One Patient, One Team, Two Tumors
Two Unrelated Tumors, Same Outcome

“I did not have a single side effect from either surgery.”

Four months after Loyola surgeons resected a benign tumor from his nasal cavity, 18-year-old J.T. Mitchell returned to Loyola for a follow-up MRI.

As expected, there was no recurrence of the tumor, a juvenile nasopharyngeal angiofibroma (JNA). But the MRI did have a surprising finding: a new lesion, later determined to be a nerve sheath myxoma. This second tumor, located under the temporal lobe, had not appeared on earlier MRIs.

The two tumors were geographically and pathologically distinct, so it appears the lesions were unrelated. But the tumors did have one thing in common: Each lesion was successfully resected by a multidisciplinary team lead by otolaryngology and neurosurgery subspecialists at Loyola. “The key aspect of this case was having specialists working together under one umbrella,” said otolaryngologist Kevin Welch, MD. “Communication was seamless. There were no silos.”

First Tumor: Juvenile Nasopharyngeal Angiofibroma

At first, Mr. Mitchell thought his nasal congestion was hay fever. When his symptoms did not resolve, Mr. Mitchell saw a community otolaryngologist, who subsequently referred him to Dr. Welch, who specializes in sinus tumors.

A JNA is a benign tumor of the nasal cavity that exclusively affects adolescent males. Symptoms include nasal obstruction, sinusitis and nosebleeds. Untreated, the tumor can grow and extend to the paranasal sinuses and even distort the eye and cause double vision. The etiology of JNAs is unknown, but it may be due to hormonal and genetic factors.

Mr. Mitchell’s tumor was 3.8 cm by 4.7 cm. Bleeding would be a major operative risk because the tumor’s thin-walled blood vessels could easily tear and rupture. To minimize this risk, Dr. Welch collaborated with neurosurgeon William W. Ashley Jr., MD, PhD. Dr. Ashley is trained in both open and endovascular neurosurgical techniques. Prior to the resection, Dr. Ashley embolized the tumor’s blood vessels by injecting a liquid polymer into the blood vessels that fed the tumor. The polymer hardened almost instantaneously, cutting off blood supply to the tumor.
Traditionally, surgeons used an open technique to resect JNAs. This requires incisions in the face or mouth. In some cases, the upper part of the jaw has to be removed. Dr. Welch instead employed an endoscopic approach that went through a nostril. This approach does not require an incision, and it results in a faster and easier recovery, without scarring. But it requires considerable surgical skill and experience. Dr. Welch has used endoscopic techniques to resect dozens of JNAs and similar tumors.

Dr. Welch located and dissected around two major sensory nerves and several branches serving the upper mouth, cheek and nose. He cut the tumor into small pieces, using a device that vaporizes and coagulates tissue. To ensure the tumor does not grow back, Dr. Welch removed the core of the tumor in one piece.

Mr. Mitchell went home the next day, and six weeks after surgery, he rejoined his high school wrestling team.

Second Tumor: Nerve Sheath Myxoma

A nerve sheath myxoma is a rare, spindle-cell tumor that displays characteristics of both nerve cells and muscle cells. Mr. Mitchell’s tumor was located in the middle cranial fossa. In Loyola’s multidisciplinary program, neurosurgeon Vikram Prabhu, MD, and otolaryngologist Sam Marzo, MD, work in tandem on such tumors. This team concept also extends to other areas of cranial base surgery. Drs. Prabhu and Welch collaborate on anterior cranial fossa tumors, while neurosurgeon Douglas E. Anderson, MD, and otolaryngologist John Leonetti, MD, collaborate on posterior cranial fossa tumors.

Mr. Mitchell’s tumor was about 2.5 cm. in diameter. He had not yet experienced symptoms, which typically include headaches and seizures. “It helped that we caught it when it was small,” Dr. Prabhu said.
Drs. Prabhu and Marzo have worked together for nearly 10 years. "We each bring a different expertise, to the benefit of the patient," Dr. Marzo said. The surgeons carefully worked out a plan to do the resection in one procedure, while minimizing risks. Dr. Marzo said the tumor was a few millimeters from a facial nerve that controlled movements on one side of the face. The tumor also was close to the cochlea; drilling into the structure could cause deafness in one ear. A third risk was spinal fluid leakage.

Together, the two surgeons cauterized the tumor, then gently scooped it out. "It's a delicate operation that has to be carefully planned and executed, with a watchful eye to avoid complications," Dr. Prabhu said.
A nerve sheath myxoma is a sporadic tumor of unknown etiology. "We are reasonably confident we resected all of the tumor," Dr. Prabhu said. "We will keep monitoring Mr. Mitchell to make sure it does not come back."

Mr. Mitchell underwent both surgeries during his senior year of high school. Through it all, he was able to obtain good grades and graduate on time. He now is in community college studying for a degree in fire science, pursuing his dream of becoming a firefighter.

"I did not have a single side effect from either surgery," he said.

"What a great kid," Dr. Prabhu said. "He weathered this so well. Dr. Welch was kind enough to involve me in his case and I felt privileged to be a part of the team that took care of him."

"We each bring a different expertise, to the benefit of the patient."

SAM MARZO, MD
Professor and Residency Program Director
Department of Otolaryngology
Cranial Base Surgery

Patient J.T. Mitchell with his surgeons, Kevin Welch, MD (left) and Vikram Prabhu, MD
Loyola Now Offering Subcutaneous ICDs

Loyola has begun offering patients at risk for sudden cardiac death a new subcutaneous implantable cardioverter defibrillator (S-ICD) that does not touch the heart.

