

Loyola Medical News

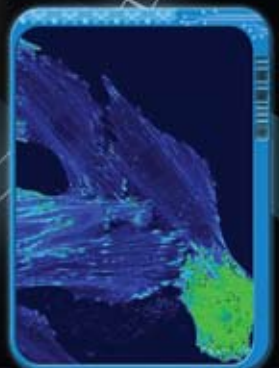


LOYOLA
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Cardiovascular
Expertise,
Technologies
and New Services
Save Lives





Feature Article

Cardiovascular Expertise, Technologies and New Services Save Patients' Lives

Heart Attack Rapid Response Team

On April 2, Loyola University Health System (Loyola) became the first hospital in Illinois and one of a select few nationwide to launch the Heart Attack Rapid Response Team (HARRT) comprised of board-certified, highly experienced interventional cardiologists, nurses and technicians ready to perform emergency balloon angioplasties 24 hours a day, seven days a week. "There is increasing evidence that timely angioplasty not only results in better patient outcomes, but may actually reduce overall health-care costs in the long run by cutting down the need for later diagnostic procedures, interventions and hospitalizations," said Loyola Cardiovascular Institute Director David J. Wilber, MD, FAHA, FACC, George M. Eisenberg Professor of Cardiovascular Sciences, Department of Medicine; director, Division of Cardiology, Loyola University Chicago Stritch School of Medicine (Stritch), and medical director, Clinical Electrophysiology, Loyola.

"This is achieved despite the additional effort and expense on the front end," he added, noting that funding for the new program is being provided by Loyola Board of Directors member James Dowdle and his wife, Sally, who have pledged \$500,000 to help offset HARRT's initial costs.

Among the interventional cardiologists rotating night and weekend shifts to be onsite 24/7 as part of the HARRT initiative is Fred Leya, MD, professor, Department of Medicine, Division of Cardiology, Stritch, and medical director of Loyola's Cardiac Catheterization Laboratories. "HARRT will provide the next leap of care for patients," said Dr. Leya. "Timing is critical," he added, noting that myocardial necrosis progresses in a wave front, with the most damage to the heart muscle occurring within the first 2 - 3 hours of an attack.

Patients benefit the most if blocked arteries can be opened within 60 minutes of the onset of myocardial necrosis. After three hours, there may not be enough benefits to justify the risks of the procedure.

"There's a lot that can be done in the time it takes to transport heart attack victims to Loyola," said Dr. Leya, noting that in an ambulance equipped with an electrocardiogram machine (EKG), paramedics can perform an electrocardiogram and call in the results to Loyola's emergency room (ER). If a heart attack is confirmed, the patient is wheeled immediately to the cardiac catheterization lab, where Loyola's onsite team preps him or her for angioplasty in less than five minutes. Ambulances in 16 Loyola-area communities now have EKGs capable of standing the vibration of transport, with more municipalities expected to follow.

"For patients with time-dependent situations such as heart attacks, the ER is often patients' first resort or last resort," said Mark E. Cichon, DO, associate professor, Department of Surgery, and director, Division of Emergency Medical Services.

"The longer the heart is damaged, the less chance there is of the heart's return to full function and the less impact on other organs. Our goal is to decrease mortality and morbidity and help restore patients so they can return to being active members of the community."

Pre-hospital providers play key roles in supporting Loyola's efforts, Dr. Cichon believes. "Emergency Medical Services pre-hospital personnel can make a profound impact on patients with acute cardiac events, getting them into the hands of the appropriate people faster," he said. "If paramedics can perform EKGs and identify critical patients in advance, and we have decreased the timeframe for getting them into the cath lab, we radically improve their chance of survival."

Launching HARRT comes at a pivotal time for Illinois, which ranked a disappointing 39th in the nation for access to emergency care, according to the American College of Emergency Physicians' (ACEP) *National Report Card on the State of Emergency Medicine*, which analyzes states' support for emergency patients. With statewide job and insurance losses, a rapidly growing senior population and a recent survey forecasting critical shortages of primary care doctors, emergency patient populations are escalating, necessitating initiatives such as HARRT.

"As ER physicians, we are inspired to do the best with what we have," said Dr. Cichon, who serves as president-elect of the ACEP's Illinois state chapter. "Here at Loyola, we're kicking it up a notch by making cardiologists available in-house, 24/7. That makes our response to heart attack patients better on a much deeper level. If they have complications, we can provide back up and support from cardiologists as well as profusionists, and have the devices for bridging patients not only to surgery but also to transplant, if needed."

Minimally Invasive Procedures

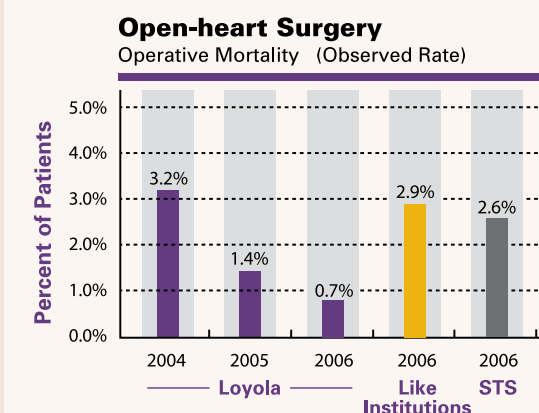
"Some patients come here as their last resort," said Dr. Leya. A case in point is 66-year-old Claudette Baisa. While seeking help for what she thought was the flu, Ms. Baisa instead learned she had end-stage liver disease complicated by massive gastrointestinal bleeding. One of the two hospitals that turned her down for treatment recommended she go to Loyola, where she

Fast Facts on Loyola's Cardiovascular Team:

- Is among the Thomson Reuters 100 Top Hospitals® for cardiovascular care
- Is one of 38 hospitals in the United States and one of two in Illinois to show above-average outcomes for heart failure patients (Source: U.S. Department of Health and Human Services survey of 4,000 hospitals, June 2007)
- Has the best risk-adjusted mortality rate among 606 reporting institutions nationwide for percutaneous coronary interventions (Source: American College of Cardiology Foundation National Cardiac Data Registry, 2007)
- Is in the 99th percentile among reporting institutions for treating patients with primary angioplasties within 90 minutes of their arrival in the emergency facility
- Has been recognized by *U.S. News & World Report*® as a Top 50 Heart Hospital in the United States for six years in a row
- Provides treatment to heart attack patients in an excellent and consistent manner (Source: University HealthSystem Consortium)
- Has the lowest death rate for heart attack patients among Illinois University HealthSystem Consortium academic hospitals and national UHC academic hospitals
- Has a death rate for coronary artery bypass surgery patients that is consistently at or below predicted levels (Source: UHC and the Society of Thoracic Surgery)
- Opened the Center for Heart & Vascular Medicine at Park Ridge, making outpatient treatments, diagnostic services and clinical trials available to physicians and their patients in the northwestern suburbs

Notable Loyola Cardiovascular "Firsts" Include:

- First in Illinois and one of the few hospitals nationwide with a Heart Attack Rapid Response Team onsite 24/7 to perform emergency balloon angioplasties
- First heart transplant, lung transplant and heart-lung transplant program in Illinois
- First in Illinois to use mesh umbrellas to close holes in adult hearts
- First in Illinois to use radiofrequency catheter ablation to cure heart rhythm disorders
- First in Chicago area to perform an angioplasty with the placement of a drug-eluting stent
- First with wireless implantable cardioverter defibrillator satellite-monitored system
- First in the United States to use 3-D ultrasound to guide ablation
- Among the first in Illinois to perform minimally invasive cardiac surgery



Excellent Outcomes

Compared to other academic medical centers nationwide, Loyola has the lowest adjusted mortality rates for coronary artery bypass surgery patients, and overall mortality rates for open-heart surgery patients are consistently below expected levels.

Current Research

Studying Treatments: Catheter Ablation More Effective Than Drugs

Loyola researchers also are involved in studies covering a wide spectrum of cardiovascular conditions such as atrial fibrillation (A-Fib), a disease affecting more than two million Americans.

David J. Wilber, MD, FAHA, FACC, George M. Eisenberg Professor of Cardiovascular Sciences, Department of Medicine, Loyola University Chicago Stritch School of Medicine, recently led a major international study proving that catheter ablations were three times more effective than traditional drug therapies in treating patients with A-Fib. While approximately 160,000 new A-Fib cases are reported each year, that number is expected to increase because of the aging population and obesity epidemic.

In the international study, Dr. Wilber and other researchers at 19 centers, including 15 in the United States, studied 159 patients who had experienced at least three episodes of A-Fib during the previous six months and failed at least one attempt to control the rhythm with drugs. They randomly assigned 103 patients to undergo ablation while 56 similar patients were assigned to receive drug therapy.

One year after treatment, 75 percent of the patients who had catheter ablation were free of symptoms, while just 21 percent of those treated with drugs were symptom-free. The results were so convincing that the trial was halted early. Dr. Wilber presented the findings at the American Heart Association 2008 Scientific Sessions in New Orleans.

An additional study called CABANA is now underway to determine whether ablation patients live longer than those receiving medication. Researchers will follow approximately 3,000 patients for three years, providing even more data that can positively impact the quality-of-life for patients with A-Fib in the future.



Center for Heart & Vascular Medicine Leadership (from left to right): Mamdouh Bakhos, MD; Paul K. Whelton, MB, MD, MSc, president and chief executive officer, Loyola University Health System; David Wilber, MD

was seen by Sonu Dhillon, MD, assistant professor, Department of Medicine, Division of Gastroenterology, Stritch, and a member of Loyola's Intra-Abdominal Transplantation group.

"However, it was severe cardiac disease – total closure of the right ventricle and left main coronary artery – that put Ms. Baisa at an even higher risk," said Dr. Leya, who used an extremely small diamond drill and electric motor to clear the blockage from Ms. Baisa's heart. A catheter-based cardiac-assist device was inserted into Ms. Baisa's left ventricle by way of the femoral artery to pump blood into the ascending aorta, while an electronic heart pump pulled oxygenated blood from her left atrium and returned it to the system arterial circulation.

Ms. Baisa was able to return home the next day and is now making plans with Dr. Dhillon's team for her liver transplant. "This happens a lot at Loyola," said Dr. Leya. "Many people don't realize we're one of the few hospitals with the expertise and technology to perform these types of procedures."

