New Technology Offers Precise Targeting of Arrhythmias

Loyola’s new 3-D mapping system identifies patient-specific electrical sources of arrhythmias.
Ed McGee, MD, Named Surgical Director of Heart Transplantation & Assist Devices

Internationally known cardiothoracic surgeon Ed C. McGee Jr., MD, has joined Loyola as surgical director of Heart Transplantation & Assist Devices.

Dr. McGee comes to Loyola from Northwestern Memorial Hospital, where he was surgical director of heart transplantation and mechanical assistance for 10 years.

“I’m thrilled to be joining an extremely strong team at Loyola, which has a long and successful history of performing complex heart surgery,” Dr. McGee said.

Loyola established its heart transplant program in 1984, and recently performed its 750th heart transplant. Loyola also offers left ventricular assist devices (LVADs) as both bridge-to-transplant and destination therapy.

Dr. McGee has performed approximately 250 heart transplants and has implanted about 400 LVADs. He was the first surgeon in North America to implant the HeartWare® assist device in both ventricles. He is principal investigator of an upcoming multicenter LVAD trial of thoracotomy as a less invasive alternative to sternotomy. Dr. McGee has implanted about 20 LVADs using the thoracotomy approach.

Dr. McGee has been the primary investigator or co-investigator in numerous clinical trials of new devices that are smaller and less invasive, and designed to reduce the risks of intestinal bleeding and blood clots. Dr. McGee predicts that within 10 years, LVADs will be completely implantable, eliminating the need for drive lines.

“Assist devices are far from perfect, but they are continually improving,” Dr. McGee said. “At Loyola, we will offer patients the latest generation devices that have been approved by the FDA or are being investigated in clinical trials.”

About 35 percent of LVADs currently are implanted as destination therapy, and this percentage likely will increase as devices improve, Dr. McGee said.

Dr. McGee’s other special interests include complex valvular reconstruction, complex coronary reconstruction, endocarditis, the maze procedure and reoperative surgery.

Dr. McGee earned his medical degree from Vanderbilt University School of Medicine, where he was elected to Alpha Omega Alpha. He completed a residency in thoracic surgery at Massachusetts General Hospital, where he was chief resident, and a heart transplant fellowship at Cleveland Clinic. Dr. McGee also was a clinical fellow at Harvard Medical School and a biotechnology fellow at the National Cancer Institute.
Tailoring Treatments for Complex Arrhythmias

Loyola is offering multiple new options for improved diagnosis and treatment of atrial fibrillation and other complex cardiac arrhythmias.

These options include:
- A new type of enhanced MRI that enables the physician to better predict which patients are likely to benefit from catheter ablation.
- A new 3-D mapping system that helps the physician identify patient-specific electrical sources of arrhythmias.
- A procedure that reduces the stroke risk in atrial fibrillation patients who cannot take blood thinners.

“New technology is enabling us to move away from a one-size-fits-all approach to treatments that are more specifically tailored to the individual patient,” said David Wilber, MD, division director of Cardiology and medical director of Clinical Electrophysiology.

For example, Loyola is using delayed enhancement magnetic resonance imaging (DE-MRI) to better predict which patients are likely to benefit from catheter ablation. DE-MRI also can more precisely target heart tissue during ablation procedures. The MRI shows atrial fibrosis, and sophisticated software is used to enhance the image.

Loyola is the only center in the Midwest to use this advanced imaging technology to evaluate patients with atrial fibrillation (AF) as part of the routine care of patients with atrial fibrillation (AF).

A recent multi-center trial published in the Journal of the American Medical Association found that patients with the least amount of atrial fibrosis had significantly higher ablation success rates. After 475 days of follow-up, 85 percent of patients with Stage 1 fibrosis had experienced no recurrent arrhythmias. The success rate dropped to 31 percent for Stage 4.1 Loyola enrolled about 20 percent of the patients in the 15-center international trial. Dr. Wilber was second author.

“A substantial portion of AF is due to pre-existing scarring in atrial muscle,” Dr. Wilber said. “DE-MRI imaging now allows us to detect the presence and severity of fibrosis, which correlates to how an AF patient will respond to treatment. There may be patients whose fibrosis is so advanced that ablation in its current form will not be effective. But for patients who do not have extensive fibrosis, ablation can be extremely effective.”

In standard ablation treatment, the electrophysiologist ablates areas of the heart that are generally known to trigger AF. Studies at Loyola and other research centers soon will be under way to determine whether targeting the atrial fibrotic area specific to an individual patient will improve long-term outcomes.

Similarly, new 3-D mapping technology provides a diagnostic tool that identifies and locates rotors unique to the individual patient. (Rotors are believed to be the sustaining mechanism of AF.) The Topera 3-D Mapping System gives the physician the ability to visualize individual rotors.

The system employs a catheter with a spherical wire basket at the tip that has 64 electrodes. When the basket expands, it captures the contours of the heart chambers and creates a map of
Tailoring Treatments for Complex Arrhythmias, continued

“New technology is enabling us to move away from a one-size-fits-all approach to treatments that are more specifically tailored to the individual patient.”

DAVID WILBER, MD
Division Director of Cardiology and Medical Director of Clinical Electrophysiology

 Physicians look on while information from previous scans and cardiac mapping are combined to design an individualized ablation strategy.

the electrical activity. The basket is designed to fit in either the left or the right atrium. The information from the catheter is processed by specialized algorithms to produce a near real-time global reconstruction of the heart sources and pathways of electrical activity during AF, which then can be targeted for ablation. Given the complexity of electrical activity during AF, these sites cannot be identified by traditional mapping techniques.