In carefully selected patients, a S-ICD can reduce the risk of bleeding, blood clots and bloodstream infections, compared with a transvenous ICD. And if the lead needs to be replaced, it is easier and less risky to remove.

“"This new device can protect patients from sudden cardiac death without putting leads into the heart," said Peter Santucci, MD, associate professor in the Division of Cardiology and medical director of the Implant Device Program.

The FDA has approved the device, and it is covered by Medicare.

In a transvenous ICD, a primary lead is guided through a vein in the upper chest and into the right ventricle. In the new S-ICD, a lead is placed just under the skin along the bottom of the rib cage and breast bone. The pulse generator of a transvenous ICD is implanted in the upper chest. The pulse generator of a S-ICD is implanted on the side of the chest under the armpit. The physician implants the device without accessing the patient’s blood vessels and heart, and without the need for fluoroscopy.

The electrode of a S-ICD analyzes the heart rhythm, rather than individual beats. The device is approved only for patients who do not require a pacemaker or pacing therapy.

A pivotal study found that S-ICDs were as effective as transvenous ICDs for terminating induced ventricular fibrillation. Among patients who received a permanent S-ICD, ventricular fibrillation was successfully detected in 100 percent of 137 induced episodes. After a mean of 10 months, the device had successfully detected and treated all 12 episodes of spontaneous, sustained ventricular tachyarrhythmia.¹

Implantable defibrillators are indicated for patients who have survived cardiac arrest or have risk factors for cardiac arrest, including significant cardiomyopathy, structural heart disease, heart failure and certain genetic variations.

In a significant percentage of patients, the lead of a defibrillator will need to be replaced after 10 or 20 years. Removing a lead from a transvenous ICD carries a small risk of perforating or tearing the heart wall. Removing a lead from a S-ICD carries a lower risk of serious complication, Dr. Santucci said. The S-ICD can be especially beneficial to patients who are at high risk for infections and for younger patients who likely will need to have leads replaced one or more times during their lifetimes.

In a transvenous ICD, an infection from the lead can be life-threatening. By contrast, if there is an infection from a lead in a subcutaneous ICD, the infection is unlikely to reach the bloodstream, Dr. Santucci said.

Loyola serves as a major regional and national referral center for the treatment of complex heart rhythm disorders, offering treatment options often unavailable elsewhere. Loyola’s team of electrophysiologists, advanced practice nurses, technical staff, imaging experts and other professionals provide an integrated approach to the diagnosis and treatment of a variety of rhythm disturbances and their associated underlying conditions. Loyola's heart rhythm specialists are frequently at the forefront of new technology innovations for the treatment of patients. ■

¹ Bardy G., Smith W. et al. An Entirely Subcutaneous Implantable Cardioverter Defibrillator 2010;363:36-44
Immunotherapy Trial for Advanced Melanoma

Loyola is recruiting patients with metastatic melanoma for a Phase I trial of a new adoptive T-cell immunotherapy. Participants will undergo apheresis to collect their T-cells, which will be genetically modified to make them more potent anti-tumor killer cells. Participants will undergo brief and intensive chemotherapy to reduce their white blood cells, just before infusion of the new T cells into the patient. This will enable the new T-cells to grow and expand after they are infused into the patient.

The trial is open to metastatic melanoma patients 18 and older. They will be tested for expression of HLA-A2 and tyrosinase, necessary for the T cells to work. The length of the study is up to 18 months, with up to 10 years of monitoring and follow-up.

For more information, call (708) 327-3241 or email Michael Nishimura, PhD, mnishimura@luc.edu or Ann Lau Clark, RN, MSN, at alausch@luc.edu.

Loyola, Notre Dame to Collaborate on Cancer Research

Loyola and the University of Notre Dame are joining forces in a multidisciplinary cancer research collaboration. The effort will bring together the clinical and translational work at Loyola with the science research program at Notre Dame.

A total of four $50,000 grants will jumpstart the Loyola-Notre Dame research project. Loyola’s Cardinal Bernardin Cancer Center, University of Notre Dame’s Harper Cancer Research Institute and CHE Trinity Health are funding three of the grants. A fourth grant is funded by donors.

The grants will provide initial funding for four research projects on ovarian cancer, leukemia, melanoma and the immune system.
Living-Donor Corneal Stem Cell Transplants for Severe Ocular Surface Disease

Loyola is among a handful of centers that treat certain ophthalmologic conditions with corneal stem cell transplants from living, related donors. These corneal stem cell transplants can treat severe cases of bilateral limbal stem cell deficiency (LSCD). This severe condition typically is treated with a stem cell transplant from a cadaveric donor. But this requires a patient to take immunosuppressant drugs for several years or longer.

Charles Bouchard, MD, is performing stem cell transplants from living donors who are first-degree relatives of patients. Because the donor and recipient are closely related, the patient does not need to take systemic immunosuppressant drugs. Dr. Bouchard is Chair of Loyola’s Department of Ophthalmology.

Dr. Bouchard has performed living-donor transplants on patients who developed LSCD as a result of a chemical burn, graft-versus-host disease and Stevens-Johnson syndrome/toxic epidermal necrolysis. All patients and donors had good outcomes. Other causes of LSCD include severe contact lens overwear, multiple eye surgeries, long-term use of preserved eye drop medications and aniridia (a hereditary condition in which patients are born without an iris). Symptoms associated with LSCD include blurred vision, photophobia, chronic redness and irritated eyes.