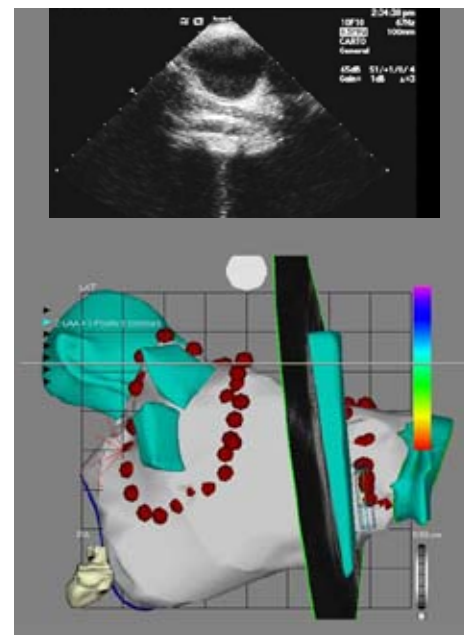
Odds of Surviving Cardiac Arrest

"The development of the implantable cardioverter-defibrillator (ICD) has been a major milestone in treating patients with ventricular arrhythmias," said Dr. Wilber. "Our task ahead is to better define who is at risk before a potentially fatal event occurs, so that these patients receive optimal preventative therapy."

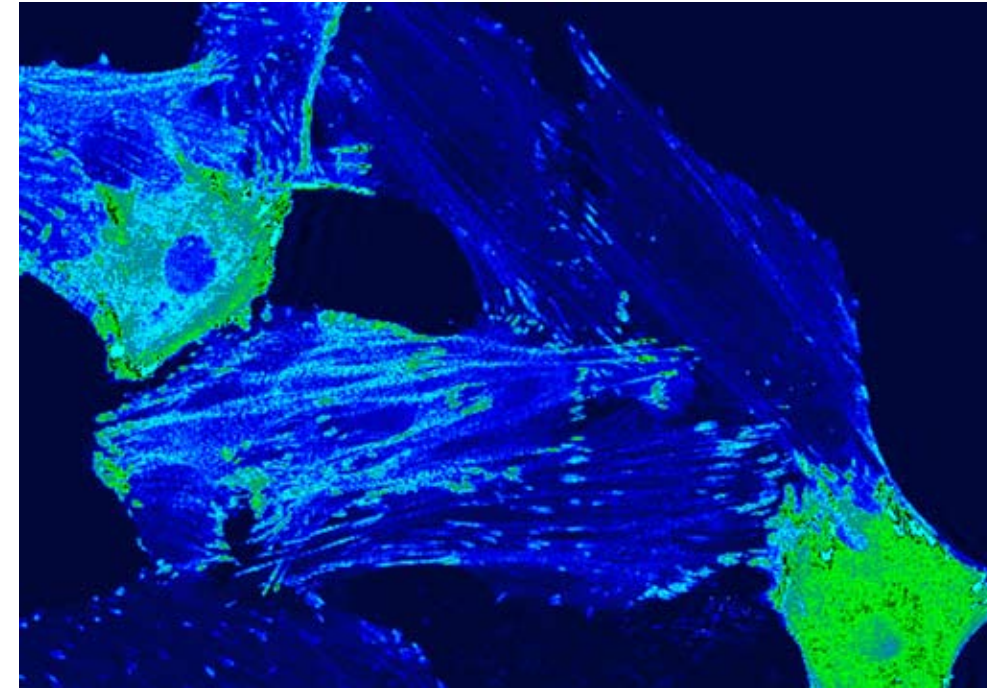
While cardiac arrest can be reversed in most victims if treated with immediate defibrillation, the equipment may not be available in time, according to Peter Santucci, MD, FACC, FAHA, associate professor, Department of Medicine, Division of Cardiology; director, Clinical Electrophysiology Fellowship Program and director, Rhythm Devices. "Fewer than 5 percent of those who experience sudden cardiac arrest (SCA) survive their first attack," he said. "Every minute that goes by reduces their chance of survival by 10 percent." A key factor is the patient's ejection fraction (EF) rate. "About a third of those patients whose EF is less than 35 percent die within five years," said Dr. Santucci.

One recent patient at Loyola had less than 5 percent chance of surviving SCA due to ischemic cardiomyopathy, arteriosclerosis and an EF of just 20 percent. To improve those odds, Dr. Santucci implanted an ICD utilizing the latest technology. Loyola is the first hospital in the Midwest to use the new device, which features more memory for storing data on the patient's arrhythmia, can be monitored from the patient's

Ultrasound-guided Atrial Fibrillation Ablation



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Loyola doctors and scientists hope to lay the groundwork for treatments that will offer new alternatives to surgery or transplantation through the study of molecular pathways and signaling processes in heart-muscle cells, such as these single-cell ventricular myocytes.

home, allows for pacing at higher heart rates and is designed to detect potential malfunctions before they affect the patient.

Leads extending from the ICD to the heart can administer electrical therapies to stop ventricular arrhythmias. Data from the device is wirelessly transmitted in real-time to an external computer monitored by surveillance nurses who can alert electrophysiologists of any changes in the patient's condition. In situations where a patient's ventricles are not beating in synch due to weakening and damage from heart failure, the ICD can be combined with cardiac resynchronization therapy, helping the heart pump blood throughout the body more efficiently and reduce symptoms.

The procedure was not only a success, but the patient required no additional medication and has suffered no side effects to date. What's more, the new ICD has improved the patient's odds of surviving a potentially fatal SCA event from less than 5 percent to 95 percent.

3-D Robotic Navigation Decreases Time

"We also offer state-of-the-art technologies not widely available for managing arrhythmias and other complex cardiac conditions at our expanded Center for Heart & Vascular Medicine," said Joseph Akar, MD, PhD, assistant professor, Department of Medicine, Division of Cardiology, Stritch.

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Current Research

Studying Cause: Sodium-to-Potassium Ratio Indicator of Cardiovascular Disease

The Trials of Hypertension Prevention study chaired by Paul K. Whelton, MB, MD, MSc, president and CEO, Loyola University Health System, showed that the ratio of sodium-to-potassium in subjects' urine was a much stronger predictor of cardiovascular disease than sodium or potassium alone.

"The combination of a higher intake of potassium and lower consumption of sodium seems to be more effective than either on its own in reducing the risk of cardiovascular disease," said Dr. Whelton, who has published more than 400 papers on high blood pressure and served as principal investigator on more than \$100 million of studies funded by the National Institutes of Health.

Dr. Whelton and other researchers collected 24-hour urine samples intermittently during an 18-month period in one trial and during a 36-month period in a second trial. The 2,974 study participants initially aged 30-to-54 and with blood pressure readings just under levels considered high, were followed for 10-15 years to see if they would develop cardiovascular disease. Those with the highest sodium levels in their urine were 20 percent more likely to suffer strokes, heart attacks or other forms of cardiovascular disease compared with their counterparts with the lowest sodium levels. However this link was not strong enough to be considered statistically significant.

By contrast, participants with the highest sodium-to-potassium ratio in urine were 50 percent more likely to experience cardiovascular disease than those with the lowest sodium-to-potassium ratios. This link was statistically significant, and the results were published in the January 2009 issue of the *Archives of Internal Medicine*.

Multi-Detector Computed Tomography Coronary Artery Imaging

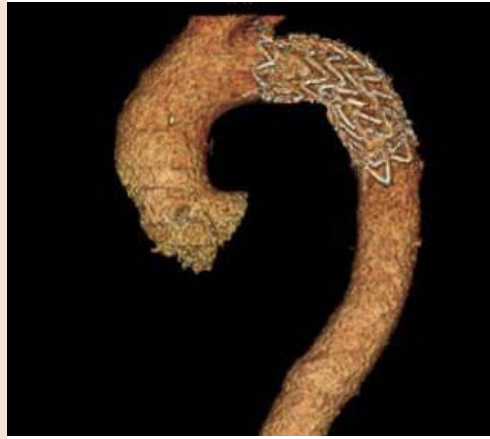


Current Research

Studying Prevention: Hypertension

Richard S. Cooper, MD, professor and chair, Department of Preventive Medicine & Epidemiology, Loyola University Chicago Stritch School of Medicine, and other researchers are examining why hypertension rates among African-Americans are so much greater than those of people of African descent living in regions other than the United States. Their results suggest that some of the risk factors for hypertension might promote the disorder by elevating levels of the angiotensinogen gene. The researchers learned that the presence of the 235T and 174M alleles alone did not necessarily influence higher blood pressure in African-Americans; other external and physiological factors may also trigger hypertension.

In his article, *Race and Hypertension - Science and Nescience*, published by the American Heart Association, Dr. Cooper urges scientists to discard the use of race as an indicator of risk in etiologic studies, because it may be harmful to the scientific search for truth as well as harmful to society by perpetuating racism. Instead, he urges scientists to focus on genes rather than on genetic differences. ~



MRI of Thoracic Aortic Stent

catheter is guided by magnets mounted on pivoting arms on either side of the patient. Cardiologists map out the catheter's moves on an external computer, which, in turn, adjusts the magnets, pulling the catheter in the desired direction.

Two of the EP labs have access to a new three-dimensional (3-D) imaging system that facilitates rapid mapping of arrhythmias for ablation. Integrating intracardiac echocardiography with 3-D mapping allows electrophysiologists to map both the right and left sides of the heart from the right atrium before they move into the left side to complete the actual ablation procedure. By spending less time in the left side of the heart, doctors reduce the risk of blood clots that could lead to a stroke. The 3-D mapping system decreases ablation

time by more than 30 minutes, reduces the amount of anticoagulant needed and provides real-time images that are more accurate than CT scans taken a week or even a day prior to the procedure.

Also new is a robotic navigation system guiding the manipulation, positioning and control of mapping catheters during EP procedures for hard-to-reach anatomical locations in the heart.

Treating a Spectrum of PV Conditions

Last year, Loyola opened the Center for Heart & Vascular Medicine at Park Ridge, extending cardiovascular care to patients in the northwestern suburbs. Specialists offer advanced endovascular techniques for repairing aortic aneurysms and treating patients with peripheral vascular disease (PVD) at our Park Ridge location just as at the Center for Heart & Vascular Medicine at the medical center campus. Left untreated, PVD can cause insufficient blood flow to the extremities, leading to pain and tissue damage. Other vascular conditions range from aneurysms and carotid artery stenosis to varicose veins and severe narrowing of the arteries in the extremities.

Endovascular procedures have proven successful in helping patients with a variety of PVD conditions, such as treating blockages that can form in the legs of diabetic patients. Minimally invasive outpatient

procedures such as balloon angioplasty and stenting treat the blockage and enable patients to recover more quickly.

“Endovascular stent grafting is a good, durable option for aneurysm repair, and many patients are suitable candidates for this type of repair,” said Bernadette Aulivola, MD, RVT, FACS, assistant professor, Department of Surgery, Division of Peripheral Vascular Surgery, Stritch. “The best type of aneurysm repair depends on the patient’s aneurysm anatomy, age and medical comorbidities,” she said, noting that Loyola’s peripheral vascular team has extensive experience in both standard open surgery and endovascular interventions. “Quite a few patients come to Loyola from other hospitals that do not offer the level of vascular care or resources that we do.”

Heart Transplant Program Top in U.S.