Another new treatment option available at Loyola is the Lariat™ procedure for AF patients who cannot take blood thinners. The vast majority of blood clots that form in the heart during AF arise from the left atrial appendage. Using two catheters, the cardiologist tightens a loop stitch—similar to a lasso—around the base of the left atrial appendage. This seals the appendage off from the rest of the heart, thus preventing blood clots from traveling to the brain. The appendage turns into scar tissue.

This nonsurgical procedure is successful in about 95 percent of patients. A successful procedure eliminates the main source of AF-related stroke while avoiding potentially serious side effects from blood thinners. And unlike patients who take blood thinners, patients who undergo the Lariat procedure do not need frequent clinical visits and blood tests.

“These innovations will improve our ability to tailor treatment to the individual patient,” Dr. Wilber said. “They are potential game changers.”

Loyola Launches Multidisciplinary Valve Center

Loyola is opening a multidisciplinary Valve Center that offers patients a full range of medical, surgical and percutaneous options for the treatment of aortic, mitral and tricuspid valvular heart disease.

Each patient sees a surgeon and an interventional cardiologist on the same day to determine the safest, most effective and least invasive option. While most patients require open surgery, a growing number qualify for less-invasive percutaneous valve repair or replacement.

"The Valve Center helps to speed up the diagnosis and the plan of care," said Mamdouh Bakhos, MD, chair of the Department of Thoracic & Cardiovascular Surgery. "We use everybody’s expertise to find the best treatment options."

Fred Leya, MD, medical director, Interventional Cardiology, said the interventional cardiologist learns from the surgeon, and vice versa. "One of us cannot do everything," Dr. Leya said. "We accomplish more as a team."

AORTIC VALVE DISEASE. For symptomatic patients with advanced disease, options include open heart surgery and transcatheter aortic valve replacement (TAVR). Loyola was the only Illinois hospital that participated in the pivotal trial of the percutaneous Medtronic CoreValve System®. The FDA recently approved the minimally invasive catheter-based system for high-risk and extremely high-risk patients. As part of the continuing trial, Loyola also offers the system to low-risk patients (3 to 10 percent 30-day expected morbidity or mortality without treatment).

MITRAL VALVE DISEASE. Loyola is a high-volume center that performs complex and high-risk cases, with excellent results. Most patients are treated with surgical mitral valve repair. Loyola also offers MitraClip®, recently approved by the FDA for percutaneous mitral valve repair in high-risk patients. It is performed using venous access and real-time echo imaging to guide placement of the device. Cardiopulmonary bypass is avoided. Like CoreValve, the system is much less invasive than open surgery.

TRicuspid VALVE DISEASE. If neglected, this condition can cause right-sided heart failure, liver cirrhosis and low cardiac output. In the vast majority of cases, open surgery can repair the valve, either in combination with mitral valve repair or as a stand-alone procedure.

Hypertrophic obstructive cardiomyopathy. Treatment options include medical management in early-stage disease, alcohol ablation and septal myotomy.

The Society of Thoracic Surgeons has given Loyola its highest three-star rating for its overall performance in 2013 for aortic valve repair. Loyola also received two three-star ratings in the aortic valve repair plus coronary artery bypass category. These three-star ratings were for absence of mortality and for overall performance.
Heart Failure Team Forming New Partnerships with Referring Cardiologists

Loyola heart failure subspecialists are forming new partnerships with referring cardiologists, and patients are the big winners.

Rather than having to travel to Loyola, heart failure patients now can see Loyola subspecialists in their own communities.

Working in close collaboration with the patients’ cardiologists, Loyola physicians are seeing patients at Rockford Memorial Hospital; OSF St. Anthony Medical Center in Rockford; Presence St. Mary’s Hospital in Kankakee; Presence St. Joseph Hospital in Elgin; and Centegra Hospital-McHenry.

In this collaborative care model, the referring physician remains the patient’s primary cardiologist. In some cases, the patient will see a Loyola subspecialist for a one-time consultation. In other cases, the Loyola subspecialist will consult with and jointly follow the patient.

“We consider ourselves consultants,” said Alain Heroux, MD, Loyola’s medical director of Heart Failure and Transplantation. “We never take over complete care. We encourage patients to continue to be seen by their own cardiologists.”

When necessary, patients can transfer seamlessly to Loyola for advanced procedures, including heart transplant; left ventricular assist device (LVAD) as either bridge-to-transplant or destination therapy; high-risk revascularization (angioplasty or bypass); and high risk valvular surgery.

This outreach is part of a broader strategy of networking with high-quality providers in the communities Loyola serves.

Loyola has superior outcomes. Compared with other centers in the Intermacs registry, Loyola LVAD patients (including bridge-to-transplant and destination therapy) have higher one-month survival (100 versus 95 percent), one year survival (86 versus 81 percent) and five-year survival (86 versus 41 percent).

Among heart transplant patients, Loyola’s one-year patient survival rate is higher than both the national rate and the rates of all other Chicago-area heart transplant centers, according to the Scientific Registry of Transplant Recipients.

