

Pediatric Inflammatory Bowel Disease

A Radically Different Future for Children and Families

A diagnosis of inflammatory bowel disease (IBD) can be life-changing for children and their families, who must learn new ways of looking at food and cope with a barrage of medical appointments and treatments. No two cases of this lifelong condition are alike. The best hope for young patients to heal and live their fullest lives is to receive personalized treatment.

No More Trial and Error

Through conducting innovative research and caring for patients who come from across the country, Stanford doctors have made progress in understanding IBD. However, more research is needed to determine its root causes. Currently, there is no cure for the disease, and treatment can be complex. Often children must endure the emotional and physical toll of trying a variety of medications before finding one that works. It might take months or even years to get relief! Taking the guesswork out of prescribing the right therapies is the next frontier.

Stanford is primed to take the lead. In March 2022, we launched the West Coast's first Center for Pediatric IBD and Celiac Disease. Michael Rosen, MD, MSCI, and a team of experts will collaborate with the entire Stanford research community—including leaders in immunology, the microbiome, genetics, and biomedical engineering—to understand the biological underpinnings of IBD. Their breakthroughs will help predict how each child will respond to certain medications, ultimately finding the best treatment, faster.



With your support, children with IBD can live their fullest lives.

25% of individuals with IBD are diagnosed in childhood

80,000 children in the United States are living with IBD

1 of the most significant chronic diseases affecting children and adolescents

Opportunity for Impact

At Stanford, we have built a strong foundation for research and care for children with IBD in record time. We are poised to make game-changing discoveries, and philanthropy will propel us forward. Help us to:



Advance leading-edge research on organoids and mini guts. Using tiny 3D models of human tissue, we aim to develop new therapies and test their effectiveness before a child receives a single dose.



Investigate why some IBD patients respond to changes in diet, while others don't. Research by top Stanford scientists in related fields like the gut microbiome and nutrition could eventually lead to customized treatment approaches for every child.



Provide seed funding for early-stage investigations and clinical trials. First up would be researching health inequities and their impact on the screening, diagnosis, and quality of care for children with IBD.



Establish an endowed surgical directorship to recruit and retain a top surgeon with expertise in advanced IBD surgeries who will not only improve traditional surgeries but also suggest new approaches.



Bring state-of-the-art technology to the bedside, such as bowel ultrasounds—a valuable non-invasive tool to assess activity and track healing in IBD patients.

Please contact: Michael Tomura

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MEET AN IBD INNOVATOR



Jonathan Moses, MD

Clinical Associate Professor of Pediatric Gastroenterology and the *Endowed Medical Director of Pediatric IBD*

Colleagues describe Dr. Jonathan Moses as

an exceptional clinician who “lives and breathes IBD.”

But surprisingly, Dr. Moses says, “I didn’t really pick IBD, it chose me.” With plans to go into general clinical care, he researched immunity to hepatitis B among children with IBD who were taking an anti-inflammatory drug, and his career took a big shift. He dove into treating children with IBD and rose to become a national expert in the field.

Dr. Moses came to the Center for IBD and Celiac Disease in 2023. He appreciates the center’s proximity to the adult hospital—making it easy to collaborate with other care providers and treat patients as they age. He looks forward to offering children more opportunities to participate in clinical trials and advance research through Stanford’s biobank, which collects tissue samples and shares them with investigators across the country.

Most of all, Dr. Moses enjoys getting to know his young patients and watching them grow up. During visits, he asks about their interests and dreams. “We’re not big, scary people,” he says of his team at Stanford. “We remember that we’re taking care of kids.”