Also available at Loyola are heart transplants to end-stage heart failure patients for whom less invasive procedures are no longer feasible. Loyola has one of the oldest and largest heart transplant programs in Illinois, performing more than 600 transplants since March 1984. More importantly, survival rates are among the highest nationwide.

Care does not begin or end with the transplant; patients are required to take medications and make lifestyle changes for the rest of their lives. These changes may be impacted in the future, thanks to a study being conducted by Loyola researchers with funding from the National Institutes of Health that is examining the quality of life for heart transplant recipients.

Loyola not only treats cardiac patients but also is involved in research that runs the spectrum of studying cause, prevention and treatment. Only a few research studies that are underway at Loyola are featured on these pages. ~

Loyola Offers Vascular Screenings

Loyola vascular screening packages are offered at a nominal fee at the Loyola Center for Heart & Vascular Medicine at Park Ridge and at the Loyola Center for Health at Homer Glen.

- Park Ridge location is: 1030 W. Higgins Road, Park Ridge 60068
- Homer Glen location is: 15750 Marian Drive, Homer Glen 60491

To detect risk for stroke and heart disease, Loyola vascular screenings utilize state-of-the-art Doppler color flow ultrasound technology to deliver accurate results. All screenings are simple, painless and non-invasive.

Loyola screening package includes:

- Carotid artery disease screening
- Abdominal aortic aneurysm screening
- EKG
- Ankle-brachial index screening

Screening results are reviewed by a Loyola physician and mailed within 15 business days of the screening appointment.

Your Patients can call (888) LUHS-888 for appointments.

Referring Provider Call Center

(877) MDs-LUHS

24 hours a day,
seven days a week.



Loyola's Heart & Lung Transplant Team (from left to right): Jeffrey Schwartz, MD; Mamdouh Bakhos, MD; Robert Love, MD; Michael Eng, MD

Clostridium Difficile: The Re-emerging Super-bug Rivaling MRSA

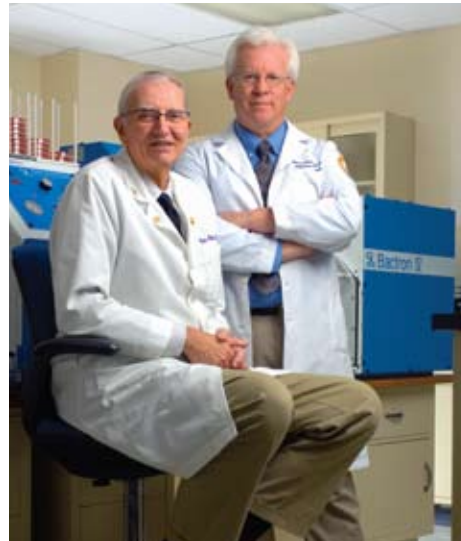
A new strain of bacteria emerging in hospitals and nursing homes across the United States could be even more dangerous than methicillin-resistant *Staphylococcus aureus* (MRSA). It is *Clostridium Difficile* (C. diff), a spore-forming, gram-positive anaerobic bacillus that has become one of the leading causes of antibiotic-associated diarrhea, accounting for 15 - 25 percent of all episodes, according to the Centers for Disease Control and Prevention (CDC). It also can lead to pseudomembranous colitis.

First discovered in 1978, C. diff has evolved into more virulent strains sickening approximately 500,000 Americans annually. Symptoms include profuse diarrhea, abdominal pain and distention of the abdomen, with such complications as intestinal perforation and toxic megacolon. Infections are frequently accompanied by fever, nausea and dehydration. In rare cases, blood may be present in the stool.

C. difficile-associated disease (CDAD) has grown to epidemic proportions. In the United States alone, the number of C. diff cases and C. diff-related deaths is increasing annually by 10 percent and 25 percent, respectively.

The new NAP1 strain of C. diff is particularly lethal. Compared to other strains, it is more resistant to fluoroquinolone antibiotics, produces 20 times more toxins and has been reported to cause even more severe diseases to those it strikes. As of October 2008, it has been confirmed in 39 states – including Illinois, Indiana, Michigan and Wisconsin – and the District of Columbia.

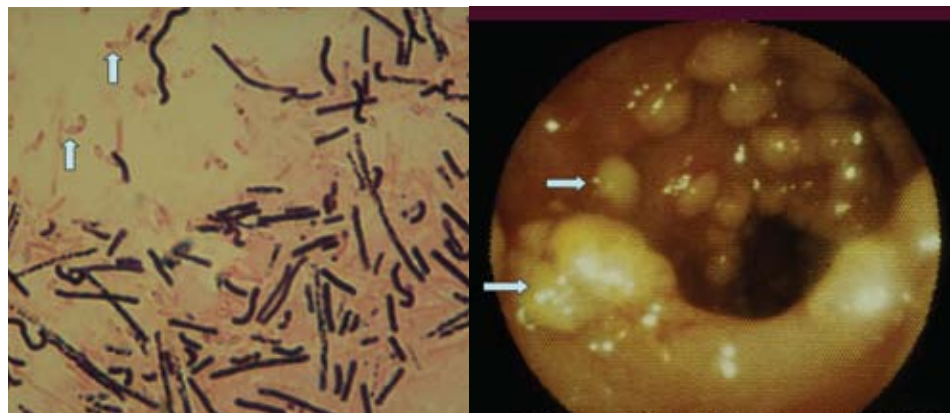
“I don’t think people appreciate the urgency and severity of this disease,” said Dale Gerding, MD, professor, Division of



Infectious disease experts (l-r) Dale N. Gerding, MD, FIDSA, and Stuart Johnson, MD, DTM&H, FIDSA, are collaborating with international colleagues to reduce the incidence of hospital-acquired infections.

Infectious Diseases, Loyola University Chicago Stritch School of Medicine (Stritch), and associate chief of staff, Research & Development, Edward Hines Jr. Department of Veterans Affairs Hospital. “In the past, it was thought to be a nuisance illness. Now it is a fatal illness, and a lot of physicians have not figured that out.”

C. difficile Bacteria and Spores (Arrows)

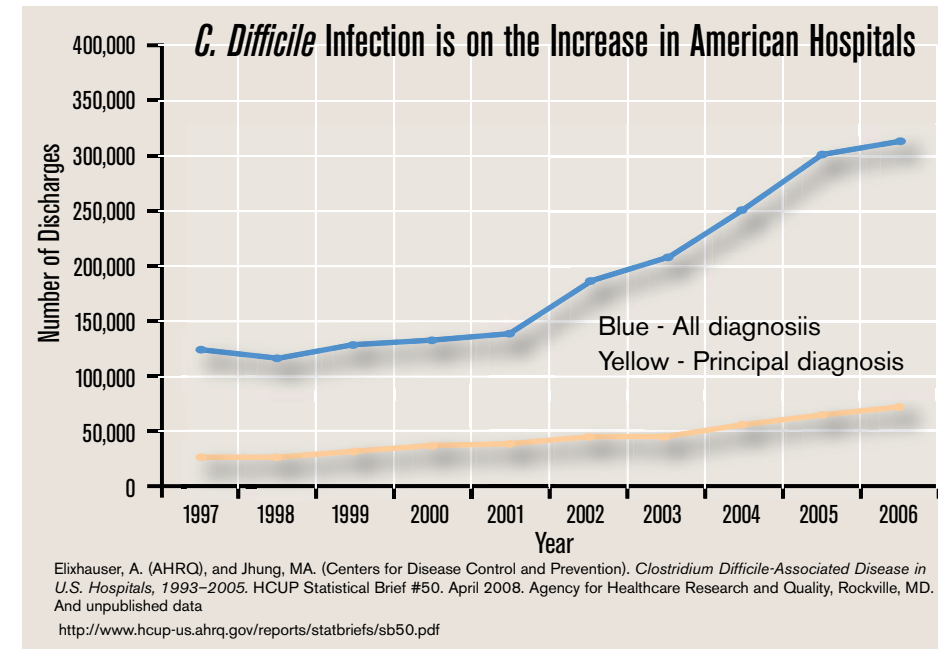


A prime example is 80-year-old Joan Corboy. While being treated for what appeared to be a routine diarrhea infection, she became sicker and weaker, and none of her doctors or other health specialists could explain why, according to her son, Wilmette resident Dr. Ed Corboy. “She lost almost 55 pounds between July 4th and Christmas in 2006,” he said, “and despite the best care of her doctors, it was clear she was in big trouble.”

Concerned that his mother was running out of time, Dr. Corboy contacted the CDC and learned that the infection his mother probably had was the NAP1 C. diff strain. “I asked them if there were any experts in the Midwest and they said, ‘You are in luck. Two of the best are at Loyola.’” Mrs. Corboy received treatment in a clinic run by Stuart Johnson, MD, FIDSA, DTM&H, associate professor, Division of Infectious Diseases, Stritch, and one of the world’s top C-diff researchers.

“When a patient is in the hospital getting antibiotics for some type of infection, one of the potential complications is that the normal bacterium that lives in the colon is disturbed with that antibiotic. That makes

Endoscope view of Pseudomembranes or Islands of Infection of C. difficile Colitis



him or her susceptible to an infection with *Clostridium difficile*,” said Dr. Johnson. “Disease caused by C. diff can range from nuisance diarrhea to life-threatening colitis that could lead to the surgical removal of the colon and even death.”

The disease is spread when feces with C. diff spores contaminate commodes, rectal thermometers and other surfaces in a hospital environment. Spores are highly resistant to hospital cleaning agents and alcohol hand disinfectants, making them difficult to kill and easily transferred to other patients by health-care personnel who have touched a contaminated surface or item.

At Loyola University Hospital, the Infection Control Program has been instrumental in developing a comprehensive approach that calls for timely isolation of patients with diarrhea in which C. diff is suspected. “When we are in contact with those patients, our staff are to take immediate precautions that include wearing gowns and gloves,” said Dr. Johnson. “We also encourage hand hygiene with soap and water hand washes — after taking off the gloves — rather than using alcohol hand gels.”

Although metronidazole and vancomycin have been used for the past 25 years to successfully treat patients with CDAD, the new NAP1 strain has been more resistant, leaving approximately 20 percent of those inflicted susceptible to recurrences and

difficult-to-treat relapses. “It’s a very hardy strain and it seems to persist,” said Dr. Johnson, who, along with Dr. Gerding, has been studying C. diff since 1980.

Drs. Gerding and Johnson are advocates for educating physicians and health-care professionals who, in turn, can educate patients in the communities they serve. Both serve on a panel that is developing updated recommendations on C. diff for the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America. Both doctors are exploring new measures such as narrow-spectrum antimicrobials, binding agents to counteract bacteria-generated toxins, biotherapeutics and vaccines. Now ready for human testing is a probiotic invented by Dr. Gerding that uses specific harmless strains of C. diff to prevent the strains from causing infection.