Corneal stem cells are located in the limbus, the border of the cornea and the sclera. If the normal cornea is scratched or otherwise injured, the peripheral stem cells divide and become corneal epithelial cells. The epithelial cells migrate to the injured area, where they cover the injured surface. In LSCD, the cornea becomes covered with abnormal vascularized tissue that has migrated from the conjunctiva, the mucus membrane covering the sclera.

Stem cell transplants are indicated for severe LSCD affecting more than two quadrants of both eyes. If a patient has severe deficiency in just one eye, a surgeon can perform an autologous transplant from the patient’s good eye. Dr. Bouchard has done dozens of such transplants. A patient with severe, bilateral LSCD requires a stem cell transplant from either a cadaveric or a living donor.

When performing a transplant from a living donor, Dr. Bouchard scrapes away the patient’s abnormal epithelial tissue and replaces it with epithelial tissue from the donor. Dr. Bouchard covers the transplanted tissue with human amniotic membrane, which serves as a biological dressing.

After the surgery, the donor can experience irritation and tearing for two or three weeks as the epithelial tissue regenerates. To prevent rejection, the recipient requires only topical steroids.

“A living-donor stem cell transplant can restore good-to-excellent vision, without putting the patient at risk from the side effects of systemic immunosuppressants,” Dr. Bouchard said. “The procedure demonstrates the type of state-of-the-art surgical techniques that Loyola’s corneal service is providing to our patients with more complex eye problems.”

Charles Bouchard, MD, examines a patient who received a corneal stem cell transplant from her daughter.
Silicone Prosthetic ‘Indistinguishable’ From Real Ear

To look at Henry Fiorentini’s artificial right ear, you could never tell he lost his real ear to cancer. Ear surgeon Sam Marzo, MD, fitted Mr. Fiorentini with a prosthetic ear that Mr. Fiorentini said “is virtually indistinguishable from my other ear.”

But even more remarkable to Mr. Fiorentini is the delicate surgery Dr. Marzo performed to successfully remove the cancer, without harming the facial nerve. Other doctors had told Mr. Fiorentini it couldn’t be done.

Mr. Fiorentini had basal cell skin cancer, which usually is easily treated. But in Mr. Fiorentini’s case, the cancer became life-threatening. It started behind his right ear. And despite multiple surgeries at other centers, the cancer persisted. By the time Mr. Fiorentini came to Dr. Marzo, the area was a mass of scar tissue and relocated nerves.

Dr. Marzo would have to find and trace the facial nerves, which had all but disappeared into the scar tissue zone, and then work around them. If Dr. Marzo inadvertently cut a facial nerve, Mr. Fiorentini could be paralyzed on one side of his face. Mr. Fiorentini and Dr. Marzo were willing to take the risk.

Dr. Marzo was able to remove all the cancer, without harming the facial nerve. Mr. Fiorentini has been cancer-free for more than five years. “Dr. Marzo saved my life,” he said.
Loyola First in State to Use MRI/Ultrasound for Prostate Cancer Detection, Treatment

Loyola is the first hospital in Illinois to use a new combination MRI-ultrasound imaging system that can result in fewer biopsies and better treatment decisions for prostate cancer patients.

The technology, called UroNav®, fuses images from MRI with ultrasound to create a detailed, three-dimensional view of the prostate. This improved view helps physicians perform biopsies with much higher precision and increases prostate cancer detection, said Loyola prostate cancer surgeon Gopal Gupta, MD.

“This is revolutionizing how we diagnose prostate cancer and make treatment decisions,” Dr. Gupta said.

When prostate cancer is suspected due to results of a PSA blood test or digital rectal exam, a physician performs a 12-core prostate biopsy. But this can miss a tumor, leading a physician either to falsely conclude the patient does not have cancer, or to perform one or more additional biopsies.

In the new fusion method, the patient undergoes a MRI exam before undergoing a biopsy. The MRI can detect lesions in the prostate that may be cancerous. During the biopsy, the MR image is fused with ultrasound imaging. The system employs GPS-type technology to guide the biopsy needle to the lesions detected by the MRI, leading to significantly fewer needle biopsies. This potentially will help provide greater certainty regarding the extent and aggressiveness of the disease and enable patients to avoid multiple and unnecessary repeat prostate biopsies, Dr. Gupta said.

MRI/ultrasound fusion, “is the next generation of MRI evaluation in the fight against prostate cancer,” said Loyola radiologist Ari Goldberg, MD, PhD.
Loyola Sparking Interest in Orthopaedics Among Young Women

To help attract more women to orthopaedics, Loyola recently hosted a daylong program for 40 female high school students that included mock surgeries for conditions such as scoliosis of the spine and ACL injuries.

The program also included lectures and panel discussions. It was sponsored by the Perry Initiative, a nonprofit organization that inspires young women to pursue careers in orthopaedics and engineering.

The Perry Outreach Program curriculum has received national attention for its innovative, career-oriented approach to science and technology education. Loyola brought the program to Chicago for the first time.

The Perry Initiative is named in honor of Dr. Jacquelin Perry, who was among the first 10 women orthopaedic surgeons in the country. She mentored many women and men in the field during a career that lasted from 1952 to 2013.

Loyola Using Robotic Surgical System for Whipple Procedure, Rectal Cancer Surgery

Loyola is among the first hospitals to use a minimally invasive robotic surgical system to perform Whipple procedures. Loyola also has begun using the robotic system for rectal cancer surgery.