Dr. Heroux attributes these superior outcomes to Loyola’s multidisciplinary approach, which includes cardiologists, surgeons, LVAD nurse coordinators, heart failure nurse coordinators, nurse practitioners, physical therapists, pharmacists, social workers, psychologists, dietitians and financial counselors.

“In addition to improving survival, this multidisciplinary approach also is improving patients’ quality of life,” Dr. Heroux said.
Leukemia Patient Has Emotional Meeting with Donor Who Saved Her Life

The highlight of Loyola’s annual Bone Marrow Transplant Celebration of Survivorship is a meeting of a representative patient and donor.

During this year’s celebration at Loyola’s Cardinal Bernardin Cancer Center, leukemia survivor Anna Kaiser met the bone marrow donor who saved her life.

Ms. Kaiser is in remission after undergoing a successful bone marrow transplant at Loyola. She received a bone marrow donation from Matthew Danter of Lexington, Ky. Mr. Danter signed up to become a donor after seeing an ad on Facebook.

“I’m almost positive I would not be here today without him,” Ms. Kaiser said. “How do you thank someone for saving your life? There are no words.”

Ms. Kaiser was diagnosed with acute myeloid leukemia (AML) in January 2012. Ms. Kaiser was told that without a bone marrow transplant, she had only about a 10 percent chance of survival. So she transferred from another hospital to Loyola, which has done more bone marrow transplants for leukemia patients than any other center in Illinois.

Ms. Kaiser’s Loyola physician, Patrick Stiff, MD, said that without a bone marrow transplant, Ms. Kaiser likely had less than two months to live. But since receiving the bone marrow transplant, she has been in remission for more than two years, and is probably cured, Dr. Stiff said. Dr. Stiff is director of the Cardinal Bernardin Cancer Center.

More than 300 patients, family members, caretakers, donors, doctors, nurses and other medical staff attended the Bone Marrow Transplant Celebration of Survivorship.

Loyola has one of the largest unrelated donor transplant programs in the world. Loyola physicians have performed more than 2,800 stem cell transplants, including about 200 umbilical cord blood transplants.

Loyola receives referrals from throughout the Midwest, including other academic medical centers in Chicago. Loyola is among the first centers to use umbilical cord donations for the treatment of certain adult cancers.

Gastrointestinal Cancer Risk Assessment Program Launched

Patients at increased risk for gastrointestinal cancer now have access to Loyola’s new Gastrointestinal Cancer Risk Assessment Program.

The program is designed for patients with a personal or family history of colorectal cancer and other GI cancers. The multidisciplinary team includes gastroenterologists, surgeons and genetic counselors.

The program promotes early, targeted intervention, which improves treatment options and reduces morbidity and mortality. Screening and follow-up are consolidated and simplified, reducing numerous clinic visits.

A key component is genetic evaluation, which includes a comprehensive review of the personal and family cancer history, and possible genetic testing. People who have a first-degree relative with colon cancer have two to three times the risk of developing the disease.
Loyola First in Illinois to Perform Five Lung Transplants in 24 Hours

Loyola recently performed five lung transplants in little more than 24 hours, a first for Illinois.

Put in perspective, five is the average number of lung transplants performed each day throughout the entire country.

Between the early hours of May 8 and May 9, 2014, Loyola surgeons performed one double-lung and four single-lung transplants. It’s highly unusual for so many lungs to become available in so short a period of time. And Loyola is among only a handful of centers worldwide capable of doing so many transplants so quickly.

“We have a very deep bench,” said Daniel Dilling, MD, Loyola’s medical director of Lung Transplantation. “Loyola is one of only a handful of centers worldwide that have enough surgeons, resources and experience to achieve such a milestone.”

Loyola has performed more than 780 lung transplants, by far the most of any center in Illinois. Last year, Loyola successfully performed three lung transplants in 24 hours.

Jeffrey Schwartz, MD, Loyola’s surgical director of Lung Transplantation, said lung transplantation is a complex procedure, with surgeries lasting up to eight hours.

Mamdouh Bakhos, MD, chair of Loyola’s Department of Thoracic & Cardiovascular Surgery, said, “We have a strong team that is able to handle virtually any situation that arises. We work as a team and everything we do is focused on doing what is best for the patient.”

Three Extraordinary Pulmonologists Honored

Pulmonologists from around the country who trained at Loyola returned Sept. 28 for an “End of an Era” ceremony in honor of three retiring pulmonologists: Arcot Chandrasekhar, MD; William Van De Graaff, MD; and Patrick J. Fahey, MD.

“These extraordinary physicians have trained more than 100 pulmonary fellows and made a mark on Chicago pulmonary medicine for years to come,” said Sean Forsythe, MD, director of the division of Pulmonary & Critical Care Medicine.

Drs. Chandrasekhar, Van De Graaff and Fahey also trained thousands of medical students and residents, thus influencing the care of hundreds of thousands of patients, said Daniel Dilling, MD, medical director of Lung Transplantation.

All three physicians spent their entire careers at Loyola.
Loyola Among First in Illinois to Share Health Information Electronically

In an initiative that will improve patient care, Loyola has become one of the first health systems in Illinois to share health information electronically through two record-exchange consortiums.

The information exchange enables Loyola to share a patient’s electronic health information with outside providers such as hospitals, nursing homes, home-care agencies and non-Loyola physicians. In turn, a Loyola provider can obtain a patient’s records from outside providers, thus creating a more complete picture of the patient’s condition.