Stritch also is taking a leadership role in fighting CDAD and other bacterial and viral diseases through its Infectious Disease & Immunology Institute. Composed of a diverse, interdisciplinary group of clinicians and researchers, the institute is focused on diagnosing, curing and preventing infectious diseases by studying how microbes and the human immune system interact. One of the institute’s three divisions is devoted to researching C. diff, MRSA and other antibiotic-resistant organisms causing hospital-associated infections.

“Much work needs to be done,” said Dr. Gerding, “but a prevention strategy is very close.”

Discovering Ways to Diagnose, Cure and Prevent Infectious Diseases

Loyola University Chicago Stritch School of Medicine (Stritch) formed the Infectious Disease & Immunology Institute to study how microbes and the human immune system interact, and to bring scientists and clinicians together so results can be smoothly and efficiently transitioned from laboratories to clinics.

“The research focuses on bacterial and viral diseases that can give rise to global epidemics,” said David W. Hecht, MD, chair, Department of Medicine, and professor of Infectious Disease, and co-director of the institute. “Links between cancer and viruses and bacteria, and relationships between animal and human viruses also are being studied.”

A number of nationally known, board-certified clinical scientists and physicians who are fully funded and committed to research comprise the institute. “It’s a very diverse, interdisciplinary group,” said Katherine Knight, PhD, Department of Microbiology & Immunology and co-director of the Institute, “but all are focused on immunology and infectious disease.”

The Infectious Disease & Immunology Institute is composed of three divisions, each organized around a group of basic and clinician scientists researching similar problems:

Division 1 – Microbial Infections, Pathogenesis and Antimicrobial Resistance, which is researching community-associated methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* (C. diff) and other antibiotic-resistant organisms

Division 2 – Immunobiology of Transplantation, Inflammation and Aging, which is investigating ways to grow both blood stem cells and immune cells from cord blood stem cells outside the body and also researching cures for chronic rejection in lung transplants

Division 3 – Infectious Agents: Structure Function and Pathogenesis, which is concerned about emerging infections such as severe acute respiratory syndrome (SARS) and MRSA.

Study Identifies Causes of Bone Loss In Breast Cancer Patients

A new study by Loyola University Chicago Stritch School of Medicine (Stritch) researchers shows that bone loss in breast cancer patients is due not only to chemotherapy or anti-hormonal drugs used to treat their cancer, but often is due to other causes, many of which are treatable. Results of the study recently were published in the *Journal of Clinical Oncology* by lead author Pauline Camacho, MD, FACE, associate professor, Department of Medicine, Division of Endocrinology, Stritch.

Dr. Camacho and a team of researchers reviewed the charts of 238 consecutive postmenopausal patients who had osteoporosis or osteopenia and were referred to the Loyola's Osteoporosis & Metabolic Bone Disease Center from 2000 to 2006. Included were 64 women with breast cancer referred from Loyola's Cardinal

Bernardin Cancer Center and 174 patients without breast cancer referred by their primary care physicians.

Of the 64 breast cancer patients, 78 percent had at least one other cause of bone loss such as vitamin D deficiency, which was found in 38 percent of the breast cancer patients and 51 percent of the non-breast cancer patients. Another cause of osteoporosis, excessive calcium excretion in urine, was found in 16 percent of cancer patients and 8 percent of non-cancer patients. Five percent of those studied had overactive parathyroid glands, resulting in hormones that caused bone to lose calcium.

According to Dr. Camacho, vitamin D deficiency can be treated with prescription doses of vitamin D supplements, while excessive calcium excretion can be treated

with a "water pill" used for patients with high blood pressure. Depending on its cause, parathyroid gland disorders can be treated in a variety of ways. In certain breast cancer patients, bone loss from cancer drugs can be treated with osteoporosis drugs such as alendronate sodium and ibandronate sodium.

Kathy S. Albain, MD, professor, Department of Medicine, Division of Hematology/Oncology, Stritch, and senior author of the study, said breast cancer survivors "are just like the normal population as they age in that bone loss can be due to many treatable causes. Just prescribing a medication for osteoporosis may not be enough for many of our patients," added Dr. Albain, who refers all her breast cancer patients for comprehensive bone health evaluations when osteopenia or osteoporosis is discovered. ~

No Wait for Digital Mammograms

Same day and next day screening mammograms are available through Loyola Breast Care. Loyola facilities offering the screening use all digital mammography, which is quickly becoming the standard in breast imaging.

Kathleen A. Ward, MD, assistant professor, Department of Radiology, and medical director, Women's Health Imaging, reported that according to a major multi-center study published in the *New England Journal of Medicine*, digital mammograms are more accurate than film mammograms in detecting cancer in women who are younger than 50, have dense breasts or are pre-menopausal.

Radiologists can view images more quickly and manipulate the images on high-resolution computer monitors, enhancing the visualization of structures within the breast tissue. The ability to adjust the brightness and contrast of a mammographic image as well as the

capability to zoom in on specific areas especially helps detect small calcifications, masses and other often subtle changes that may be signs of early breast cancer. ~

Mammography services are available at the following Loyola locations:

- Loyola Center for Health at North Riverside
- Loyola Center for Health at Darien
- Loyola Center for Health at Oakbrook Terrace North
- Loyola Center for Health at Orland Park
- Loyola Outpatient Center
- Loyola University Health System at Melrose Park

Electronic Leaders

Loyola is among the top hospitals in the United States when it comes to the adoption and use of electronic health records (EHR). According to a story published recently in *Modern Healthcare*, a survey of more than 3,000 acute-care, non-federal hospitals found that only 1.7 percent of hospitals surveyed had implemented across all units of their hospitals a comprehensive EHR that had all 24 key functions as selected by a panel of information technology (IT) experts. Loyola meets all of those criteria to place in that top category. ~

Surveys Ranks Joint Reconstruction Program in Top 1 Percent

Loyola University Health System's (Loyola) orthopaedic joint reconstruction program at Gottlieb Memorial Hospital, Melrose Park, ranks in the top 1 percent of Illinois hospitals, according to a patient satisfaction survey of Loyola patients who participated in the program by having their procedure at Gottlieb after it became part of Loyola last July. Loyola orthopaedic surgeons, Douglas Evans, MD; William Hopkinson, MD; Guido Marra, MD; Harold Rees, MD; and Karen Wu, MD, see joint patients at Loyola's Outpatient Center, Maywood, and schedule surgical procedures at Gottlieb, where they also conduct a joint replacement preparation class. Loyola's pain protocol also is followed for patients having these procedures at Gottlieb. Drs. Evans, Marra, Reese and Wu also see patients at the Loyola Center for Health at Darien, and Drs. Evans and Marra see patients at

the Loyola Center for Health at Oakbrook Terrace North.

The patient survey was conducted by Press Ganey, a consulting group helping more than 40 percent of the hospitals nationwide measure and improve patient care. It consists of 27 questions covering such topics as communication with doctors, cleanliness, pain management and discharge information.

Compared with other Illinois hospitals, Loyola's orthopaedic program at Gottlieb scored in the top 1 percent in questions asking patients to rate the hospital on a 0-10 scale and whether they would recommend the hospital, as well as in questions about pain control and how often nurses listen carefully to patients. It scored in the top 2 percent regarding how often doctors listen carefully to patients and in the top

3 percent on how often doctors treat patients with courtesy and respect. On all other questions, the program ranked significantly higher than the Illinois average.

"Our physician and nursing team designed a patient-focused experience that we believed would deliver care in a kind, compassionate manner while achieving excellent clinical results," said Terry Light, MD, FAAOS, FACS, Dr. William M. Scholl Professor of Orthopaedic Surgery, and chair, Department of Orthopaedic Surgery & Rehabilitation, Loyola University Chicago Stritch School of Medicine. "Now we have the data to prove our efforts are succeeding." ~

Cryospray Ablation New Treatment for Barrett's Esophagus

A revolutionary new treatment for Barrett's Esophagus called cryospray ablation uses super-cold liquid nitrogen to permanently zap pre-cancerous tissue in the esophagus, which the body then replaces with normal, healthy tissue.

Jack Leya, MD, associate professor, Department of Medicine, Division of Gastroenterology, Loyola University Chicago Stritch School of Medicine (Stritch) said, "This is truly revolutionary. One patient had more than 99 percent of his Barrett's gone after his initial treatment. I've never seen patients respond so quickly."

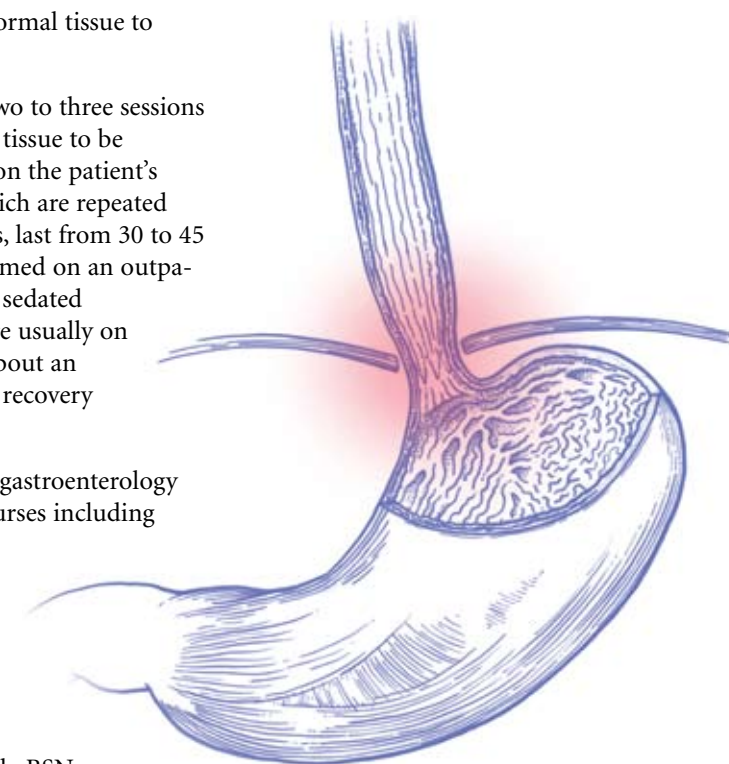
In this new minimally invasive treatment, Dr. Leya inserts a special catheter through an endoscope and sprays liquid nitrogen that's cooled to minus 270 degrees Fahrenheit onto the pre-cancerous tissue in the esophagus. The tissue is frozen for a few seconds, allowed to thaw and then refrozen. In most cases, patients experience no pain or bleeding during treatment and face a much lower risk of perforation. The treated tissue eventually dies and

sloughs off, allowing normal tissue to grow back in its place.

It takes an average of two to three sessions for all of the abnormal tissue to be destroyed. Depending on the patient's condition, sessions, which are repeated every six to eight weeks, last from 30 to 45 minutes and are performed on an outpatient basis. Patients are sedated during a session and are usually on their way back home about an hour after entering the recovery room.

