

LOYOLA

MEDICAL NEWS

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Ten Organs in 22 Hours
Busiest Day in a Record Year for Loyola's Transplant Team

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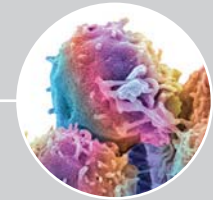
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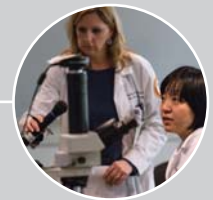
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NEW PHYSICIANS

Broadview Fire Chief Restored to Duty After Loyola Medicine Spine Surgery

For more than a decade, Broadview Fire Chief Tracy Kenny suffered extreme leg, hip and back pain.



ABOVE: Alexander Ghanayem, MD

“In the fire service, we think of pain as an occupational hazard,” Chief Kenny said. “For years, I worked through the pain or rested until I could move again.”

Chief Kenny’s pain steadily intensified, her left side grew weaker and she developed bladder problems. Loyola Medicine primary care physician, Ann Rudinger, MD, and physical therapist, Paul Bissler, PT, DPT, OCS, referred her to Alexander Ghanayem, MD, FAOA,

chair of Loyola’s department of orthopaedic surgery and rehabilitation and division director of spine surgery.

“The day before my first appointment with Dr. Ghanayem, I literally crawled from my office to my car, then from my car to bed,” Chief Kenny said. “In the middle of the night I lost feeling on my left side and became incontinent. I thought I was having a stroke.”

One of Chief Kenny’s lower back disks had torn and ruptured and a piece of disk was pressing on a sack of nerves, Dr. Ghanayem said.

“We had to remove that piece of herniated disk from the area around the nerves,” Dr. Ghanayem said. “By doing so, you give the nerves more room to breathe and relieve the pain and dysfunction.”

Chief Kenny said Dr. Ghanayem put her at ease and gave her confidence to proceed with the surgery.

“It had gotten so bad, I really thought my job was over and it was the end of my career,” Chief Kenny said. “I remember

waking up in recovery and not having pain in my leg. I’ve had no deficits since. I have had zero pain since the surgery.”

Loyola Medicine’s spine specialists diagnose and treat the full array of spinal conditions in adults and children. Loyola’s spine program includes a multidisciplinary team of neurologists, neurosurgeons and orthopaedic surgeons, as well as radiologists, physical and occupational therapists and nurses. Dr. Ghanayem’s specialties include the surgical care of the neck (cervical spine) and back (lumbar spine), including problems related to spinal disks, nerves and bones. He teaches the art and science of spine surgery, both nationally and internationally.

“Anyone can experience a disk herniation, but firefighters, paramedics and all first responders tend to work through pain,” Dr. Ghanayem said. “When you get to take care of somebody who takes care of us, the people who run toward danger, that’s really special.” ■



<https://www.loyolamedicine.org/spine-surgery-fire-chief>



ABOVE: Broadview Fire Chief Tracy Kenny

Tendon Transfer Surgery for Quadriplegics is Underused

Tendon transfer surgery can significantly improve hand and elbow function in quadriplegics, but the procedure is greatly underused, according to an article in Hand Clinics by Loyola hand surgeon Michael Bednar, MD.



ABOVE: Michael Bednar, MD

In the procedure, muscles that still work are redirected to do the jobs of muscles that are paralyzed. For example, the surgeon may detach one of the working elbow muscles (the brachioradialis) and reattach it to a nonworking muscle that flexes the thumb (the flexor pollicis longus).

Depending on the extent of the spinal cord injury, tendon transfers can enable a patient to grasp objects, pinch, open the hand

Shoulder Replacements Skyrocketing Nationally and at Loyola

The number of shoulder replacement surgeries has skyrocketed nationally and at Loyola as technology improves and aging Baby Boomers seek to relieve pain and restore function to arthritic shoulders.



ABOVE: *Nickolas Garbis, MD*

Nationwide, the number of total and partial shoulder replacements increased from about 18,000 in 2000 to more than 45,000 in 2013, according to the American Academy of Orthopaedic Surgeons (AAOS). Loyola mirrors the trend: Loyola performed 10 times more total and partial shoulder replacements in 2015 than in 2010.