Such shared health information can include, for example, records of a patient’s allergies, medications, health history, immunizations, test results, diagnoses, procedures and clinical/hospital visit notes.

Loyola will obtain a patient’s signed consent before sharing health information electronically and a patient can revoke such consent at any time.

These are among the benefits of exchanging health information electronically:

- Doctors will have quicker access to more complete medical histories, allowing for better-informed and safer decisions about patient care.
- Patients may not need to complete as many forms each time they visit a new doctor.
- Patients might not have to take the same medical tests over again. This could help decrease healthcare costs.

Loyola began the electronic exchange of health information for patients hospitalized at Loyola University Medical Center or Gottlieb Memorial Hospital. (Gottlieb is a member of Loyola University Health System.) Loyola now is expanding the information exchange to include outpatients.

The electronic exchange of health information will help Loyola improve patient care in its new population health programs. These programs help members stay healthy or cope with chronic diseases that can lead to costly care. The electronic exchange of health information will improve communication and coordination between Loyola and its community partners.

Loyola and Alexian Brothers to Affiliate and Expand Pediatric Services

Loyola University Health System and Alexian Brothers Health System are partnering to expand the breadth and reach of their pediatric services in the Chicago area.

The affiliation will benefit patients by building on and expanding the clinical program strengths of each health system. It will enable the two systems to offer a comprehensive array of pediatric specialties and will increase access to pediatric subspecialists.

The affiliation will provide patients and referring physicians improved access to high-quality programs in their communities.

Under a letter of intent, the two Catholic health systems’ children’s hospitals propose to recruit and share pediatric subspecialists and collaborate on other physician-sharing opportunities. The two systems also plan to work with community-based pediatricians on population health management opportunities and to expand access at each institution as well as in community-based ambulatory-care practices.
Free Pediatric Obesity Program

Loyola has teamed up with ProActiveKids (PAK) Foundation to offer a free obesity program for children who have a body mass index in the 85th percentile or higher.

The eight-week program is for children ages 8–14 and family members. It offers fun ways to improve health through exercise, nutritional lessons and open discussion. Children attend a 90-minute program on Mondays and Wednesdays. They learn how to work out safely and gain confidence and athletic skills, and discuss relationships with food, self-esteem issues and other personal struggles. On Fridays, the entire family gets involved. Sessions are be held at Loyola’s Gottlieb Memorial Hospital in Melrose Park.

To qualify for the program, the child needs a physician to fill out an enrollment form available at www.proactivekids.org.

For more information, email info@proactivekids.org or call (630) 681-1558.

Acupuncture Clinic for Pelvic Health Disorders

Loyola has opened an acupuncture clinic for men and women with pelvic health disorders. The clinic will offer patients another tool to help alleviate symptoms without the side effects of medications. It will use acupuncture to treat patients with common conditions such as pelvic pain, nausea from pelvic surgery, interstitial cystitis, painful bladder syndrome, postoperative pain, prostatitis and overactive bladder.

Researchers in Loyola’s acupuncture clinic are enrolling women ages 21–65 in a study to evaluate acupuncture for interstitial cystitis, a form of chronic pelvic pain. This study also will determine if acupuncture alters the bacteria in the bladder, which may play a role in this disease.

Treatments for women with interstitial cystitis have limited utility and problematic side effects, yet little research has been done on complementary and alternative medicine approaches to manage this condition.

Loyola’s Acupuncture Clinic will be offered every other Wednesday at the Loyola Outpatient Center in Maywood. To make an appointment, please call (888) 584-7888. For more information on the clinical trial, please call (708) 216-2067.
Loyola Physicians in the News

RICHARD P. GONZALEZ, MD, has been named director of the division of Trauma, Surgical Critical Care & Burns. Dr. Gonzalez was recruited to Loyola from the University of South Alabama, where he was professor of Surgery and director of Trauma & Surgical Critical Care. “Dr. Gonzalez will help to further reinforce Loyola’s reputation as the only Level 1 trauma center in Illinois that is accredited by the American College of Surgeons,” said Paul C. Kuo, MD, MS, MBA, chair of the Department of Surgery. Dr. Gonzalez received his medical degree from Loyola. He completed surgical residencies at the University of Illinois Metro Group and the University of Florida, Jacksonville.

KATIA MEIRELLES, MD, has joined Loyola as director of Medical Genetics. Dr. Meirelles has trained in pediatric surgery as well as medical genetics. Dr. Meirelles completed a postdoctoral fellowship in basic science research at Pennsylvania State University College of Medicine, a residency in general surgery at Boston Children’s Hospital and a residency in medical genetics at Harvard Medical School Genetics Training Program.

SATHYAVANI RANANUJAM, MD, a certified wound specialist and a family medicine physician who specializes in wound management, has been named medical director of Loyola’s Wound Healing Center, which addresses underlying diseases that prevent healing. Each patient receives a comprehensive evaluation, advanced care management and pain control.

Dermatopathologist JODI J. SPEISER, MD, has been named to the American Society for Clinical Pathology’s 40 Under 40 program for her achievements in the medical laboratory field. Speiser’s research interests include T regulatory cells in cutaneous autoimmune disease, teledermatopathology and high-risk squamous cell carcinoma. “I even occasionally examine patients myself in order to understand the clinical findings and correlate them with the histologic differential diagnosis,” Dr. Speiser said. “Pathologists need to come out from behind their microscopes and take an active role in patient care.”