In addition to Loyola's gastroenterology specialists, a team of nurses including Lynn Heicher, RN, MS, CGRN, CLNC, nurse manager of the gastroenterology laboratories at Loyola, along with Nancy Forcier, RN; Maureen Mackey, BSN, RN; Cynthia Webb, BSN, RN; and Ludy Umamos, BSN, RN, have all undergone intensive training in the procedure.

Loyola is the first in Illinois to use cryotherapy treatment for Barrett's esophagus. ~



Richard L. Gamelli, MD, Named Dean of Loyola University Chicago Stritch School of Medicine



Richard L. Gamelli, MD

Richard L. Gamelli, MD, has been named the new dean of the Loyola University Chicago Stritch School of Medicine (Stritch). Dr. Gamelli has been the chief of Loyola's Burn Center for 19 years. He is a world authority on the care of burn wounds and burn research.

"As a physician, Dr. Gamelli embodies the multi-dimensional ideal. He is a renowned researcher, a skilled surgeon and a teacher who demands excellence from his students.

As a leader, he has brought our Department of Surgery, our Burn Center and our Burn & Shock Trauma Institute into international prominence. I have no doubt that Dr. Gamelli will bring renewed strength to our medical school and be an inspiration for our students," said Dr. Paul K. Whelton, president and CEO, Loyola University Health System (LUHS) and vice president of health sciences, Loyola University Chicago.

Dr. Gamelli joined Loyola in 1990 as chief of the Burn Center and the founder and director of the Burn & Shock Trauma Institute. In 1995 he became the Robert J. Freeark Professor and Chair of the Department of Surgery. Currently, he is a member of the LUHS Board of Directors and actively participates in many committees.

In 2002 Dr. Gamelli received the Faculty of the Year award from Loyola University Chicago. He was inducted as a faculty member in Alpha Omega Alpha Honor Medical Society. He also delivered the Stritch commencement address in 2006.

Most recently, he was elected to lead the Council of Clinical Chairs and was awarded the Ralph P. Leischner Master Teacher Award from Stritch.

Dr. Gamelli is the editor-in-chief for *The Journal of Burn Care and Research* and is a past president of the American Burn Association, where he has been an active member since 1979.

He recently was named a member of the Surgery, Anesthesiology and Trauma Study Section, Center for Scientific Review of the National Institutes of Health. In addition, Dr. Gamelli has served as the associate editor of the *Journal of Trauma* and is a member of the editorial board of *Annals of Surgery*, *Shock*, *Burns*, and the *Journal of the American College of Surgeons*.

Dr. Gamelli will assume the duties that had been held by John Lee, MD, PhD, who resigned. Dr. Lee will remain at Stritch, serving as a tenured professor of pathology. ~

David W. Hecht, MD, PhD, Will Lead Loyola's Department of Medicine



David W. Hecht, MD, PhD

A renowned infectious disease clinician and researcher and recognized leader in academic medicine, David W. Hecht, MD, IDSA, has been named chair of the Department of Medicine at Loyola University Chicago Stritch School of Medicine (Stritch).

As chair, Dr. Hecht will have administrative responsibility over the largest department within Stritch, which includes 11 specialties, seven research institutes, 165 full-time faculty, 77 part-time faculty, 69 fellows and 116 medical residents.

"I'm thrilled and honored, but I feel it's important to point out that this department wouldn't be where it is without the efforts of its previous leadership," said

Dr. Hecht, who has served as interim director of the department since May 2008. "What I'm most excited about, though, is to have the opportunity to build research programs with the department becoming a leader in research over the next several years."

Dr. Hecht is also co-director of the Infectious Disease & Immunology Institute (see related article on pages 8 & 9), and professor and division director of Infectious Disease at Stritch and Edward Hines Jr. Department of Veteran Affairs Hospital. He is certified by the American Board of Medicine. His special interests include antibiotic-resistant bacteria, HIV and general infectious diseases. ~

John J. Lopez, MD, Appointed Director of Loyola's Interventional Cardiology Research



John J. Lopez, MD

One of the nation's top researchers in catheter-based treatments for heart disease has joined Loyola University Health System as director of interventional cardiology research.

John J. Lopez, MD, is a professor of medicine in the Division of Cardiology at Loyola University Chicago Stritch School of Medicine (Stritch). He also is co-director of Loyola's new Heart Attack Rapid Response Team (see article on page 2).

Dr. Lopez comes to Loyola from the University of Chicago Medical Center, where he was director of interventional cardiology, the interventional cardiology fellowship program and the cardiac catheterization laboratory. He has been an investi-

gator in more than 50 clinical trials in interventional cardiology related to drugs, stents and other devices, gene therapy, angiogenesis, intravascular imaging, atrial appendage closure devices and peripheral and structural heart devices. His research interests include studies of the safety and effectiveness of coronary stents.

His clinical interests include treatment for advanced coronary disease and chronic angina, as well as catheter-based treatments for structural heart problems such as atrial septal defects. He has performed more than 10,000 cardiac catheterization procedures. ~

Howard Sankary, MD, Becomes Director of Loyola's Intra-Abdominal Transplant Surgery Division



Howard Sankary, MD

Nationally renowned transplant surgeon, Howard Sankary, MD, FACS, has become the new director of Intra-Abdominal Transplant Surgery at Loyola University Health System.

Dr. Sankary, professor, Department of Surgery, Loyola University Chicago Stritch School of Medicine, was recruited from the University of Illinois Medical Center where he was for the past six years and served as its surgical director of liver transplantation. Having performed more than 800 liver transplants during his career, Dr. Sankary hopes to strengthen Loyola's liver transplant team. He also plans to concentrate on bolstering the kidney transplant program.

Dr. Sankary has made numerous presentations, published more than 120 manuscripts in peer-reviewed journals and is the

co-author of six books. He is also a Fellow of the American College of Surgeons and member of more than 10 professional medical societies. He received his medical degree from Bowman Gray School of Medicine (now the Wake Forest University School of Medicine) in Winston-Salem, N.C. He completed a general surgery residency in 1984 and a research fellowship in gastrointestinal surgery in 1985, both at the University of California in Irvine, Calif. In 1987, Dr. Sankary completed a transplant fellowship at the Rush Medical College, Chicago, and then worked in Rush's Department of Surgery, eventually becoming surgical director of the Liver Transplantation Program. In 2002, he joined the University of Illinois Medical Center. ~

Intra-Abdominal Transplant Team

Howard Sankary, MD, joins John Brems, MD, FACS, professor of surgery, surgical director of liver transplantation, who will focus on liver transplantation, and pancreatic, general and hepatobiliary procedures; David Holt, MD, FACS, surgical director of the renal transplant program; and John Milner, MD, FRCSC, who specializes in urology and transplantation.

David H. Vesole, MD, PhD, Is Named Director of Loyola's Bone Marrow Transplant Program



David H. Vesole, MD, PhD

Anationally known multiple myeloma researcher and clinician, David H. Vesole, MD, PhD, FACP, professor, Department of Medicine, Division of Hematology/Oncology, Loyola University Chicago Stritch School of Medicine (Stritch), will head the Bone Marrow Transplant (BMT) Program at Loyola University Health System (Loyola). He succeeds Cardinal Bernardin Cancer Center Director Patrick Stiff, MD, ABIM, Coleman Professor of Oncology, Department of Medicine, Division of Hematology/Oncology, Stritch, who will continue to work with the team.

With more than 1,900 transplants performed, Loyola's BMT program is the largest in Illinois and among the top nationwide. Treatment options include autologous bone marrow and peripheral blood stem cell, allogeneic related and unrelated bone marrow and allogeneic unrelated umbilical cord blood transplants, as well as high-dose chemotherapy, biologic response modifiers, surgery and radiation therapy.

Dr. Vesole is particularly focused on stem cell transplants for treating multiple myeloma and other hematological diseases.

Dr. Vesole earned his medical degree from Northwestern University and his PhD in immunology and microbiology from the Medical University of South Carolina. He completed his residency in internal medicine and his fellowship in hematology/oncology at University of Iowa Hospitals and Clinics. Before joining Loyola, Dr. Vesole served as an attending physician at St. Vincent's Comprehensive Cancer Center in New York. He also served as professor of medicine and clinical director of the Blood and Marrow Transplant Program at the Medical College of Wisconsin in Milwaukee. ~

Visit
www.LoyolaMedicine.org
for a complete listing of
Loyola physicians.



Suzanne Kavic, MD

Suzanne Kavic, MD, associate professor, Department of Obstetrics & Gynecology and the Department of Medicine, also is the director of the Division of Reproductive Endocrinology at Loyola University Health System. She is sensitive to the needs of Catholic married couples with reproductive challenges. Prior to joining Loyola, Dr. Kavic served as the clinical program director at the Jones Institute at West Penn Allegheny Health System in Pittsburgh, Pa. She also was a director in the center for women's reproductive care at Columbia University in New York. She earned her medical degree from Meharry Medical College and completed her residency in obstetrics and gynecology at Saginaw Cooperative Hospitals, Inc., and a fellowship in reproductive endocrinology and infertility at Columbia University. ~

David Vesole, MD, PhD, Joins BMT Team

Since 1994, cancer patients have participated in more than 200 clinical trials at Loyola, allowing them to receive treatments not yet available at community hospitals. Many have been conducted by members of Loyola's BMT team such as Scott Smith, MD, PhD, FACP, assistant professor, Department of Medicine, Division of Hematology/Oncology, Stritch, who serves as principal investigator of a clinical trial evaluating the use of different drug combinations on previously untreated multiple myeloma patients. Also serving on Loyola's BMT team is High Dosage Therapy Medical Director Tulio Rodriguez, MD, assistant professor, Department of Medicine, Division of Hematology/Oncology, Stritch.

Premreet Bajaj, DO, assistant professor, Department of Orthopaedic Surgery & Rehabilitation, has joined the Division of Physical Medicine & Rehabilitation as a physiatrist. Dr. Bajaj recently completed a fellowship in interventional pain from the University of Chicago Medical Center and is an expert in diagnosing and treating pain. His interests include treating patients with musculoskeletal, neuropathic, central visceral and other pain disorders with conservative and interventional pain treatments. Dr. Bajaj graduated from Arizona College of Osteopathic Medicine in Glendale, Ariz., in 2003. He received his residency training in physical medicine and rehabilitation at Loyola University Medical Center and served as co-chief resident for the program from 2006 - 2007. Dr. Bajaj is fluent in Hindi, Punjabi and Urdu.