While still less common than hip and knee replacements, shoulder replacements are just as effective in relieving joint pain, according to the AAOS.

Nickolas Garbis, MD has been performing shoulder replacements at Loyola since 2013 and has performed hundreds of shoulder replacement surgeries throughout his career. He did his fellowship training in shoulder replacement surgery at Johns Hopkins University.

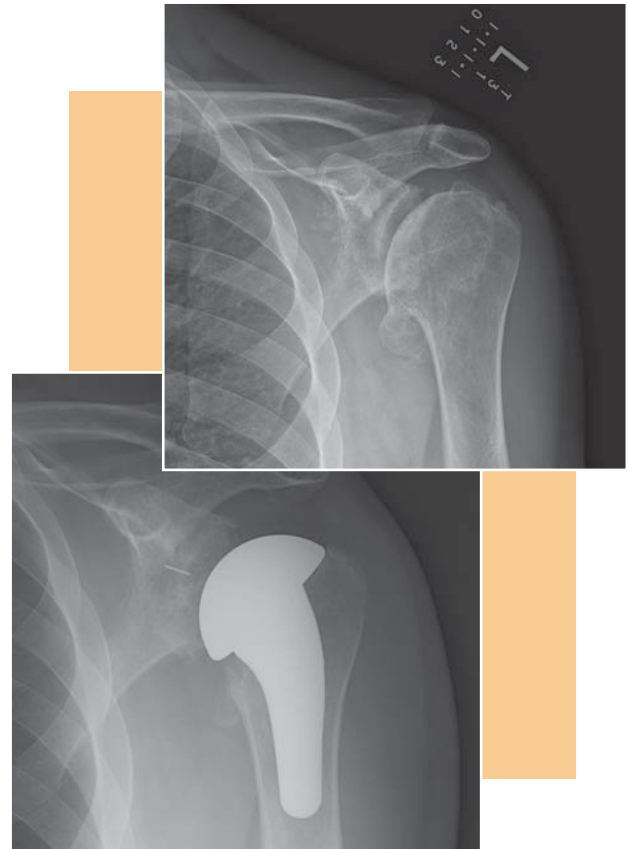
In part to meet the growing demand, Loyola recently appointed a second orthopaedic surgeon, Dane Salazar, MD, who also specializes in shoulder replacement surgery.

Shoulder replacements have enabled Dr. Salazar's patients to return to such activities as golfing, swimming and weight lifting. "A total shoulder replacement can be a grand slam," Dr. Salazar said. "I've had patients who told me they wished they had undergone the surgery five years earlier."

Overall, shoulder replacements have a long life span. Ninety percent are still working after 10 years and 80 percent after 20 years. But while patients are becoming more knowledgeable about shoulder replacements, awareness still lags behind that of hip and knee replacements, Dr. Garbis said. ■



<https://www.loyolamedicine.org/shoulder-surgery-pain-relief>



“ I've had patients who told me they wished they had undergone the surgery five years earlier. ”

- Dane Salazar, MD

and straighten the elbow. The patient can, for example, use a fork without splints, shake hands and perform daily activities, such as dressing, bathing and transferring to and from a wheelchair.

Dr. Bednar has performed tendon transfers on about 60 patients, and is among the most skilled and experienced surgeons in the country doing the procedure.

When quadriplegics were asked what function they would most like restored, 75 percent said hand function. However, only 14 percent of patients who are surgical candidates wind up getting tendon transfers.

Patients who stand to benefit most have C5-C8 spinal cord injuries. "A good surgical candidate has functional goals, is motivated, understands benefits and limitations of surgery, demonstrates emotional and psychological stability/adjustment to disability and is committed to the post-operative rehabilitation process," Dr. Bednar wrote. ■

Dr. Bednar has performed tendon transfers on about 60 patients.

22



HOURS

10



ORGANS

6



PATIENTS

Loyola Transplant Team Marks
Busiest Day in History

On a Wednesday night last fall, cardiothoracic surgeon Jeffrey Schwartz, MD, was called in to perform a bilateral lung transplant.

During the next 22 hours, Dr. Schwartz and other Loyola surgeons would go on to successfully transplant ten organs into six patients. Mamdouh Bakhos, MD, performed a single-lung transplant, Edwin McGee, Jr., MD, performed a heart transplant and Dr. Bakhos performed a bilateral lung transplant.