The Illinois Eye Bank has honored CHARLES BOUCHARD, MD, for his commitment to the eye bank’s efforts and mission. Dr. Bouchard, chair of Loyola’s Department of Ophthalmology, was honored during the eye bank’s Annual Gift of Sight gala. Dr. Bouchard partners with the Eye Bank in performing corneal transplants and conducting eye research.

The Illinois Department of Public Health has recognized MARK CICHON, DO, chair of the Department of Emergency Medicine, for his ongoing support and commitment to the Illinois Emergency Medical Services for Children program, which is celebrating its 20th anniversary.

LUKAS NYSTROM, MD, received a New Investigator Award from the Musculoskeletal Tumor Society for his study titled “Transcutaneous Oximetry Can Predict Wound Healing in Preoperatively Radiated Soft Tissue Sarcoma.”

SUZANNE KAVIC, MD, has been elected an alternate delegate to the American Medical Association. Dr. Kavic will serve as a link between the AMA and members of the Illinois State Medical Society on activities, communications, policies and membership matters.
Loyola Receives Accreditation in Pediatric Transthoracic Echocardiography

Loyola has received a three-year accreditation in pediatric transthoracic echocardiography by the Intersocietal Accreditation Commission (IAC).

The accreditation is the result of a thorough review of the operational and technical components of Loyola’s echocardiography laboratory by an expert panel of pediatric cardiologists and pediatric cardiac sonographers.

Only a handful of centers in Illinois are accredited in pediatric transthoracic echocardiography. Loyola also is accredited in three other areas of echocardiography: adult transthoracic, adult transesophageal and adult stress.

Redesignated Level III Perinatal Center

Loyola has been redesignated as a Level III Perinatal Center by the Illinois Department of Public Health.

The designation recognizes centers that have demonstrated the highest level of expertise in caring for women with high-risk pregnancies, their unborn babies and critically ill newborns. These facilities provide comprehensive care with 24-hour availability of all essential specialties, personnel and equipment. The designations are granted for a three-year period.

The center offers critical obstetric care, fetal assessment, prenatal diagnostic capabilities and genetic counseling. Loyola also educates health-care professionals in its network, ensures hospital compliance with state rules and coordinates state and regional quality-improvement initiatives.

Loyola’s NICU patients have included the world's smallest surviving baby, born at 9.2 ounces in 2004, and more than 3,000 newborns who have weighed less than 2 pounds. LUHS nurses staff a first-of-its-kind, integrated home-care program for premature or sick infants. The unit also provides a follow-up clinic for high-risk NICU graduates to undergo developmental screening and referral care during the first three years of life.

Loyola Receives Platinum Award for Cardiac Care

Loyola is one of only 256 hospitals nationwide to receive the American College of Cardiology’s Platinum Performance Achievement Award for 2014.

The award signifies Loyola has reached an aggressive goal of treating heart attack patients to standard levels of care as outlined by the American College of Cardiology/American Heart Association clinical guidelines and recommendations.

To receive the ACTION Registry–GWTG Platinum Performance Achievement Award, Loyola consistently followed the treatment guidelines for eight consecutive quarters and met a performance standard of 90 percent for specific performance measures. Full participation in the registry engages hospitals in a robust quality-improvement process using data to drive improvements in adherence to guideline recommendations and overall quality of care provided to heart attack patients.

Heart attack treatment guidelines include administering aspirin upon arrival and discharge; timely restoration of blood flow to the blocked artery; smoking cessation counseling; and cardiac rehabilitation.
New Regimen Helps Prevent Early Menopause in Breast Cancer Patients

Among young women treated for breast cancer, one of the most distressing side effects of chemotherapy is early menopause.

But a major clinical trial has found that the risk of early menopause can be significantly reduced by adding the medication goserelin to the chemotherapy regimen. Also, women who took goserelin and wanted to have children were more likely to get pregnant and deliver a healthy baby.

Results were released during the 2014 American Society of Clinical Oncology 50th annual meeting in Chicago. Loyola oncologist Kathy Albain, MD, is senior author.

The overall purpose of goserelin is to temporarily put the ovaries “at rest” during chemotherapy. “We found that, in addition to reducing the risk of early menopause, and all of the symptoms that go along with menopause, goserelin was very safe and may even improve survival,” Dr. Albain said. “I think these findings are going to change our clinical practice.”

The Phase III multicenter trial included premenopausal women younger than 50 who had early-stage, estrogen and progesterone receptor negative breast cancer. For this study 131 patients were randomly assigned to receive standard chemotherapy and 126 were assigned to receive chemotherapy plus goserelin.

After two years, 45 percent of the women receiving standard chemotherapy had stopped menstruating or had elevated levels of FSH hormone, an indication of reduced estrogen production and egg supply. By comparison, only 20 percent of the women receiving goserelin had stopped menstruating or had elevated FSH. The pregnancy rate was nearly twice as high in the goserelin group (21 percent versus 11 percent).

Study Debunks Misconception That Urine Is Sterile

Bacteria live in the bladders of healthy women, discrediting the common belief that normal urine is sterile. This finding was presented by Loyola investigators during the 114th General Meeting of the American Society for Microbiology in Boston.

“Doctors have been trained to believe that urine is germ-free,” said Linda Brubaker, MD, co-investigator and dean of Loyola’s Stritch School of Medicine. “These findings challenge this notion, so this research opens the door to exciting new possibilities for patient treatment.”

