

# Doctor: Treats kids as if they were his own

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Down the hall is another small exam room. The lights are off and there are webs with large black spiders streaming from wall to wall.

There's going to be a little party here later. Prevost points proudly to the iced cupcakes topped with sweet jelly beans he and his son made the night before.

It's just the beginning of October, but Halloween is a favourite occasion of one of the clinic's young patients. Seven-year-old Chris has neuroblastoma, a cancer of the cells involved in the development of the nervous system. He might be too sick to celebrate come month's end.

**D**r. Prevost, medical lead for SMH's pediatric oncology program, continues down the corridor, just past a second play area – this one with a train track – for a visit with Laura. It's a warm Friday morning and the 12-year-old is lying in her bed, a light blue sheet pulled up to her chest. She has aplastic anemia – a rare disorder where the body stops producing new blood cells.

Laura had a bone marrow transplant in June but is back in hospital this week to be treated for a viral infection commonly acquired by immune deficient patients.

"I just want to look at your palms," says Prevost.

The doctor looks in her mouth and proceeds to examine her stomach.

"Sorry, I have cold hands. I had no roof on my car driving in," he chats to the quiet girl.

"So, what's the plan for today?"

"I don't know," she answers.

"Do you get out and about? It's a nice day out there so you should get out," he suggests.

**D**r. Prevost's pager goes off. As well as manning the clinic, he happens to be the hospital's on-call pediatrician for the day.

Up to the Family Birthing Unit he goes to check on a newborn just delivered by C-section.

"It's such a discrepancy," he notes of his non-cancer-related duties as he bounds up the spiral staircase.

Prior to entering the room, he grabs a blue bootie – normally worn over shoes in sterile hospital environments – and stretches it over his head.

"One of the nurses gets a kick out of this," he grins.

Indeed, the nurse giggles and Prevost quickly puts a proper cap on his stubby head and greets the baby's father. He then turns his attention to the squirming eight-pound baby boy, and checks the infant's hips, hands and feet.

"How old are your other kids?" he asks the dad.

"Three and two," he answers.

"They must be very excited to have someone to beat up on," laughs the physician.

The baby's head is measured and a heater is turned on to keep his little body warm.



**Above: As the hospital's on-call pediatrician for the day, Dr. Prevost checks on a newborn in SMH's Family Birthing Unit.**

**Left: Prevost speaks to 12-year-old Laura, who has aplastic anemia.**

**Below: The doctor scrubs patient Kevin's lower back with iodine prior to injecting chemotherapy into his spinal fluid.**

"I'll probably come up and talk to you later," Prevost tells the father.

**B**ack in the oncology clinic, Kevin, looking a little bored with his glasses low in his nose, is watching the movie Air Bud. He's in another room now, being readied for his LP – the lumbar puncture.

He's done this before. Still, he hasn't eaten since midnight and is eager to get it over with.

Prevost and pediatric oncology technician Lani Lardizabal thoroughly check the chemotherapy kit they're about to use and the doctor examines the boy's ears and tummy. Kevin laughs. He's a little ticklish.

"Have you had nightmares the night of your LP?" Prevost asks. "Sometimes kids get nightmares."

"No," says the boy, scrunching his nose beneath his glasses. Someone reaches up to turn the movie off.

"Are you making me asleep?" Kevin asks, feeling the effects of the sedative given moments earlier.

The now groggy boy is rolled onto his side. Paula, his care worker, is leaning over him, stroking his brow.

"Take big breaths. Fill your tummy with



air," she encourages.

Prevost pulls on his green gloves and scrubs a large area of Kevin's lower back with iodine-soaked sponges to sterilize it. With the tips of his fingers, he feels the young patient's spine to find a spot between the vertebrae.

A two-and-a-half inch needle is inserted

and clear cerebrospinal fluid drips from the end of the needle into a vial to be tested.

Prevost then dons a pair of large goggles and picks up a syringe filled with yellow fluid. It's the anti-cancer drug, Chemotherapy. Slowly, he injects it into Kevin's back. The care worker's head is close to the boy's, speaking softly, both reassuring and distracting him.

Prevost removes the needle and cleans the iodine stain from Kevin's pale skin. He places a Band-Aid over the small puncture mark.

"All finished."

**P**revost washes up and zips across the street to his office, which he shares with several other pediatricians.

On the way back, he sees a van pulled up outside the clinic and says hello to a young woman. She opens the sliding side door for her son. It's Chris – whose arrival everyone in the clinic has been eagerly awaiting.

"Hey Chris," says Prevost.

His mom says he's had a pretty good couple of days. The boy's dad, his boots mud-died from work, is already inside the clinic waiting.

Once mom and son enter, they are guided down the hallway to the darkened room.

Everyone gathers to see the boy's response. Chris, wearing Scooby-Doo slippers and pyjamas, is intrigued, peering from a stroller.

Besides the spooky spider webs, there's a skeleton made of plastic milk cartons dangling in the corner, and cut-out pictures of witches and cauldrons and jack-o-lanterns on the walls.

Dr. Prevost kneels beside him.

"Do you think these webs are real?" he asks.

"I didn't vacuum my house for three months so I could collect these webs," offers another staff member.

Chris doesn't say much, but continues to look calmly from wall to wall.

"Are you getting up and walking around at all?" asks Prevost.

"I'm walking," answers the small boy.

"You can get up and look at all the cool stuff," Prevost suggests.

Chris nods weakly, but stays seated.

"Look what I brought," says an excited Prevost who, like Chris, is an avid Spider-Man fan.

He brings out a black mask he borrowed from his son, who's about the same age as the patient. Chris isn't entirely impressed. He has a mask just like it, he says, and doesn't feel like wearing this one.

Without hesitation, Dr. Prevost puts the mask over his own head and looks directly at Chris through the segmented eyes. The boy, a skiff of hair atop his head, looks back at the doctor. A half-smile crosses his lips as if he thinks the grown man is a little crazy.

As she tastes one of the homemade cupcakes, Chris' mom laughs.

"He's used to Dr. Prevost by now."

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**Dr. Derek Prevost attends an early Halloween party for Chris organized by the pediatric oncology clinic staff.**



## Treatment: Young adult clinic coming

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But in the back of his mind – a spark that was ignited during his residency in Kingston – was a plan to develop a regional pediatric oncology clinic in Surrey.

He spent much of the summer of 2002 getting his vision down on paper, outlining program planning needs, infrastructure requirements and special training for nurses and dietitians.

By October his dream had come to fruition and the doors of the clinic opened. The initial influx of patients were ones he treated at Children's Hospital. But over the years, the intake has been steady.

The clinic has maintained a constant load of 20 active patients (currently undergoing treatment such as chemotherapy), as well as 70 who are off treatment (in remission, but followed on a regular basis).

Prevost is currently in the process of establishing a young adult follow-up clinic in conjunction with the internal medicine department, to track patients (aged 18-40) who were treated for cancer as children.

"It's now becoming more recognized as an important and almost obligatory aspect of being a pediatric oncologist. If you get radiation when you're 10, the chances of getting breast cancer before the age of 40 is 40 per cent. That's pretty significant."

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