Premreet Bajaj, DO

Jennifer Berliner, MD, assistant professor, Department of Medicine, Division of Cardiology, is board certified both in cardiovascular disease and internal medicine. Her special interests include preventative cardiology, echocardiography, multidetector CT angiography, nuclear cardiology, cardiac MRI and women's health. Dr. Berliner graduated from Albert Einstein College of Medicine in New York City in 2001 and completed her residency in internal medicine at New York Presbyterian Hospital, Columbia University Medical Center in 2004. She joins Loyola after completing fellowships in cardiovascular disease and cardiac imaging at the Northwestern University's Feinberg School of Medicine.



Jennifer Berliner, MD

Wayne Evans, MD, associate professor, Department of Obstetrics & Gynecology, brings his vast experience in maternal-fetal medicine to Loyola University Health System. Dr. Evans graduated from the University of Toledo Medical School in 1981 and received his residency training in obstetrics and gynecology at Good Samaritan Hospital in Cincinnati. He completed a fellowship in critical care medicine at the University of Maryland Medical Center, Baltimore, and another in maternal-fetal medicine at University Health Centers of Pittsburgh, Magee-Women's Hospital. For more than a decade he was the director of maternal fetal medicine and the perinatal assessment center at University of Wisconsin School of Medicine and Public Health, Aurora Sinai Medical Center in Milwaukee. Most recently, Dr. Evans was medical director of maternal-fetal medicine at Advocate Christ Medical Center in Oak Lawn.

Joshua Eberhardt, MD, assistant professor in general surgery, Department of Surgery, specializes in colorectal surgery. Dr. Eberhardt's interests include colon and rectal cancer and surgical treatment for inflammatory bowel disease. He graduated from the University of Wisconsin School of Medicine and Public Health, Madison, in 2002 and then completed his residency in general surgery at Loyola followed by a fellowship program in colorectal surgery at The Cleveland Clinic Foundation, Cleveland. He is a member of the American Society of Colon and Rectal Surgeons and American College of Surgeons.



Joshua Eberhardt, MD

Wayne Evans, MD, associate professor, Department of Obstetrics & Gynecology, brings his vast experience in maternal-fetal medicine to Loyola University Health System. Dr. Evans graduated from the University of Toledo Medical School in 1981 and received his residency training in obstetrics and gynecology at Good Samaritan Hospital in Cincinnati. He completed a fellowship in critical care medicine at the University of Maryland Medical Center, Baltimore, and another in maternal-fetal medicine at University Health Centers of Pittsburgh, Magee-Women's Hospital. For more than a decade he was the director of maternal fetal medicine and the perinatal assessment center at University of Wisconsin School of Medicine and Public Health, Aurora Sinai Medical Center in Milwaukee. Most recently, Dr. Evans was medical director of maternal-fetal medicine at Advocate Christ Medical Center in Oak Lawn.



Wayne Evans, MD

Amy Lin, MD, assistant professor, Department of Ophthalmology, serves as director of Cornea & Refractive Surgery at Loyola and is a staff physician at Hines VA Hospital. Dr. Lin graduated from Northwestern University's Feinberg School of Medicine in 2003 where she completed her residency. Prior to joining Loyola, Dr. Lin took part in a fellowship in Cornea and External Disease at the University of California, Irvine, where she became a clinical instructor. She also served as a staff physician at Long Beach VA Hospital in California. Her interests include cornea transplants, Lasik and cataracts. She is a member of the American Academy of Ophthalmology, American Society of Cataract and Refractive Surgery and The Cornea Society.



Amy Lin, MD

Angelo Malamis, MD, assistant professor, Department of Radiology, specializes in interventional oncology. His interests include minimally invasive liver tumor treatments such as ablation, chemoembolization and radioembolization. He also performs vertebral body compression fracture treatment. Dr. Malamis graduated in 2002 from Rush Medical College, Chicago, and received his residency training in radiology at Advocate Illinois Masonic Medical Center, Chicago. In 2008 he completed a fellowship in interventional radiology at Medical College of Wisconsin Froedtert Hospital, in Milwaukee. His post-graduate duties included teaching residents and medical students and speaking at the tumor board and radiology/pathology conferences. He is fluent in Greek and is certified by the American Board of Radiology.

Angelo Malamis, MD, assistant professor, Department of Radiology, specializes in interventional oncology. His interests include minimally invasive liver tumor treatments such as ablation, chemoembolization and radioembolization. He also performs vertebral body compression fracture treatment. Dr. Malamis graduated in 2002 from Rush Medical College, Chicago, and received his residency training in radiology at Advocate Illinois Masonic Medical Center, Chicago. In 2008 he completed a fellowship in interventional radiology at Medical College of Wisconsin Froedtert Hospital, in Milwaukee. His post-graduate duties included teaching residents and medical students and speaking at the tumor board and radiology/pathology conferences. He is fluent in Greek and is certified by the American Board of Radiology.



Angelo Malamis, MD

Sheetal Mehta, MD, assistant professor in the Department of Medicine, Division of Dermatology, graduated from the University of Illinois at Chicago College of Medicine and received her residency training in dermatology at the University of Minnesota. She completed a fellowship in Mohs micrographic surgery, lasers and cosmetics at the Center for Surgical Dermatology in Columbus, Ohio. Mohs micrographic surgery allows Dr. Mehta to practice tissue conservation on sensitive areas, while allowing her to trace the edges and roots of the skin cancer. Her other interests include dermatology, dermatologic surgery and cosmetic dermatology. She is a member of several professional organizations devoted to the advanced study of dermatology and dermatologic surgery.



Sheetal Mehta, MD

Sheetal Mehta, MD, assistant professor in the Department of Medicine, Division of Dermatology, graduated from the University of Illinois at Chicago College of Medicine and received her residency training in dermatology at the University of Minnesota. She completed a fellowship in Mohs micrographic surgery, lasers and cosmetics at the Center for Surgical Dermatology in Columbus, Ohio. Mohs micrographic surgery allows Dr. Mehta to practice tissue conservation on sensitive areas, while allowing her to trace the edges and roots of the skin cancer. Her other interests include dermatology, dermatologic surgery and cosmetic dermatology. She is a member of several professional organizations devoted to the advanced study of dermatology and dermatologic surgery.

Appointments

Amish Patel, MD, assistant professor, Department of Medicine, Division of Nephrology, graduated from the Medical College of Georgia School of Medicine in 2002. He completed his residency in internal medicine at Loyola, then served as a primary care physician at the Veterans Administration Medical Center in San Diego. Dr. Patel spent



Amish Patel, MD

four months traveling to South America, Europe and Africa prior to returning to Loyola to participate in a fellowship in nephrology.

Harold W. Rees, MD, instructor, Department of Orthopaedic Surgery & Rehabilitation, has special interests in primary and revision arthroplasty of the hip and knee. Prior to joining Loyola, Dr. Rees completed a fellowship in adult reconstruction/lower extremity at the Mayo Clinic in Rochester, Minn. Dr. Rees received his medical degree in 2002 from Temple University School of Medicine, Philadelphia. He is a member of the Joint Reconstruction & Replacement clinical program at Loyola and is on staff at Edward Hines Jr. VA Hospital.



Harold W. Rees, MD

School of Medicine, Philadelphia. He is a member of the Joint Reconstruction & Replacement clinical program at Loyola and is on staff at Edward Hines Jr. VA Hospital.

Anuradha Wadhwa, MD, assistant professor, Department of Medicine, Division of Nephrology, has had extensive training in caring of patients with all aspects of kidney disease and kidney disorders. Dr. Wadhwa attended Maulana Azad Medical College in Delhi, India, and worked as a physician at the Khurana Clinic in Delhi until 2002.

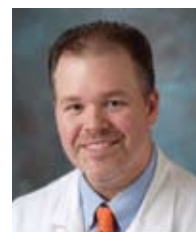


Anuradha Wadhwa, MD

She completed a residency in internal medicine at St. Joseph Hospital in Chicago in

2006 and a fellowship in nephrology at the University of Florida in Gainesville, in 2008. She is a member of the American Society of Nephrology, National Kidney Foundation and American College of Physicians.

Kevin Welch, MD, assistant professor in the Department of Otolaryngology, is certified by the American Board of Otolaryngology for head and neck surgery with special interest in chronic sinusitis, endoscopic sinus surgery, sinus tumors and sleep apnea. He most recently completed a fellowship in rhinology and sinus surgery at the University of Pennsylvania Health System, Philadelphia.



Kevin Welch, MD

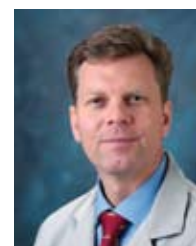
He received his medical degree in 2002 from MCP-Hahnemann University School of Medicine in Philadelphia. Dr. Welch completed an internship in general surgery and residency in Otorhinolaryngology – Head and Neck Surgery, at the University of Maryland School of Medicine, Baltimore

Scott Wickless, DO, assistant professor, Department of Medicine, Division of Dermatology, specializes in medical dermatology, cutaneous lymphoma and dermatopathology. He received his doctor of osteopathic medicine in 2002 from A.T. Still University's Kirksville College of Osteopathic Medicine, Kirksville, Mo. He completed an internship at Henry Ford Hospital in 2003 and his dermatology residency at Michigan State University in 2006. He then completed fellowships in cutaneous oncology-lymphoma and dermatopathology at Northwestern University.



Scott Wickless, DO

Christopher Wigfield, MD, instructor, Department of Thoracic & Cardiovascular Surgery, brings extensive training and experience to Loyola. He earned his medical degree from Freie Universität in Berlin, Germany. He did residency training at a number of hospitals in the United Kingdom in the fields of medicine, general surgery, intensive care and emergency medicine, urology, vascular surgery and cardiothoracic



Christopher Wigfield, MD

surgery. Dr. Wigfield completed fellowships in cardiopulmonary transplantation and cardiothoracic surgery at Freeman Hospital Cardiothoracic Centre at the University of Newcastle upon Tyne, England. In addition, he completed a fellowship in cardiothoracic surgery at the University of Wisconsin Hospital and Clinics in Madison. His interests include adult cardiac surgery, lung cancer, lung transplantation and minimally invasive thoracic surgery.

James M. Winger, MD, assistant professor, Department of Family Medicine, has a special interest in sports medicine and joins Loyola after finishing a primary care sports medicine fellowship at Lutheran General Hospital in Park Ridge. He earned his medical degree from the University of Virginia School of Medicine in Charlottesville, in 2004, and completed his residency training in Family Medicine at the



James M. Winger, MD

West Suburban Medical Center in Oak Park. Dr. Winger has been an assistant team physician at the University of Illinois at Chicago and the medical director of the National Criterium Championships of Cycling. He is the team physician for the Robert Morris College hockey team and has served at athletic events including the USA Track & Field Junior Cross Country Championships and the Chicago Marathon. Dr. Winger also is a member of several professional associations for family and sports medicine. ~

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New Clinical Research

Call (877) MDs-LUHS or visit www.LoyolaMedicine.org and click on "For HealthProfessionals" for a complete listing of current clinical trials.