This study also revealed that bladder bacteria in healthy women differ from bladder bacteria in women affected by overactive bladder. Further research is needed to determine if these bacterial differences are clinically relevant.

An estimated 40 to 50 percent of women with overactive bladder do not respond to conventional treatments. One possible explanation may be the bacteria present in these women.

This study evaluated urine specimens of 90 women with and without overactive bladder symptoms. Urine samples were collected through a catheter and analyzed using an expanded quantitative urine culture (EQUC) technique. This technique was able to find bacteria that are not identified by the standard urine culture techniques typically used to diagnose urinary tract syndromes.
Some Strokes May Be Linked to Neck Manipulation

Treatments that involve neck manipulation may be associated with strokes, although this association is not proven, according to an American Heart Association scientific statement written by lead author Jose Biller, MD, chair of Loyola’s Department of Neurology.

The statement, published in the heart association’s journal Stroke, said it cannot be stated with certainty that neck manipulation causes strokes.

But cervical dissection is among the most common causes of strokes in young and middle-aged adults.

“Most dissections involve some trauma, stretch or mechanical stress,” Dr. Biller said. “Sudden movements that can hyperextend or rotate the neck—such as whiplash, certain sports movements or even violent coughing or vomiting—can result in a cervical dissection, even if they are deemed inconsequential by the patient.”

Although techniques for cervical manipulative therapy vary, some maneuvers used by health practitioners also extend and rotate the neck, and sometimes involve a forceful thrust.

“Although a cause-and-effect relationship between these therapies and cervical dissection has not been established and the risk is probably low, a dissection can result in serious neurological injury,” Dr. Biller said. “Patients should be informed of this association before undergoing neck manipulation.”

“Sudden movements that can hyperextend or rotate the neck—such as whiplash, certain sports movements or even violent coughing or vomiting—can result in a cervical dissection, even if they are deemed inconsequential by the patient.”

JOSE BILLER, MD
Chairperson, Department of Neurology
## Ongoing Loyola Clinical Trials

### Arrhythmia: Paroxysmal Atrial Fibrillation

**205289:** nMARQ™ Pulmonary Vein Isolation System for the Treatment of Paroxysmal Atrial Fibrillation  
**Principal Investigator:** David Wilber, MD  
**Enrollment Phone:** (708) 216-2646

### Ongoing Loyola Clinical Trials

#### Bones: Osteoporosis

**204329:** A Multicenter, International, Randomized, Double-Blind Alendronate-Controlled Study to determine the Efficacy and Safety of Romosozumab in the Treatment of Postmenopausal Women with Osteoporosis  
**Principal Investigator:** Pauline Camacho, MD  
**Enrollment Phone:** (708) 216-8223

#### Cancer: Acute Myeloid Leukemia

**205961:** A Phase II Study Examining the Use of Deferasirox, Cholecalciferol and Azacitidine in the Treatment of Newly Diagnosed Acute Myelogenous Leukemia (AML) in Elderly Patients  
**Principal Investigator:** Elizabeth Henry, MD  
**Enrollment Phone:** (708) 327-3095

#### Cancer: Leukemia

**205897:** A Randomized Phase III Study of Bendamustine Plus Rituximab Versus Ibrutinib Plus Rituximab Versus Ibrutinib Alone in Untreated Older Patients (Age 65 or Older) with Chronic Lymphocytic Leukemia (CLL)  
**Principal Investigator:** Kathleen Phelan, MD  
**Enrollment Phone:** (708) 327-3095

#### Cancer: Multiple Myeloma

**205185:** A Phase 1/2 Single-Arm, Open-Label Study to Evaluate the Safety and Efficacy of Brentuximab Vedotin in Combination with Bendamustine in Patients with Relapsed or Refractory Hodgkin Lymphoma (HL)  
**Principal Investigator:** Scott Smith, MD  
**Enrollment Phone:** (708) 327-3228

#### Lymphoma: Hodgkin

**204866:** A Randomized, Open-Label, Phase III Trial of A+AVD Versus ABVD as Frontline Therapy in Patients with Advanced Classical Hodgkin Lymphoma (C25003)  
**Principal Investigator:** Aileen Go, MD  
**Enrollment Phone:** (708) 327-3228

**205182:** A Randomized, Double-Blind, Placebo-Controlled Phase III Study Comparing Two Doses of Carfilzomib with Dexamethasone for Multiple Myeloma Patients with Relapsed or Refractory Disease  
**Principal Investigator:** Tulio Rodriguez, MD  
**Enrollment Phone:** (708) 327-3317

#### Pediatric Leukemia

**204320:** AALL1031 Phase III Randomized Trial for Patients with de novo AML using Bortezomib (IND# 58443, NSC# 681239) and Sorafenib (BAY 43-9006, IND#69896, NSC# 724772) for Patients with High Allelic Ratio FLT3/ITD  
**Principal Investigator:** Ricarchito Manera, MD  
**Enrollment Phone:** (708) 327-3640

#### Psychiatry: Bipolar Depression/Mood Disorders

**203368:** Cyclooxygenase-2-Inhibitor Combination Treatment for Bipolar Depression: Role of Inflammation and Kynurenine Pathway Biomarkers  
**Principal Investigator:** Angelos Halaris, MD  
**Enrollment Phone:** (708) 216-5000
## Meet Our New Physicians

