 and has served as Board Chair since 2017. Over more than a decade, he has remained a steadfast leader, drawn by the people who power the mission and by the work of sustaining and growing a pediatric health system that can serve Bay Area families for generations.

As plans for our new hospital building in Oakland took shape, Shahan and his family considered how they could make a deeper investment. Their decision to make an exceptional leadership gift reflects both a long-standing commitment to children's health and a belief in what this new hospital will make possible. In recognition of that gift and his leadership, the Songbird Garden — rendered here — will be named in honor of the Soghikian family.

For Shahan, the garden itself is deeply meaningful. During his son's treatment, Shahan

remembers stepping outside to a nearby park. Those moments offered space to breathe, to be together as a family, and to feel, briefly, like life had returned to normal. He sees that same possibility reflected in the gardens — spaces designed to help families find comfort and calm within care — and in what this new hospital will make possible for families in the years ahead.

"This is about building something that will serve this community for decades," he says. "We are so proud to be part of this next chapter and what this hospital will make possible for children and families across the region."

Gifts of all levels are helping bring our new Oakland hospital building to life. To learn more about how to support this project — including naming and recognition opportunities — please contact Jasmine Payne at Jasmine.C.Payne@ucsf.edu.



A Healing Environment

At the heart of the new hospital building is a commitment to reimagining the patient experience — bringing together clinical excellence with an environment designed to support the whole child and family. Three distinct gardens, including the Songbird Garden, are a central expression of that vision, offering space for families to step away, reset, and simply be together.



Shahan has brought a rare combination of clarity, steadiness, and strategic insight to this organization for well over a decade. He leads with both discipline and warmth, and that has shaped who we are today. That kind of leadership matters, and this gift to the new hospital building is a powerful reflection of it.

— Nicholas M. Holmes, MD, MBA, President,
UCSF Benioff Children's Hospitals



Camilla and Shahan Soghikian



PHOTO BY NOAH BERGER

These Nurses and Their Research Are Saving Children's Lives

From airlifting acutely ill babies to adult diabetes education, UCSF clinical nurses are advancing innovations in care based on rigorous scientific research.

As a critical care transport nurse, Charles Hood, RN, CFRN, has rushed hundreds of newborns, children, and teenagers to UCSF Benioff Children's Hospitals in San Francisco and Oakland for lifesaving treatment.

He instinctively knows where to find the necessary catheters, medication, and machinery in the cramped aircraft cabin of Bear Force One, UCSF Benioff's emergency transport helicopter. When seconds are crucial, he calmly administers complex treatments, despite occasional turbulence, and

monitors his patient's vital signs as if they were in a hospital critical care unit. Except his working space is one-tenth the size.

"These are the sickest patients you are going to see," Hood said. "We're attempting to do high-level neonatal and pediatric intensive care in the back of a confined space with limited resources. You have to think fast and know how to manage the patient when their condition changes."

Hood, who is passionate about his work, came up with

the idea to expand UCSF's critical care transport team to serve children throughout the state and region, but was surprised there were no existing training courses for the helicopter's essential instrument that helps newborns breathe.

"We needed more staff trained to operate high-frequency ventilators during transport in order to meet the need for our most critical neonatal and pediatric patients, but there were no formal training modules that we could all refer to," Hood said. "I realized we'd have to create them ourselves."

A Dynamic Duo: Clinical Nurses and Nurse-Scientists

Hood received a Clinical Nursing Research (CNR) grant to develop and test a training program for the ventilator. The one- to two-year grant, jointly administered by UCSF Health's Center for Nursing Excellence and Innovation (CNEI) and the School of Nursing's Office of Research, pairs clinical nurses with PhD-prepared nurse-scientists to conduct research in areas that aim to improve patient care and outcomes.

The 30-year-old program has supported around 50–60 research projects, some of which have been incorporated into patient care protocols and published in major peer-reviewed journals like *Applied Nursing Research*, the *Journal of Patient Experience*, and the *Journal of Infusion Nursing*.

"We support front-line nursing research that has a direct impact on patients," said Maria

Yefimova, PhD, RN, lead nurse-scientist of the Research and Scholarship team at CNEI and an adjunct assistant professor in the Department of Physiological Nursing. "It isn't theoretical, it's research rooted in what nurses see and do every day. Clinical nurses and faculty are equal partners here — it's truly collaborative."

For his project, Hood partnered with Sandra Staveski, PhD, RN, associate professor in the Department of Family Health Care Nursing and pediatric complex care nurse scientist, whose expertise he relied on to navigate the research grant-writing and management processes. He also collaborated with Mandeep Chadha, MD, UCSF Benioff Oakland's medical director of quality improvement for pediatric critical care and a professor in the Division of Pediatric Critical Medicine,

to design video and simulation training modules for the high-speed ventilator.

Hood and Chadha's simulation modules covered scenarios that emergency transport nurses often encounter when using the ventilator en route and are now required training for UCSF pediatric medical transportation teams working in ambulances, helicopters, or airplanes.