The Whipple procedure, also called a pancreatoduodenectomy, involves removal of the head of the pancreas, gall bladder, duodenum, common bile duct and sometimes part of the stomach. The surgeon then reconstructs the digestive tract.

Conventional open surgery requires an incision 8 to 10 cm long or longer. The robotic system requires only a 3 cm incision, plus a few incisions less than a centimeter wide. This less-invasive approach could result in faster recovery, less pain, less blood loss, less stress on the immune system and fewer pain medications.

Sam Pappas, MD, and Gerard Abood, MD, partners in the Division of Surgical Oncology, recently used the robotic system to perform a Whipple procedure on a patient who had a precancerous tumor that was discovered after an attack of pancreatitis. The patient went home after six days and likely is cured.

Drs. Pappas and Abood also are using advanced, minimally invasive and robotic techniques for other tumors of the pancreas, liver, bile duct, esophagus and stomach. The goal is to allow the potentially safest and fastest recovery and to enable the patient to resume additional cancer therapies.

Dana Hayden, MD, recently used the robotic system to perform an abdomioperineal resection on a patient with an extremely low rectal cancer. Dr. Hayden removed the patient’s anus, rectum and sigmoid colon, and created a stoma. The specimen was removed through the perineum. Only five small abdominal incisions – between 5 mm and 1 cm – were needed. The patient went home after four days, and is doing very well. The robotic surgery is less invasive than open surgery – the largest incision is only 1 cm long. And it provides dramatically better visualization during deep pelvic operations, Dr. Hayden said.
Loyola in the News

Park Ridge Center Adds Immediate Care

The Loyola Center for Health at Park Ridge now provides Immediate Care services. The hours are 8 a.m. to 8 p.m. weekdays and 8 a.m. to 3 p.m. weekends and holidays. Services are provided by board-certified physicians and no appointment is necessary. The center also provides primary care for adults and children and specialty care for adults and children in orthopaedics; hepatology; vascular surgery and endovascular therapy; cardiology; and neurology. Visit LoyolaMedicine.org/ParkRidge for more information on Park Ridge, or LoyolaMedicine.org/ImmediateCare for more information on immediate care services.

Loyola Oral Health Services

Loyola provides full oral health services, including general dentistry and preventive care for adults and children and oral and maxillofacial surgery. Services include general check-ups, cosmetic dentistry, dental implants, restorative dentistry, periodontal care, removable full and partial dentures, dental care for patients with special needs, extractions, devices and surgical care for obstructive sleep apnea and the dental, medical and surgical management of TMJ. Both a dentist and an oral surgeon are on call 24 hours a day.

The Oral Health Center accepts most forms of dental insurance.

Same-Day Dermatology Appointments for Children

Loyola pediatric dermatologists now offer same-day or next-day appointments for children. Appointments are available at the Loyola Center for Health at La Grange Park or the Loyola Center for Health at Burr Ridge.

Parents can call or text (708) 897-5608 to reach a pediatric dermatology triage nurse who will schedule the appointment.
## Recent Clinical Research Publications and Meeting Abstracts

### MRIS HELP PREDICT WHICH A-FIB PATIENTS WILL BENEFIT FROM CATHETER ABLATION

**LOYOLA AUTHOR:** David Wilber, MD  
**JOURNAL:** *Journal of the American Medical Association*  
**FINDINGS:** A new type of contrast MRI can predict which heart patients with atrial fibrillation are most likely to benefit from catheter ablation.

### GIVING BLOOD PRESSURE MEDICATIONS RIGHT AFTER STROKE NOT BENEFICIAL

**LOYOLA AUTHOR:** Jose Biller, MD  
**JOURNAL:** *Journal of the American Medical Association*  
**FINDINGS:** Giving patients medications to lower blood pressure during the first 48 hours after a stroke does not reduce the likelihood of death or major disability.

### TWO INCONTINENCE AND PROLAPSE PROCEDURES ARE COMPARABLE

**LOYOLA AUTHOR:** Linda Brubaker, MD, MD  
**JOURNAL:** *Journal of the American Medical Association*  
**FINDINGS:** Two common procedures to treat pelvic-organ prolapse without vaginal mesh, uterosacral ligament suspension and sacrospinous ligament fixation, are comparable in safety and efficacy.

### OSTEOPOROSIS DRUGS COMPARED FOR SIDE EFFECTS AND EFFICACY

**LOYOLA AUTHORS:** Pauline Camacho, MD, and Kellen Sheedy  
**MEETING:** *American Society for Bone and Mineral Research*  
**FINDINGS:** Denosumab had a significantly greater effect on increasing spine bone mineral density, while zoledronic acid caused more flulike symptoms.

### CANCER SURVIVORS WHO ARE PHYSICALLY ACTIVE LIVE LONGER

**LOYOLA AUTHOR:** Kathleen Y. Wolin, PhD  
**JOURNAL:** *Journal of Physical Activity and Health*  
**FINDINGS:** The most physically active male cancer survivors are 38 percent less likely to die of cancer and 49 percent less likely to die of cardiovascular disease.

### CHILDHOOD CANCER SURVIVORS EXPERIENCE A GAP IN CARE

**LOYOLA AUTHOR:** Eugene Suh, MD  
**JOURNAL:** *Annals of Internal Medicine*  
**FINDINGS:** Many interns feel ill-equipped to care for adult patients who are childhood cancer survivors.