### Vijayalakshmi Ananthanarayanan, MD
**Assistant Professor, Department of Pathology**

**Special Interests**
- Surgical pathology

**Fellowship**
- Surgical pathology, Tata Memorial Cancer Hospital; Thoracic surgical pathology, University of Chicago

**Residency**
- Anatomic and Clinical Pathology, University of Chicago

**Medical School**
- Topiwala National Medical College

### Atif Bashir, MD
**Assistant Professor, Division of Hospital Medicine**

**Special Interests**
- Hospital medicine

**Residency**
- Internal medicine, Loyola University Medical Center

**Medical School**
- The Aga Khan University, Karachi, Pakistan

### Xabier Beristain, MD
**Associate Professor, Department of Neurology**

**Special Interests**
- Movement disorders, general neurology, dementia and Alzheimer’s disease, botulinum toxin injection, RLS, sleep disorders

**Fellowship**
- Movement disorders, Indiana University

**Residency**
- Neurology, Hospital de Cruces

**Medical School**
- University of the Basque Country

### Mitchell Bernstein, MD
**Assistant Professor, Department of Orthopaedic Surgery & Rehabilitation**

**Special Interests**
- Acute trauma care, limb deformity correction and fractures that fail to heal or heal improperly

**Fellowship**
- Limb lengthening and complex extremity reconstruction, Hospital for Special Surgery at Cornell Medical College; Advanced Clinical Experience in Orthopaedic Traumatology, Harborview Medical Center, University of Washington

**Residency**
- Orthopaedics, McGill University in Montreal, Canada

**Medical School**
- Chicago Medical School

### Melissa Bussey, MD
**Assistant Professor, Division of Allergy/Immunology/Rheumatology**

**Special Interests**
- Gout, inflammatory joint disease, inflammatory myopathy, lupus, psoriatic arthritis, rheumatoid arthritis, scleroderma, spondyloarthropathy, vasculitis, arthritis, autoimmune diseases, general rheumatology and giant cell arteritis

**Fellowship**
- Rheumatology, Loyola University Medical Center

**Residency**
- Internal Medicine, Loyola University Medical Center

**Medical School**
- Loyola University Chicago Stritch School of Medicine

### Michael DeHaan, MD
**Assistant Professor, Division of General Surgery**

**Special Interests**
- Breast cancer surgery, hernia, dialysis access vascular surgical procedures, minimally invasive surgery, colorectal cancer, peripheral vascular diseases and wounds

**Residency**
- Rush University, General Surgery

**Medical School**
- University of Illinois College of Medicine
Michael De Vita, MD
Assistant Professor, Division of Hospital Medicine

SPECIAL INTERESTS
Hospital Medicine

RESIDENCY
Internal Medicine, Northwestern University
McGaw Medical Center

MEDICAL SCHOOL
University of Wisconsin Medical School

Emily Gilbert, MD
Assistant Professor, Division of Pulmonary & Critical Care

SPECIAL INTERESTS
Lymphangioleiomyomatosis, sarcoidosis, medical documentation and sepsis

FELLOWSHIP
Pulmonary and critical care medicine
Loyola University Medical Center

RESIDENCY
Internal medicine, Beth Israel Deaconess Medical Center

MEDICAL SCHOOL
Emory University School of Medicine

Alex Gorbonos, MD
Assistant Professor, Department of Urology

SPECIAL INTERESTS
Minimally invasive urologic surgery, urologic robotic reconstructive surgery, prostate cancer, urologic cancers and robotic surgery

FELLOWSHIP
Urologic cancer and robotics,
City of Hope Cancer Center

RESIDENCY
Urology, Loyola University Medical Center

MEDICAL SCHOOL
Emory University School of Medicine

James J. Jaber, MD, PhD
Assistant Professor, Department of Otolaryngology

SPECIAL INTERESTS
Head and neck cancers, difficulty breathing, facial paralysis, skull base surgery, throat laser surgery, thyroid cancer, transoral robotic surgery, voice box laser surgery, skin cancers of the head and neck, and minimally invasive, video-assisted thyroidectomy

FELLOWSHIP
Advanced head and neck oncologic surgery, University of Pittsburgh Medical Center

RESIDENCY
Otolaryngology; head and neck surgery
Loyola University Medical Center

MEDICAL SCHOOL
Albany Medical College

PHD
University of California, Irvine

Omar Khan, MD
Assistant Professor, Division of Gastroenterology

SPECIAL INTERESTS
Inflammatory bowel disease, hereditary gastrointestinal cancer syndromes, familial adenomatous polyposis and general gastroenterology conditions

FELLOWSHIP
Gastroenterology,
The University of Chicago

RESIDENCY
Internal medicine, University of California at San Francisco Medical Center

MEDICAL SCHOOL
Boston University School of Medicine

Bruno Maton, MD
Associate Professor, Department of Neurology

SPECIAL INTERESTS
Epilepsy

FELLOWSHIP
Epilepsy, Strasbourg University Hospital

RESIDENCY
Neurology, Strasbourg University Hospital

MEDICAL SCHOOL
Bordeaux University Medical School
Jennifer Olges, MD, MPH
Assistant Professor, Division of Hospital Medicine