Arthritis

A Phase IIIb, Multicenter Study with a 12-week Double-blind, Placebo-controlled, Randomized Period Followed by an Open-label, Extension Phase to Evaluate the Safety and Efficacy of Certolizumab Pegol Administered to Patients with Active Rheumatoid Arthritis.

Submission includes: protocol dated 8/23/08, IB dated 5/6/08, addendum to the IB dated 5/13/08, Sofribag bag instructions (needed to transport the drug), participant study emergency cards and self administration guidelines.

Bladder Health

A Multicenter, Double-blind, Randomized, Placebo-controlled, Parallel-group Study of the Safety and Efficacy of a Single Treatment with Two Dose Levels of Botulinum Toxin in Patients with Urinary Incontinence Due to Neurogenic Detrusor Overactivity in patients who have symptoms despite anticholinergic therapy.

Nocturia and Chronic Medical Illness

To determine whether the severity of nocturia is related to renal function, glucose control and fluid intake, in samples of patients with and without diabetes mellitus. The use of this data may help to develop a valid, clinically useful algorithm for the evaluation and treatment of patients with nocturia.

UITN MIMOSA (Mixed Incontinence Medical or Surgical Approach) Added to the Urinary Incontinence Treatment Network

The purpose of this study is to compare treatment outcomes for patients with mixed urinary incontinence (MUI) for whom therapy is initiated with surgery to those for whom therapy is initiated with non-surgical treatment. Women who are bothered by symptoms of both stress and urge incontinence will be randomly assigned to initiate treatment with a surgical (surgery for stress incontinence) vs. a non-surgical (drug and behavioral therapy) approach. Women who are dissatisfied with their outcome following the initial intervention may receive additional treatment per their physician's clinical recommendations.

UITN ValUE (Value of Urodynamic Evaluation)

To determine if women desiring surgery for diagnosed, uncomplicated predominant stress urinary incontinence (UI) who receive a basic office evaluation only without preoperative urodynamic studies (No UDS arm) have non-inferior treatment outcomes compared to women who receive both office evaluation and preoperative UDS (UDS arm).

(877) MDs-LUHS

Bone Health

A Prospective, Randomized, Controlled, Multicenter Pivotal Human Clinical Feasibility Trial to Evaluate the Safety and Effectiveness of GEM OS1 compared to autologous bone graft as a bone regeneration device in foot and ankle fusions.

This research study will evaluate the use of an experimental bone grafting material for use in the standard fusion procedure. The purpose is to see whether the experimental bone grafting material is safe and effective as a bone regeneration system for performing bone fusions in patients with foot problems when compared to a standard treatment using an autologous bone graft.

Bowel Health

Adaptive Behaviors Among Women with Bowel Incontinence: ABB1

Focus groups were used to develop and revise the PFDN Adaptation Index. The PFDN Adaptation Index was revised based on the focus group results. We now embark on the formal reliability and validation phase of the revised PRDN Adaptation Index.

Breast

A Double Blind Phase III Trial of Doxorubicin and Cyclophosphamide followed by Paclitaxel with Bevacizumab or Placebo in Participants with Lymph Node Positive and High Risk Lymph Node Negative Breast Cancer

The purpose is to determine the disease-free survival of participants.

Cancer: Brain

Phase III Trial Comparing Conventional Adjuvant Temozolomide with Dose-intensive Temozolomide in Patients with Newly Diagnosed Glioblastoma

The purpose of this study is to determine if dose-intensifying adjuvant temozolomide during chemoradiation treatment enhances treatment efficacy as measured by overall survival.

Cancer: Breast

A Pilot (Phase 1) Study of Weekly Docetaxel and Cetuximab Chemoradiation for Poor Risk Stage III Non-small Cell Lung Cancer

The primary objective of this study is to assess the feasibility and toxicity of combined cetuximab, weekly docetaxel and concurrent radiation therapy in poor risk patients with Stage III non-small cell lung cancer.

A Pilot Trial of Cisplatin/Etoposide/Radiotherapy Followed by Consolidation Docetaxel and the Addition of Bevacizumab in Three Cohorts of Patients with Inoperable Locally Advanced Stage III Non-small Cell Lung Cancer

To evaluate hemorrhage toxicities resulting from early vs. later addition of bevacizumab to patients receiving cisplatin/etoposide and radiotherapy followed by consolidation docetaxel/bevacizumab in patients with unresectable Stage III non-small cell lung cancer

AA Phase Ib/II, Open-label Study of the Safety, Tolerability, and Efficacy of Trastuzumab-MCC-DM1 in Combination with Pertuzumab Administered Intravenously to Participants with HER2-Positive, Locally Advanced or Metastatic Breast Cancer Who Have Progressed While Receiving Prior Therapy

To characterize the safety and tolerability of the combination of T-DM1 and pertuzumab administered every three weeks to participants with HER2-positive locally advanced or metastatic breast cancer who have previously received trastuzumab in any line of therapy, have received chemotherapy combined with HER2-targeted therapy for advanced disease, and have progressed while receiving their most recent therapy.

Endocrine Therapy With or Without Inhibition of EGF and HER2 Growth Factor Receptors: A Randomized, Double-Blind, Placebo-Controlled Phase III Trial of Fulvestrant With or Without Lapatinib (GW572016) For Postmenopausal Women With Hormone-receptor Positive Advanced Breast Cancer

The primary purpose is to compare the effect, in terms of progression free survival, of the antiestrogen fulvestrant alone with fulvestrant administered in combination with the dual-kinase inhibitor lapatinib for postmenopausal women with ER and/or PgR positive advanced breast cancer.

Phase II Study to Evaluate Efficacy and Safety of Adjuvant High-Dose Rate Brachytherapy (delivered using the mammosite applicator) as the Sole Method of Radiation Therapy for Selected Women with Stage I Breast Cancer small Volume DCIS

The study seeks to test whether radiation to part of the breast using brachytherapy after the removal of cancer gives similar results to those obtained when the whole breast receives radiation therapy. The study also seeks to assess safety of the mammosite device in this setting, including the quality of life.

Phase III Randomized Trial of Anastrozole vs. Anastrozole and Fulvestrant as First-Line Therapy for Post-menopausal Women with Metastatic Breast Cancer

The study seeks to compare the time to tumor progression in postmenopausal women with metastatic breast cancer treated with anastrozole vs. anastrozole and fulvestrant as first-line therapy.

Phase III Trial of Evaluating the Role of Ovarian Function Suppression and the Role of Exemestane as Adjuvant Therapies for Premenopausal Women with Endocrine Responsive Breast Cancer

The purpose of this study is to determine the best hormonal treatment for premenopausal women. Patients are randomized to tamoxifen, tamoxifen plus ovarian suppression function (OFS) or exemestane plus OFS.

New Clinical Research

RTOG 0413 NSABP B-39 A Randomized Phase III Study of Conventional Whole Breast Radiation vs. Partial Breast Radiation for Women with Stage 0, I or II Breast Cancer

The purpose of this study is to determine whether partial breast irradiation (PBI) limited to the region of the tumor bed following lumpectomy provides equivalent local tumor control in the breast compared to conventional whole breast irradiation (WBI) in the local management of early stage breast cancer.

SWOG S0230 Phase III Trial of LHRH Analog Administration During Chemotherapy to Reduce Ovarian Failure Following Standard Adjuvant Chemotherapy in Early Stage, Hormone-receptor Negative Breast Cancer

The purpose is to compare the rate of premature ovarian failure at two years following standard adjuvant chemotherapy with/without ovarian suppression with LHRH analog during chemotherapy in premenopausal women with early stage, hormone-receptor negative breast cancer.

Targeting Notch Signaling and Hepatocyte Growth Factor in Breast Cancer

To analyze tumor specimens from breast cancer participants in order to further elucidate mechanisms of cancer stem cell activation and inhibition.

Cancer: Cervical or Endometrial

RTOG 0418 A Phase II Study of Intensity Modulated Radiation Therapy (IMRT) to the Pelvis +/- Chemotherapy for Post-operative Patients with Either Endometrial or Cervical Carcinoma

The purpose of this study is to determine the transportability of IMRT to a multi-institutional setting, and to test the hypothesis that there is a reduction in short-term bowel injury with this regimen compared to standard treatments. Adverse events related to this treatment regimen will be assessed. The rates of local regional control, distant metastasis, disease free and overall survival will be evaluated. Chemotherapy compliance with this regimen for the cervical carcinoma patients will be observed.

Cancer: Head and Neck

A Phase I/II Trial of Adjuvant Radiochemotherapy Using Docetaxel for Resectable High-risk Squamous Cell Carcinoma of the Head and Neck

The purpose of this trial is to establish the maximum tolerated dose of Docetaxel administered in conjunction with radiation therapy and to obtain preliminary information of the clinical efficacy of this combination.

Cancer: Leukemia

Intensive Treatment for Intermediate-risk Relapse of Childhood B-Precursor Acute Lymphoblastic Leukemia (ALL): A Randomized Trial of Vincristine Strategies

The purpose of this study is to determine patient outcomes following high-dose combination chemotherapy treatment and to compare higher dose vincristine with standard dose vincristine.

Cancer: Lung

A Phase II Trial of the Combination of OSI-774 (Erlotinib; NSC-718781) and Bevacizumab (rhuMAb (Rhum VEGF; NSC-704865) in Never-smokers with Stage IIB and IV Primary NSCLC Adenocarcinomas

The primary objective of this Phase II study is to assess overall survival in never-smokers with primary lung adenocarcinomas.

A Phase III Randomized Trial of Adjuvant Chemotherapy With or Without Bevacizumab for Patients With Completely Resected Stage IB (> 4 cm) -IIIA Non-small Cell Lung Cancer (NSCLC)

This research is being done because even with the most aggressive after-surgery treatment with chemotherapy, many people still have the lung cancer recur. The purpose of this study is to determine if adding bevacizumab to chemotherapy improves the chance for cure for participants who have had complete surgical resection of their Stage IB-IIIA NSCLC. Bevacizumab is considered an investigational drug in this study.

Chemoprevention Trial of Selenium Supplementation in Persons with Resected Stage I Non-small Cell Lung Cancer (E5597 Phase III)

The purpose of this study is to find out if a high selenium yeast tablet can prevent lung cancers in participants following surgical removal of a Stage I Non Small Cell Lung Cancer.

OSI-774-302 A Multi-center, Randomized, Double-blind, Placebo-controlled, Phase 3 Study of Single-agent Erlotinib Following Complete Tumor Resection with or without Adjuvant Chemotherapy in Patients with Stage IB-IIIA Non-small Cell Lung Carcinoma Who Have EGFR-positive Tumors

The primary objectives of this study are to assess the efficacy of single-agent, oral, once daily erlotinib at 150 mg/day following complete surgical resection and to assess for an increase in DFS in patients with EGFR-positive tumors.