### UNDER NEW GUIDELINES, ONLY 10 PERCENT OF CHILDREN AT RISK OF LOW VITAMIN D

**LOYOLA AUTHORS:** Holly Kramer, MD, MPH, and Ramon Durazo-Arvizu, PhD  
**JOURNAL:** *Journal of Pediatric Endocrinology and Metabolism*  
**FINDINGS:** Under new guidelines from the Institute of Medicine, the estimated number of children who are at risk of having insufficient or deficient levels of vitamin D is greatly reduced from previous estimates.

### HERCEPTIN PLUS TAXOL EFFECTIVE IN SOME LOWER-RISK CANCER PATIENTS

**LOYOLA AUTHOR:** Kathy Albain, MD  
**MEETING:** *2013 San Antonio Breast Cancer Symposium*  
**FINDINGS:** 98.7 percent of certain lower-risk breast cancer patients were cancer-free for at least three years after taking a combination of Herceptin and Taxol.

### MULTIPLYING STEM CELLS FROM UMBILICAL CORD BLOOD DONATIONS INCREASES SURVIVAL OF LEUKEMIA AND LYMPHOMA PATIENTS

**LOYOLA AUTHOR:** Patrick Stiff, MD  
**MEETING:** *American Society of Hematology*  
**FINDINGS:** Growing cord blood stem cells in a laboratory before transplanting them into patients significantly improves survival.

### YOUNG ATHLETES OF HIGHER SOCIOECONOMIC STATUS MORE LIKELY TO SUFFER SERIOUS OVERUSE INJURIES

**LOYOLA AUTHORS:** Neeru Jayanthi, MD, Lara Dugas, PhD, MPH  
**MEETING:** *International Olympic Committee World Conference on Prevention of Injury and Illness in Sport*  
**FINDINGS:** The rate of serious overuse injuries in athletes from families that can afford private insurance is 68 percent higher than that of athletes on Medicaid.
Loyola Physicians in the News

**CHICAGO MAGAZINE TOP DOCTORS.** Fifty-four Loyola physicians have been named to Chicago Magazine’s 2014 Top Doctors list. More than 10 percent of all Chicago-area physicians on the Top Doctors list are Loyola physicians. The list is derived from Castle Connolly Medical’s annual nationwide survey of all licensed physicians. Physicians are asked to nominate as many as 10 doctors they consider the best in their own specialty, and as many as three doctors in other specialties. Respondents are asked to consider such factors as education, hospital appointment, board certifications and bedside manner.

**DALE N. GERDING, MD,** has received the Veterans Health Administration’s highest research honor, the 2013 William S. Middleton Award, for his exemplary record of involvement in, and service to, the VA and the biomedical profession. Dr. Gerding is a research physician at Hines VA Hospital and a professor in Loyola’s Department of Medicine.

**ELIZABETH MUELLER, MD, MS,** has been named a 2014 Christina Manthos Mentoring Award recipient by the Society of Women in Urology (SWIU). The award recognizes a man or woman who demonstrates extraordinary mentoring skills in supporting the career of a female urologist.

**ROBERT FLANIGAN, MD,** chair of the Department of Urology, has been honored by the Canadian Journal of Urology in its “Legends in Urology” series.

**JOHN F. SHEA, MD,** has won the 2014 Bucy Award for his “outstanding contributions to neuro and spinal surgical education.” The international award is in recognition of Dr. Shea’s 22 years of academic teaching at the Cook County Annual Neurosurgery Course. The Bucy Award is named after the late Paul Bucy, MD, of Northwestern University, a world-renowned neurosurgeon and teacher. The award is presented annually by the Bucy Committee, which consists of past winners of the award.

**JOEL HARDIN, MD,** has been elected Councilor of the Illinois Chapter of the American College of Cardiology. Dr. Hardin is director of Pediatric Cardiology.

**JOSE BILLER, MD,** chair of the Department of Neurology, has been named Foreign Academic Correspondent of the National Academy of Medicine in Uruguay. The honor from Uruguay’s most prestigious academic medical society recognizes Dr. Biller’s teaching and scientific publications, as well as his moral and ethical accomplishments.

Loyola Metabolic Surgery Earns National Accreditation

The Loyola Center for Metabolic Surgery & Bariatric Care has been designated a Level 1 facility under the Bariatric Surgery Center Network Accreditation Program of the American College of Surgeons.

Accredited bariatric surgery centers provide the hospital resources for optimal care of morbidly obese patients and the support and resources necessary to address the entire spectrum of needs of bariatric patients, both pre- and postoperatively.

Surgical procedures offered by Loyola include laparoscopic adjustable gastric banding, Roux-en-Y gastric bypass and laparoscopic sleeve gastrectomy. Loyola’s multidisciplinary team includes surgeons, psychologists, dieticians, exercise physiologists and physicians. The center is located at 719 W. North Ave. in Melrose Park and can be reached at LoyolaMedicine.org/Bariatrics or by calling (800) 355-0416.
Loyola Receives AHA Stroke Gold-Plus Award

For the sixth year in a row, Loyola has received the Get With The Guidelines®-Stroke Gold-Plus Quality Achievement Award from the American Heart Association/American Stroke Association. Get With The Guidelines Stroke helps hospital teams provide the most up-to-date, research-based guidelines. Loyola earned the award by meeting specific quality achievement measures for the diagnosis and treatment of stroke patients at a set level for a designated period. These measures include aggressive use of medications and risk-reduction therapies aimed at reducing death and disability.