SPECIAL INTERESTS
Inpatient hospital care of adult and pediatric patients

RESIDENCY
Internal Medicine and Pediatrics, Loyola University Medical Center

MEDICAL SCHOOL
University of Kentucky College of Medicine

Padmavathy Parthasarathy, MD
Assistant Professor, Division of Hospital Medicine

SPECIAL INTERESTS
Inpatient hospital care of adult and pediatric patients

RESIDENCY
Internal medicine and pediatrics, Loyola University Medical Center

MEDICAL SCHOOL
Rosalind Franklin University of Health and Science

Sarah Perkins, MD
Assistant Professor, Division of Pediatric Cardiology

SPECIAL INTERESTS
Prenatal heart care, non-invasive cardiac imaging and pediatric and fetal echocardiography

FELLOWSHIP
Pediatric cardiology, Lurie Children’s Hospital of Chicago

RESIDENCY
Pediatrics, Lurie Children’s Hospital of Chicago

MEDICAL SCHOOL
Washington University School of Medicine

Sameer Qazi, MD
Assistant Professor, Division of Hospital Medicine

SPECIAL INTERESTS
Hospital medicine

RESIDENCY
Internal medicine, Advocate Lutheran General Hospital

MEDICAL SCHOOL
Windsor School of Medicine
St. Kitts, Nevis

Nadia Qureshi, MD
Assistant Professor, Department of Pediatrics

SPECIAL INTERESTS
Impact of vaccines on public health, travel medicine for children and preventive care

FELLOWSHIP
Pediatric infectious disease, University of Chicago

RESIDENCY
Pediatrics, University of Illinois at Chicago

MEDICAL SCHOOL
Aga Khan University

Sathyavani Ramanujam, MD
Medical Director, Wound Healing Center at Loyola Center for Health at Roosevelt Road

RESIDENCY
Family Medicine, Henry Ford Hospital

MEDICAL SCHOOL
Bangalore Medical College

Kenneth L. Schiffman, MD
Assistant Professor, Department of Orthopaedic Surgery & Rehabilitation

SPECIAL INTERESTS
Complex injuries to the hand, arm and shoulder; shoulder and elbow arthroscopy; shoulder and elbow replacement; disorders of the hand and arm and carpal tunnel release

FELLOWSHIP
Orthopaedic Trauma, Sunnybrook Medical Center in Toronto, Canada; Hand and upper extremity surgery, Princess Margaret Rose Hospital, Edinburgh, Scotland

RESIDENCY
Orthopaedic Surgery, Loyola University Medical Center

MEDICAL SCHOOL
University of South Florida College of Medicine
Save the dates for these upcoming Continuing Medical Education events. For additional information on upcoming Continuing Medical Education events, visit stritch.luc.edu/cme or contact the CME office at (800) 424-4850.

Pre-registration is required.

**GI Malignancies**  
Spring 2015  
Location: Loyola University Chicago Stritch School of Medicine, Maywood, IL

**Comprehensive Otolaryngology**  
March 13-15, 2015  
Location: Loyola University Chicago Stritch School of Medicine, Maywood, IL

**Obesity Summit**  
Spring 2015  
Location: Loyola University Chicago Stritch School of Medicine, Maywood, IL

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**Shivani Shah, MD**  
Assistant Professor, Division of Pediatric Endocrinology

**SPECIAL INTERESTS**  
Thyroid disorders, diabetes mellitus Types 1 and 2, early and delayed puberty and growth concerns

**FELLOWSHIP**  
Pediatric endocrinology, Lurie Children’s Hospital of Chicago

**RESIDENCY**  
Pediatrics, Lurie Children’s Hospital of Chicago

**MEDICAL SCHOOL**  
Northwestern University Feinberg School of Medicine

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**Asterios Tsimpas, MD, MSc**  
Assistant Professor, Departments of Neurological Surgery and Radiology

**SPECIAL INTERESTS**  
Aneurysms, brain hemorrhage, brain tumors, carotid artery surgery, cervical lumbar disc surgery, endoscopic surgery, endovascular therapy, peripheral nerve, pituitary tumors, radiosurgery, spinal cord injury, trigeminal neuralgia, vascular malformations, vertebroplasty and kyphoplasty

**FELLOWSHIP**  
Neurovascular surgery and endovascular neurosurgery, Jefferson Hospital for Neuroscience

**RESIDENCY**  
Surgery, Hospital of the University of Pennsylvania; Neurological Surgery, Jackson Memorial Medical Center - University of Miami

**MEDICAL SCHOOL**  
Justus, Liebig University of Giessen, Germany
Four Loyola Specialties Nationally Ranked


Four Loyola specialties that are ranked among the top 50 in the country are Ear, Nose and Throat, 25th; Cardiology & Heart Surgery, 29th; Urology, 39th; and Cancer, 47th. Loyola’s Cardiology & Heart Surgery program is the only cardiology program in Chicago to be nationally ranked for 12 years in a row. Only 3 percent of hospitals earn a national ranking in any specialty.

Eight Loyola specialties are high performing, meaning they are among the top 25 percent of hospitals in these specialties. They are Diabetes & Endocrinology; Gastroenterology & GI Surgery; Geriatrics; Gynecology; Nephrology; Neurology & Neurosurgery; Orthopaedics; and Pulmonology.

U.S. News & World Report’s rankings incorporate measures such as patient survival, safety data and nurse staffing levels. The specialty rankings and data were produced for U.S. News & World Report by RTI International, a leading research organization.