During the same time the lung and heart transplants were being performed, Amy Lu, MD, performed a liver-kidney transplant and Raquel Garcia Roca, MD, performed an en bloc kidney transplant (two kidneys from a young child).

The extraordinary effort involved multiple OR teams, 11 surgeons, 21 anesthesiologists, 23 OR nurses, five surgical assistants, five perfusionists and four procurement nurses.

“We are very experienced and we have a very deep bench,” said Dr. McGee, surgical director of Loyola’s heart transplant and ventricular assist device program.

It was the busiest day in a record-setting year for Loyola’s integrated solid-organ transplant program. In 2016, Loyola performed 246 solid organ transplants – the highest number it has done since it performed its first kidney transplant in 1971.

Loyola is one of only three centers in Illinois that perform transplants on all four of the major solid organs: heart, lung, kidney and liver. Loyola also is among the few centers that perform combination transplants, including heart-kidney, heart-liver, liver-kidney, lung-liver and lung-kidney. And Loyola has received approval from the United Network for Organ Sharing (UNOS) to begin a pancreas transplant program in 2017.

Loyola specialists employ a clinically integrated, evidence-based approach to care that leads to outstanding results. Loyola takes on the most challenging patients and provides second opinions to patients who have been turned down by other centers. Loyola also is expanding the donor pool and benefitting patients by accepting usable organs that may have been rejected by other centers.

Record-setting Year for Heart Transplants

A 53-year-old man recently became the 800th patient to receive a heart transplant at Loyola.

Loyola has performed more heart transplants than any other center in Illinois and 2016 was a record-breaking year. The 36 heart transplants Loyola performed in 2016 were the most in Illinois and also the most Loyola has performed since it began operating the state’s first heart transplant program in 1984.

Even though Loyola takes on the most challenging cases, its one-month, one-year and three-year patient survival rates for heart transplants exceed national averages.

“We invite patients who have been turned down by other transplant centers to come to Loyola for a second opinion,” said Edwin McGee, Jr., MD, director of Loyola’s heart transplant and ventricular assist program.

In addition to Dr. McGee, who has performed about 350 heart transplants, the program includes top cardiologists and surgeons with decades of experience, including Alain Heroux, MD, medical director of heart failure and heart transplantation, cardiologist Max Liebo, MD, Dr. Bakhos, chair of thoracic and cardiovascular surgery, and surgeons Bryan K. Foy, MD and Dr. Schwartz.

Like other centers, Loyola offers appropriate patients a left ventricular assist device (LVAD) as a bridge-to-transplant option. But while life-saving, LVADs involve risks, can complicate transplant surgery and may mean a longer wait to get a new heart. Loyola strives when possible to get patients to transplant without LVADs by using alternative temporary support, such as the less-invasive intra-aortic balloon pump. The pump is inserted through the subclavian artery, enabling the patient to walk.

“We work exceedingly hard to provide heart transplants to patients as soon as feasible,” Dr. McGee said.

“Transplantation is one of the best operations we do in heart surgery in terms of outcomes, length of life and quality of life. For the patient, it’s a game changer.”

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



Loyola leads the state in number of lung transplants:

40

Total lung transplants by **ALL** other centers in Illinois combined:

32

Solid Organ Transplants at Loyola University Medical Center

| Organ Transplant | Year 2016 |
|--|------------|
|  Heart | 36 |
|  Lung | 40 |
|  Kidney | 106 |
|  Liver | 64 |
| TOTAL | 246 |

SOURCE: United Network for Organ Sharing

More Lung Transplants than All Other Centers Combined

For 29 years, Loyola has operated the largest and most successful lung transplant program in Illinois. More than 900 lung transplants—by far the most of any center in Illinois—have been performed and in 2016, Loyola’s 40 lung transplants were more than all other programs in Illinois combined.

Loyola’s lung transplant program regularly evaluates and successfully performs transplants in patients who have been turned down by other centers in Chicago and surrounding states. Recent examples include patients with:

- A complex coronary history or previous coronary bypass surgery.
- Sclerodema with aperistalsis of the esophagus.
- Difficult-to-treat infections.
- Older age. A 74-year-old man, believed to be the oldest lung recipient in Illinois history, recently received a successful lung transplant at Loyola.