Loyola also received the association’s Target: Stroke Honor Roll for meeting stroke quality measures that reduce the time between hospital arrival and treatment with tPA.

Loyola Designated Comprehensive Hypertension Center

Loyola has been approved as a Comprehensive Hypertension Center by the American Society of Hypertension (ASH).

The five-year designation recognizes centers that have demonstrated expertise in treating patients with complex hypertension and its co-morbidities.

ASH is the largest organization of hypertension researchers and health care providers in the United States committed to preventing and treating hypertension and its consequences.

Loyola Recognized for Support of Breast-Feeding

Loyola has been recognized by the International Board of Lactation Consultant Examiners and the International Lactation Consultant Association for excellence in breast-feeding care.

Loyola received the International Board Certified Lactation Consultant Care Award for staffing professionals who hold Certified Lactation Consultant certification and for providing a lactation program five-to-seven days a week. Loyola also was recognized for providing breast-feeding training for medical staff and for implementing activities that protect, promote and support breast-feeding.

In 2012, Loyola was among 90 hospitals nationwide to be asked to participate in Best Fed Beginnings, a first-of-its-kind initiative to improve breast-feeding rates in states where rates are the lowest. The National Initiative for Children’s Healthcare Quality is leading this program with the help of the Centers for Disease Control and Prevention and Baby-Friendly USA, Inc.
**Physician Appointments**

**Chair of Department of Medicine**

J. PAUL O’KEEFE, MD, professor of Medicine, medical director of the Medical Specialties Practice and medical director of Loyola’s Maywood Primary Care Clinic, has been named chair of the Department of Medicine.

Dr. O’Keefe assumes the role formerly held by David Hecht, MD, who has become senior vice president of Clinical Affairs for Loyola University Health System.

Dr. O’Keefe’s leadership as a practicing clinician and a distinguished researcher has made him a respected teacher and mentor. Service-focused, Jesuit-Catholic values have shaped his life and work. Throughout his career, Dr. O’Keefe has donated his time and skill to bring essential health care services to communities in need.

Dr. O’Keefe is nationally known for his research in the treatment and prevention of infectious diseases.

**Director of Pulmonary & Critical Care Division**

SEAN FORSYTHE, MD, has been named director of the Pulmonary & Critical Care Division at Loyola University Health System. Dr. Forsythe continues to be medical director of the Cardiothoracic Intensive Care Unit and director of the adult Cystic Fibrosis Program.

Dr. Forsythe will oversee physicians who provide medical care at Loyola University Medical Center, Hines VA Hospital and RML Specialty Hospital. He oversees the care of patients with advanced lung disease, sleep disorders and asthma. Other services in the division include acute and chronic ventilator management of patients with spinal cord injury, electrophrenic pacing of the diaphragm and brachytherapy for lung cancer.

**Meet Our New Physicians**

**Anthony Baldea, MD**

Assistant Professor, Department of Surgery, Division of Trauma, Surgical Critical Care & Burns

**SPECIAL INTERESTS**

Burns, trauma, general surgery, burn management and soft-tissue infections

**FELLOWSHIPS**

Burn surgery, University of California Davis Medical; trauma and emergency surgery, University of California Davis Medical Center

**RESIDENCY**

General surgery, Loyola University Health System

**MEDICAL SCHOOL**

University of Chicago Pritzker School of Medicine

**Nikolas Mata-Machado, MD**

Instructor, Departments of Neurology and Pediatrics

**SPECIAL INTERESTS**

Neurofibromatosis, general pediatric neurology, epilepsy and seizures

**FELLOWSHIP**

Pediatric neurology, University of Chicago Medical Center

**RESIDENCIES**

Pediatrics, Ipsemg, Brazil, and Woodhull Medical Center

**MEDICAL SCHOOL**

Federal University of Minas Gerais, Brazil

**Amy Pittman, MD**

Assistant Professor, Department of Otolaryngology

**SPECIAL INTERESTS**

Head and neck reconstruction, facial plastic surgery, facial paralysis, facial reanimation, facial trauma, microvascular free tissue transfer and Mohs micrographic surgery reconstruction

**FELLOWSHIP**

Facial plastic surgery and microvascular head & neck reconstruction, Oregon Health Sciences University

**RESIDENCY**

Otolaryngology; head & neck surgery, Loyola University Medical Center

**MEDICAL SCHOOL**

University of Missouri, Columbia School 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.

**Neurosurgery Skull Lab**
Saturday, Sept. 13, 2014
Location: Loyola University Chicago Stritch School of Medicine, Maywood, IL

**Innovations in Glaucoma Management and Cataract Surgery**
Saturday, Sept. 20, 2014
Location: Loyola University Chicago Stritch School of Medicine, Maywood, IL

**Catholic Healthcare Ethics in the Age of Pope Francis: The 12th Annual Conference on Contemporary Catholic Healthcare Ethics**
Thursday–Friday, Oct. 9–10, 2014
Location: Loyola University Chicago Stritch School of Medicine, Maywood, IL

**Obesity Summit**
Saturday, Oct. 25, 2014
Location: Loyola University Chicago Stritch School of Medicine, Maywood, IL

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**Theodote K. Pontikes, MD**
Assistant Professor, Departments of Psychiatry & Behavioral Neurosciences and Pediatrics

SPECIAL INTERESTS
Pediatric mood disorders, anxiety disorders, learning disorders, bereavement and adjustment disorders