Other CNR projects have included research to address diabetes-related care challenges, improve methods to identify early hearing loss in elderly patients, reduce needle pricks when drawing blood by using strategies to more easily identify viable veins, and streamline the hospital discharge process.

"These are just a few examples of how the nurse-led CNR grants have directly informed improvements in patient care at UCSF," Yefimova said.



PHOTO BY NOAH BERGER

Nurses Mallory Geraci (left) and Truc Nguyen transport an infant from UCSF's Bear Force One to intensive care.

What Precision Medicine Makes Possible for Children with Cancer

How Genetic Testing Shaped the Course of Charlie's Care

Molly Laufer was doing something she had done hundreds of times before — washing her 3-year-old daughter Charlie's hair — when she noticed it: a small bulge at the base of Charlie's neck.

"It looked like she had swallowed a golf ball," Molly recalled.

The next morning, at the pediatrician's office, the bloodwork came back normal. Charlie seemed fine — no pain, no fatigue, no signs that anything was wrong. The doctor advised Molly to check back in a month if the swelling didn't subside.

But the following month, the swelling remained, so Charlie went for imaging, which revealed something no parent is prepared for: thyroid cancer that had already spread to the lymph nodes and the lungs.

"It felt like everything just dropped out from under me," Molly said. "There's a before and an after with that kind of diagnosis."

Charlie was referred to specialists at UCSF Benioff Children's Hospitals, and what followed would reshape not only her treatment but also her entire journey.

Looking Beneath the Surface

At UCSF, Charlie's care team set out to understand what the tumor looked like and what caused it.

Using the UCSF500 cancer gene panel — a comprehensive genomic test offered as part of routine care — clinicians analyzed Charlie's tumor across hundreds of cancer-associated genes, searching for the genetic changes underlying the disease.

Developed by UCSF's leading cancer specialists, the UCSF500 test offers exceptional depth and precision in genetic analysis, allowing clinicians to identify specific changes driving a child's cancer and use that information to guide care. This level of insight can shape treatment from the moment of diagnosis and reveal new options when standard therapies are ineffective.

Charlie's test revealed a genetic alteration, and that discovery became a turning point.

"This genetic change explained why the tumors were growing," said Natalie Wu, MD, MS, Charlie's oncologist at UCSF. "And importantly, it pointed us to a therapy designed to target it."

With that insight, Charlie's care team could move beyond a one-size-fits-all approach and match her treatment to the biology of her disease.

"What's different about this approach is that we're not making decisions based on a single piece of information," Dr. Wu said. "We're integrating what we see clinically with what we learn from genomic testing and using that to guide care in a more precise way."

The Right Plan for Charlie

Charlie underwent surgery to remove the tumor in her thyroid and affected lymph nodes. Then, based on the genetic findings, she began a targeted therapy designed to block the specific change driving her cancer. Within a few months, the residual tumors in her lungs had disappeared. Only after that did she receive radioactive iodine, a more traditional therapy — with the hope that it would be more effective because of the treatment that came before.

Throughout the process, Molly and her husband focused on what they could control. They built routines, created moments of normalcy, and found ways to help Charlie and her siblings make sense of what was happening. Charlie, who remained unmistakably herself, met each step with openness and light. Along the way, the family came to see how much this personalized approach to treatment was shaping both Charlie's experience and her outcome.

"With UCSF500, we're able to look more closely at what's unique about a child's cancer and

use that information to guide each step of care," said Amanda Marinoff, MD, a precision medicine specialist at UCSF. "That allows us to make more informed decisions — not just for one patient but also in ways that continue to move the field forward for all children."

"Bringing that kind of approach to every patient takes more than technology," she continued.

"It requires the teams and systems to interpret the data and act on it — and that's where continued investment makes a real difference."

A Clear Path Forward

Today, Charlie is 5. She plays soccer, dances ballet, and swims. She's also preparing for her next big chapter — kindergarten.

In many ways, her life looks like any other child's: full of movement, routine, and the small, joyful rhythms of childhood. There are still follow-up visits and scans, but where

uncertainty once defined the path ahead, there is now clarity — and space to simply be a child.

For Molly, that clarity didn't happen by chance.

Looking back, she sees how much depended on having access to a system that could go beyond a diagnosis, look deeper, and act on what it found.

"Getting that level of detail — understanding what was actually driving her cancer — that changed everything for her," Molly said. "A diagnosis like this doesn't discriminate, but the outcome can."

At UCSF, that approach is part of how care is delivered — woven into the way each case is studied, discussed, and treated. "We're learning more from every patient," Dr. Marinoff said, "and we're using that information to make more informed decisions for the next child."

For Charlie, it meant a treatment plan built around her cancer, and the chance for a full recovery.



Charlie with mom, Molly



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Join us for Bolt on the Bay 2026!

Walk, run, or cheer along the waterfront at China Basin Park in support of UCSF Benioff Children's Hospitals. **The Bolt on the Bay 5K**, presented by Marriott International, brings together patients, families, clinicians, and supporters for a day that makes a difference.



Saturday, August 22, 2026 | China Basin Park, SF
Register today and start a team: www.boltonthebay.com
All ages and abilities welcome.