Despite taking on more challenging cases, Loyola consistently has recorded outstanding outcomes. During recent periods evaluated, Loyola recorded fewer first-year graft failures and patient deaths compared to what was expected, according to the Scientific Registry of Transplant Recipients. Loyola also had higher-than-expected transplant rates and lower-than-expected wait list mortality rates. The program is led by medical director Daniel Dilling, MD, and surgical director Dr. Schwartz and includes pulmonologists Bradford Bemiss, MD, James Gagermeier, MD, Erin Lowery, MD and Sana Quddus, MD and surgeons Wickii Vigneswaran, MD, and Drs. Bakhos, Foy and McGee.

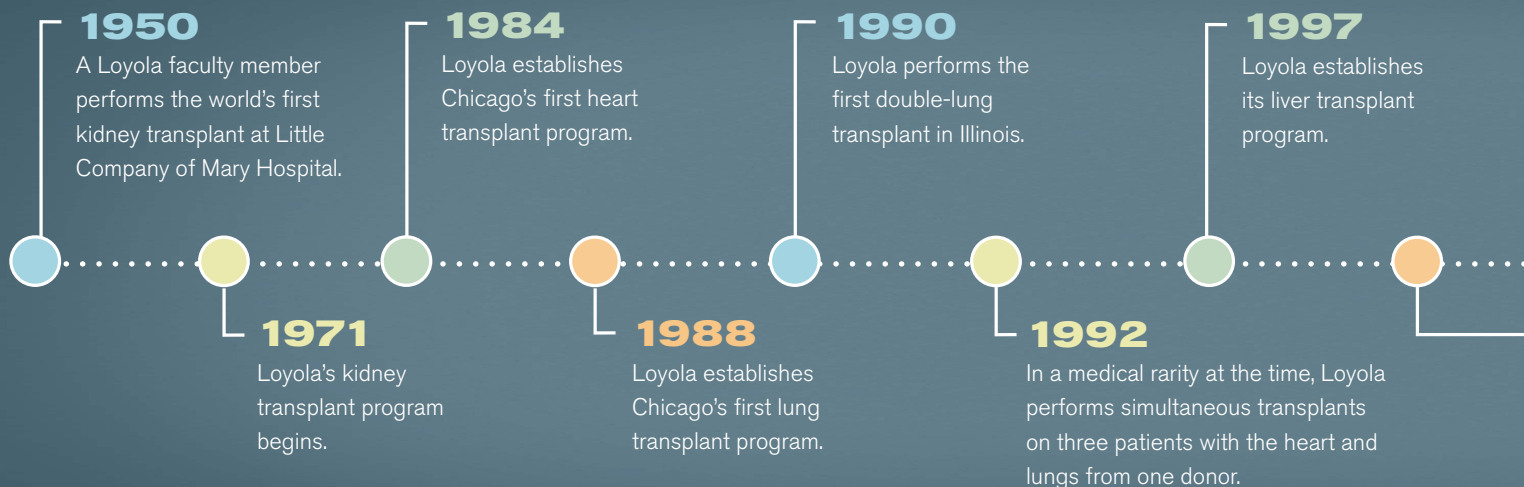
Loyola performed the first single-lung transplant in Illinois in 1988 and the state’s first double-lung transplant in 1990. In 2007, Loyola performed the first simultaneous double-lung, kidney transplant in Illinois. In 2014, Loyola became the only center in Illinois to perform five successful lung transplants in just over 24 hours.

The lung transplant program is part of Loyola’s comprehensive advanced lung disease program, which offers second opinions and cutting-edge clinical trials. The advanced treatment can in some cases delay or even eliminate the need for a lung transplant.



ABOVE: Heart & Lung Team: Elaine Frank, Pamela Terrazzino, Deatrice Hackett, Mary Rentka, Melissa Kroupa, Othanthia Williams, Rosalind Toombs, Shilpa Swamy, Patricia Carmignani, Karen Pelletiere, Erica Dixon

Loyola Transplant Milestones



Liver Transplant One of Fastest Growing Programs in the Country

Operating in a competitive market, a new team has transformed Loyola's liver transplant program into one of the fastest growing centers in the country.