FELLOWSHIPS
Psychosomatic medicine, Cambridge Health Alliance; clinical medical ethics, University of Chicago

RESIDENCIES
Child and adolescent psychiatry, Massachusetts General Hospital; general and adult psychiatry, University of Chicago Medical Center

MEDICAL SCHOOL
University of Illinois at Chicago

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**Sara J. Sirna, MD**
Professor, Department of Medicine, Division of Cardiology

SPECIAL INTERESTS
Women's heart health, management of high cholesterol and preventive cardiology

FELLOWSHIP
Cardiology, University of Iowa

RESIDENCY
Internal medicine, St. Luke’s Hospital

MEDICAL SCHOOL
State University of New York Downstate Medical Center

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**Nicole Sprawka, MD**
Assistant Professor, Department of Obstetrics & Gynecology, Division of Maternal/Fetal Medicine

SPECIAL INTERESTS
High-risk pregnancies, prenatal genetics, rheumatologic conditions and disorders of the blood during pregnancy

FELLOWSHIP
Maternal/fetal medicine, Brown University’s Women & Infants Hospital

RESIDENCY
Obstetrics and gynecology, Baylor University College of Medicine

MEDICAL SCHOOL
University of Texas Southwestern Medical Center at Dallas Southwestern Medical School

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**Lena Wiley, MD**
Instructor, Department of Obstetrics & Gynecology, Division of General Obstetrics & Gynecology

SPECIAL INTERESTS
Treating fibroids, managing dysfunctional uterine bleeding, gynecologic surgery, minimally invasive hysterectomies, vaginal hysterectomies, robotic surgery and obstetrics

RESIDENCY
Obstetrics & gynecology, University Hospitals of Cleveland/Case Western Reserve University

MEDICAL SCHOOL
Wright State University School of Medicine
Ongoing Loyola Clinical Trials

Bipolar Depression

23368: Cyclooxygenase-2-Inhibitor Combination Treatment for Bipolar Depression: Role of Inflammation and Kynurenine Pathway Biomarkers.
Principal Investigator: Angelios Halaris, MD
Enrollment Phone: (708) 216-5000

203666: RTOG 0834/ EORTC 26053: A Phase III Trial on Concurrent and Adjuvant Temozolomide Chemotherapy in Non 1p/19q Deleted Anaplastic Glioma - the CATNON Intergroup Trial.
Principal Investigator: Edward Melian, MD
Enrollment Phone: (708) 216-2568

205119: A Phase III Randomized Trial Comparing Androgen Depivation Therapy + TAK-700 with Androgen Depivation Therapy + Bicalutamide in Patients with Newly Diagnosed Metastatic Hormone Sensitive Prostate Cancer.
Principal Investigator: Ellen Gaynor, MD
Enrollment Phone: (708) 327-3101

Cancer: Bladder/Kidney

202213: A Randomized Double-Blinded Phase III Study Comparing Gemcitabine, Cisplatin and Bevacizumab to Gemcitabine, Cisplatin and Placebo in Patients with Advanced Transitional Cell Carcinoma.
Principal Investigator: Joseph Clark, MD
Enrollment Phone: (708) 327-2237

Principal Investigator: Joseph Clark, MD
Enrollment Phone: (708) 327-3221

203579: (S0931) EVEREST: A Phase III Study of Everolimus and Molecular Analysis 2.
Principal Investigator: Kathy Alban, MD
Enrollment Phone: (708) 216-2568

203474: RTOG 0815: A Phase III Prospective Randomized Trial of Dose-Escalated Radiotherapy with or without Short-Term Androgen Depivation Therapy for Patients with Intermediate-Risk Prostate Cancer.
Principal Investigator: Matthew Harkenrider, MD
Enrollment Phone: (708) 216-2568

Cancer: Breast

202755: I SPY 2 Trial Investigation of Series Studies to Predict your Therapeutic Response with Imaging and Molecular Analysis 2.
Principal Investigator: Kathy Alban, MD
Enrollment Phone: (708) 327-3222

Principal Investigator: Bahman Emami, MD
Enrollment Phone: (708) 216-2568

Cancer: Melanoma

204195: A Phase II Trial of Dasatinib in KIT-Positive Patients with Unresectable Locally Advanced or Stage IV Mucosal, Acalr and Vulvoginal Melanomas.
Principal Investigator: Joseph Clark, MD
Enrollment Phone: (708) 216-2568

Cancer: Prostate

203420: RTOG 0534: A Phase III Trial of Short-Term Androgen Deprivation with Pelvic Lymph Node or Prostate Bed Only Radiotherapy (SPPORT) in Prostate Cancer Patients with a Rising PSA After Radical Prostatectomy.
Principal Investigator: Matthew Harkenrider, MD
Enrollment Phone: (708) 216-2568

202998: AALL0932: Treatment of Patients with Newly Diagnosed Standard Risk B-Precursor Acute Lymphoblastic Leukemia.
Principal Investigator: Riccardito Manera, MD
Enrollment Phone: (708) 216-2568

Cancer: Lymphoma

205235/RTOG 1114: A Phase II Randomized Study of Rituximab, Methotrexate, Procarazime, Vincristine and Cytarabine with and without Low-Dose Whole-Brain Radiotherapy for Primary Central Nervous Lymphoma.
Principal Investigator: Kathleen Phelan, MD
Enrollment Phone: (708) 327-2039

Cardiovascular Health

202146: Catheter Ablation Versus Antiarrhythmic Drug Therapy for Atrial Fibrillation Trial. (CABANA Trial IDE: G050233)
Principal Investigator: David Wibber, MD
Enrollment Phone: (708) 216-2644