Paclitaxel Poliglumex (CT-2103)/Carboplatin vs. Paclitaxel/Carboplatin for the Treatment of Chemotherapy-naïve Advanced Non-small Cell Lung Cancer (NSCLC) in Women with Estradiol >25 pg/mL

The investigational drug for this study is paclitaxel poliglumex (CT-2103). CT-2103 is a chemotherapeutic agent that links paclitaxel (chemotherapy agent) to amino acids. Once CT-2103 is inside a cell, proteins in the cell break down CT-2103 releasing paclitaxel.

Cancer: Lymphoma

A Multicenter Phase II Study Incorporating Doxil and Rituximab into the Magrath Regimen for HIV-negative and HIV-positive Patients with Newly Diagnosed Burkitt's and Burkitt-like Lymphoma

The primary objective of this study is to evaluate the response rate for patients with Burkitt's and Burkitt-like lymphoma.

A Phase I Study of Clofarabine in Patients with Relapsed or Refractory Non-Hodgkin's Lymphomas

Define the maximum tolerated dose of clofarabine in patients with relapsed or refractory NHL. Define the hematologic and non-hematologic toxicities of clofarabine for patients with relapsed or refractory non-Hodgkin's lymphoma. Determine the recommended Phase II dose at this dosing schedule for a Phase II clofarabine Study in NHL.

A Phase III, Randomized, Double Blind Study of Galiximab in Combination with Rituximab Compared with Rituximab in Combination with Placebo for the Treatment of Subjects with Relapsed or Refractory, Follicular Non-Hodgkin's Lymphoma

The primary purpose is to compare the clinical benefit of galiximab in combination with rituximab with that of rituximab monotherapy for relapsed or refractory follicular non-Hodgkin's lymphoma.

Phase III Randomized Study of R-CHOP vs. Dose-adjusted EPOCH-R with Molecular Profiling in Untreated De Novo Diffuse Large B-cell Lymphomas

The purpose of this study is to compare the effects of two treatments: R-CHOP with dose-adjusted EPOCH-R for untreated de novo DLBC lymphoma and to develop molecular predictor of outcome using molecular profiling.

Phase III Rituxan/BEAM vs. Bexxar/BEAM with Autologous Hematopoietic Stem Cell Transplantation (ASCT) for Persistent or Relapsed Chemotherapy Sensitive Diffuse Large B-cell Non-Hodgkin's Lymphoma

The primary objective of this study is to compare progression-free survival (PFS) autologous hematopoietic stem cell transplantation (ASCT) for chemotherapy-sensitive diffuse large B-cell lymphoma using Rituxan/BEAM vs. Bexxar/BEAM for pre-transplant conditioning; Secondary objectives for the comparison are overall survival, time to progression, complete response (CR) and partial response (PR) proportion at Day 100, time to hematopoietic recovery, hematologic function, incidence of infection, maximum mucositis score by Day 21, immune reconstitution, treatment-related mortality and development of myodysplasia, secondary acute myelogenous leukemia or abnormal cytogenetics.

S0520 A Phase II Study of PXD101 (NSC-726630) in Relapsed and Refractory Aggressive B-Cell Lymphomas

To evaluate response rate and toxicity in patients with relapsed and refractory aggressive B-cell lymphoma treated with this regimen. To estimate the 6-month progression-free survival rate in patients with relapsed and refractory aggressive B-cell lymphoma treated with single agent PXD101 therapy.

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SG035-0003 A pivotal study of SGN-35 in treatment of patients with relapsed or refractory Hodgkin lymphoma (HL)

To determine the antitumor efficacy of single-agent SGN-35 (1.8 mg/kg administered intra-venously every 3 weeks) as measured by the overall objective response rate in patients with relapsed or refractory Hodgkin lymphoma following autologous stem cell transplant; To assess duration of tumor control, including duration of response and progression-free survival; To assess survival; To assess the safety and tolerability of SGN-35; To assess the pharmacokinetics of SGN-35

Temsirolimus for Relapsed/Refractory Hodgkins Lymphoma

The primary objective of this study is to estimate the overall response rate (complete or partial response and stable disease by the IWG criteria) to temsirolimus, evaluate the toxicity of temsirolimus in this patient population, estimate the time to progression and overall survival after treatment with temsirolimus

Cancer: Melanoma

A Phase 2 Study of AZD0530 in metastatic melanoma

The purpose of this phase 2 study is to evaluate AZD0530 in treating metastatic melanoma.

Cancer: Multiple Myeloma

Phase 1/2 Study of Bortezomib, Dexamethasone, and Lenalidomide versus Bortezomib, Dexamethasone, Cyclophosphamide and Lenalidomide versus Bortezomib, Dexamethasone, and Cyclophosphamide in Subjects with Previously Untreated Multiple Myeloma

The purpose of this Phase 1/2 study is to evaluate the efficacy and safety of treatment of the following treatments: 1. Bortezomib, dexamethasone, and lenalidomide 2. Bortezomib, dexamethasone, cyclophosphamide, and lenalidomide 3. Bortezomib, dexamethasone, and cyclophosphamide in patients with multiple myeloma who have received no prior treatment.

Cancer: Skin (Melanoma)

A Phase I Dose Escalation Trial of Dendritic Cell-Based Vaccination for Stage IV Melanoma Patients.

The purpose of the study is to assess the dose limiting toxicity for dendritic cells pulsed with autologous tumor lysate and matured using a Dendritic Maturation Cocktail composed of IL-1 beta, IL-6, TNF alpha, and PGE2, injected intranodally with KLH in Stage IV melanoma patients.

Cancer: Soft Tissue Sarcoma

A Multinational, Randomized, Double-Blind Placebo Controlled Study of AVE8062 Administered Every 3 Weeks, in Patients with Advanced-Stage Soft Tissue Sarcoma Treated with Cisplatin After Failure of Anthracycline and Ifosfamide Chemotherapies.

To compare the progression-free survival, overall survival and the objective response rate in the two treatment arms. To assess the safety profile of AVE8062 (in combination with cisplatin). To assess the pharmacokinetics of AVE8062 and its main metabolite RPR258063, using a population

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approach, in all patients enrolled in selected centers. To assess genotypes of drug metabolizing enzymes in all enrolled patients in blood sampling collected before the first study drug infusion.

Cardiovascular Health: Arrhythmia

Multidisciplinary Study of Right Ventricular Dysplasia (ARVD)

This is a multidisciplinary, multicenter collaborative study to investigate the cardiac, clinical and genetic aspects of arrhythmogenic right ventricular dysplasia (ARVD). The primary goal is to identify 100 patients with definite ARVD and their family members. The study offers a substantial prospect of expanding the fund of clinical knowledge regarding ARVD and/or localizing the genetic mutation(s) responsible for this disorder.

Cardiovascular Health: Aortic Aneurysm

VALOR II: The Valiant Thoracic Stent Graft System Clinical Study - Evaluation of the Clinical Performance of the Valiant Thoracic Stent Graft System in the Treatment of Descending Thoracic Aneurysms of Degenerative Etiology in Subjects that are Candidates for Endovascular Repair

The primary objective of the study is to evaluate the safety and efficacy of the Valiant Thoracic Stent Graft System in the treatment of descending thoracic aneurysms of degenerative etiology in subjects that are candidates for endovascular repair. The objective of the economic sub-study is to describe medical resources, use patterns and associated medical costs, to describe patient utilities, to perform cost effectiveness analysis and to perform quality of life assessment analysis of the Valiant Thoracic Stent Graft System.

Cardiovascular Health: Aortic Valve

An Observational, Prospective Evaluation of the Trifecta Valve, Protocol# 0501, Rev. D, 15-May-2007

This observational cohort study will assess the clinical safety and effectiveness of aortic valve replacement (using the Trifecta valve) by prospectively recording adverse event rates, clinical status as indicated by New York Heart Association (NYHA) functional classification, hemodynamic performance, and hematology analysis.

Cardiovascular Health: Diabetes

Future Revascularization Evaluation in Patients with Diabetes Mellitus: Optimal Management of Multivessel Disease

The study seeks to evaluate whether percutaneous coronary intervention (PCI) with drug-eluting stenting (PCI/DES) is more or less effective than the existing standard of care, coronary artery bypass surgery (CABG).

Cardiovascular Health: Heart Failure

Double-Blind, Placebo-Controlled, Multicenter Acute Study of Clinical Effectiveness of Nesiritide in Subjects with Decompensated Heart Failure (ASCEND-HF)

The primary objective is to evaluate whether treatment with nesiritide improves patient outcomes (as measured by reduction in the composite of heart failure re-hospitalizations and all-cause Mortality through 30 days after randomization or heart failure symptoms (as measured by subject self-assessed Likert dyspnea scale at 6 and 24 hours after study drug initiation) compared with placebo when each is administered in addition to other standard therapies in subjects with acute decompensated heart failure.



For a complete listing of clinical trials at Loyola University Health System, visit www.LoyolaMedicine.org and click on For Physicians and then Resources/Clinical Trials.



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CME Events

2009 Catholic Health Assembly

June 7 - 9, 2009

CME credit: A maximum of 9.25 AMA category 1

Course Director: Ed Giganti

Location: Sheraton - New Orleans

(800) 424-4850

Participants will acquire a sound understanding of current trends in physician satisfaction issues including financial challenges; gain diverse views on proper care of the ever-growing number of uninsured and underinsured patients in the context of theological and ethical reflection; and how, as physicians they are key partners with the Catholic health-care ministry in transforming health-care delivery and creating a just system. They will learn about current practices being utilized to address these issues and craft basic elements of a strategy to address them in the future.

20th Annual Loyola Ophthalmology Resident Alumni Mission Day

June 19, 2009

CME credit: 6.5 category 1

Course Director: Amy Lin, MD

Location: LUC Stritch School of Medicine

(800) 424-4850

A variety of topics pertaining to ongoing research at Loyola, new treatment techniques and international experiences in developing countries will be presented. Local and national experts will present information, including management of ocular surface problems, ocular inflammation and medical missions for surgical treatment in third-world countries.

Anticoagulant Therapy in Transition - Heparin and Oral Anticoagulants Challenged

July 15, 2009

CME credit: 1.5 category 1

Course Director: Debra Hoppensteadt, PhD

**Location: Boston Convention and Exhibition
Center - Boston, MA**

(800) 424-4850

This program is organized as a scientific forum where expert speakers will present 15-minute reviews of the important developments in thrombotic and vascular disorders. With the influx of synthetic oral anticoagulants and parenteral heparinominetics, the management of thrombosis is undergoing a major transition. Open discussions of some of the timely issues with particular reference to the relative advantages and disadvantages of conventional anticoagulants and newer agents will take place.

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Loyola Medical News

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