204291: Early Ablation Therapy for the Treatment of Ischemic Ventricular Tachycardia in Patients with Implantable Cardioverter Defibrillators.
Principal Investigator: David Wibber, MD
Enrollment Phone: (708) 216-2644

Dermatology

204494: A Phase III Study to Evaluate the Efficacy and Safety of Induction and Maintenance Regimens of Broladumab Compared with Placebo and Ustekinumab in Subjects with Moderate to Severe Plaque Psoriasis.
Principal Investigator: James Swan, MD
Enrollment Phone: (708) 216-2027
Diabetes

204197: Can the Sunshine Vitamin Improve Mood and Self-Management in Women with Diabetes?
Principal Investigator: Sue Penskofer, PhD, RN, FAAN
Enrollment Phone: (708) 216-9303

Gastroenterology, Hepatology & Nutrition

205314: CLARITY - Clinical Investigation to Evaluate Removal of the Evolution Esophageal Stent - Fully Covered.
Principal Investigator: Neil Gupta, MD
Enrollment Phone: (708) 216-2026

203315: RT0G 1010: A Phase III Trial Evaluating the Addition of Trastuzumab to Trimalodality Treatment of HER2 - Overexpressing Esophageal Adenocarcinoma.
Principal Investigator: Bahman Emami, MD
Enrollment Phone: (708) 216-2026

204549: A Phase III, Randomized, Double-Blind, Placebo-Controlled Study of the Efficacy, Safety and Tolerability of a Single Infusion of MK-6072 (Human Monoclonal Antibody to C. Difficile Toxin B) and MK-3415A (Human Monoclonal Antibodies to C. Difficile Toxin A and B) in Patients Receiving Antibiotic Therapy for C. Difficile Infection.
Principal Investigator: Jennifer Dorfmeister, MD
Enrollment Phone: (708) 216-2027

205689: A Randomized, Double-Blind, Placebo-Controlled, Dose-Ranging, Multicenter Study to Assess the Efficacy and Safety of Rifaximin Soluble Solid Dispersion (SSD) Tablets for the Prevention of Complications in Subjects with Early Decompensated Liver Cirrhosis.
Principal Investigator: Natasha Von Roenn, MD
Enrollment Phone: (708) 216-2026

Head & Neck

203590: RT0G 0920: A Phase III Study of Postoperative Radiation Therapy (IMRT) +/- Cetuximab for Locally Advanced Resected Head and Neck Cancer.
Principal Investigator: Bahman Emami, MD
Enrollment Phone: (708) 216-2568

203603: RT0G 1008: A Randomized Phase II Study of Adjuvant Concurrent Radiation and Chemotherapy Versus Radiation Alone in Resected High-Risk Salivary Gland Tumors.
Principal Investigator: Bahman Emami, MD
Enrollment Phone: (708) 216-2568

Infectious Diseases

203103: A Phase III, Double-Blind, Randomized Study to Evaluate the Safety and Efficacy of BAL8557 Versus a Caspofungin Followed by Voriconazole Regimen in the Treatment of Candidemia and Other Invasive Candida Infections.
Principal Investigator: Jorge Parada, MD
Enrollment Phone: (708) 216-2026

204549: A Phase III, Randomized, Double-Blind, Placebo-Controlled Study of the Efficacy, Safety and Tolerability of a Single Infusion of MK-6072 (Human Monoclonal Antibody to C. Difficile Toxin B) and MK-3415A (Human Monoclonal Antibodies to C. Difficile Toxin A and B) in Patients Receiving Antibiotic Therapy for C. Difficile Infection.
Principal Investigator: Jennifer Dorfmeister, MD
Enrollment Phone: (708) 216-2027

Osteoporosis

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

Urology: Pediatrics

204303: A 12-Week Randomized, Open-Label, Active Comparator Period Followed by a 12-Week Safety Extension Period to Evaluate the Safety and Efficacy Of Fesoterodine in Subjects Aged 6–18 Years and >25 kg with Symptoms of Detrusor Overactivity Associated with a Neurological Condition (Neurogenic Detrusor Overactivity).
Principal Investigator: David Hatch, MD
Enrollment Phone: (708) 216-2026

Visit LoyolaMedicine.org/research for a complete listing. For enrollment, please use the phone number listed with the trial.
Loyola First Hospital in Illinois to Implant Nonsurgical Heart Valve Replacement

Loyola is the first hospital in Illinois to implant a newly approved aortic heart valve device that does not require open surgery. The device is deployed with a catheter in a procedure that is far less invasive than open-heart surgery.

The device, recently approved by the FDA, is called the Medtronic CoreValve® System. On March 28, 2014, Loyola became the first Illinois hospital to implant the device in a patient who was not part of a clinical trial.

Loyola physicians also have implanted the device in patients participating in clinical trials, including a landmark trial published in the New England Journal of Medicine. The study included 795 seriously ill heart-valve patients who were randomly assigned to receive the new device or to undergo open-heart surgery. After one year, the mortality rate was 19.1 percent in the open-heart surgery group and 14.2 percent in the group that received the new device.

After 30 days, KCCQ quality-of-life scores improved 19 points for patients who received the new device, compared with 3.7 points for open-surgery patients. At one-year, quality-of-life scores on the 1-to-100 scale increased 23.2 points in the device group and 21.9 points in the open-heart surgery group.