In just four years, the number of liver transplants performed at Loyola more than quadrupled, from 14 in 2012 to 64 in 2016.

"Our hepatologists are the hardest working group of physicians I have ever encountered," said Amy Lu, MD, division director of intra-abdominal transplantation and surgical director of liver transplantation and hepatobiliary surgery.

The team communicates closely with referring physicians. Every time a liver transplant patient sees a Loyola hepatologist, the physician makes sure to mail a letter to the patient's referring physician.

"Our referring physicians appreciate knowing how their patients are doing," said Jamie Berkes, MD, medical director of liver transplantation.

The program also strives to make it as easy as possible for patients to see transplant specialists. Patients can see Loyola hepatologists and surgeons at Loyola's main campus in Maywood and at centers in Burr Ridge, Elmhurst, Park Ridge, Homer Glen and Oakbrook, and at other practice sites in Naperville, Elk Grove Village, Rockford, Moline, Peoria, downtown Chicago and Chicago's Chinatown. Another clinic is planned in Peru/Ottawa.



ABOVE: Liver and Kidney Team: Teresa Carbonaro, Rylie Sisto, Elizabeth Hetterman, Iliana Ponce, Giovanni Dela Torre, Norma Haro, Ramesh Batra, MD, Colleen Schardle, Gretchen Lepore, Raviprasenna Parasuraman, MD

Loyola offers the highest level of multidisciplinary, integrated care for liver disease and liver failure patients who may be considering a liver transplant.

Loyola's hepatologists are board-certified in gastroenterology, hepatology and transplant hepatology. They have developed effective, nationally recognized treatment plans for hard-to-treat and advanced cases of hepatitis B, hepatitis C and hepatocellular carcinoma.

Loyola is among the few centers that have the ability to perform combination liver-kidney, heart-liver and lung-liver transplants. "This is an example of how our transplant programs are extremely well integrated," Dr. Lu said.

(continued on next page)



“ Our hepatologists are the hardest working group of physicians I have ever encountered. ”

- Amy Lu, MD

Loyola Transplant Accolades

- Blue Cross Blue Shield has named Loyola's lung, heart and liver transplant programs **Blue Distinction® Centers** for their proven expertise, high-quality care and patient results.
- Loyola's kidney, liver and lung transplant programs have been designated **Aetna Institutes of Excellence™** for meeting extensive quality and cost-effectiveness criteria.
- Loyola's lung, heart and liver transplant programs have been designated **Optum Transplant Centers of Excellence**. Optum is a leading developer of condition management programs.
- Loyola's hospital and outpatient sites have received **Magnet designation** for meeting the American Nurses Credentialing Center standards for quality patient care, nursing excellence and innovations in professional nursing practice.

2014

Loyola performs five successful lung transplants in just over 24 hours.

2016

Loyola transplants ten organs into six patients in 22 hours.

2007

Loyola performs the first simultaneous double-lung and kidney transplant.

2015

Loyola performs a lung transplant on a 74-year-old patient.



Kidney Transplant Program Welcomes New Leaders

The kidney transplant program has been expanded with the addition of 10 clinical and administrative staffers and the arrival of Raquel Garcia Roca, MD, surgical director of renal transplant, and Amishi Desai, DO, medical director of renal transplant.

In 2016, Loyola performed 106 kidney transplants, easily breaking its previous record, and physicians expect to perform even more kidney transplants in 2017.

“We are aggressive but cautious,” Dr. Garcia said. “The risks we are taking are reasonable and our outcomes are excellent.”

“We are aggressive but cautious... The risks we are taking are reasonable and our outcomes are excellent.”

- Raquel Garcia Roca, MD

Loyola has begun several initiatives to make kidney transplant an option for more patients. For example, Loyola launched a new kidney transplant clinic for Spanish-speaking patients and Loyola is now participating in the Illinois Transplant Fund, which provides financial assistance to patients who cannot afford health insurance premiums. Loyola also joined the UNOS paired kidney donation program to help patients find matching living donors.

The kidney transplant team is also on the leading edge of new methods, including transplantation of kidneys from hepatitis C-infected donors into recipients previously infected with the disease and en bloc transplantation, in which the kidneys of small donors are kept together to provide enough volume for an adult. ■

Blood Bank Plays Critical Role in Transplant Team's Success

Phillip J. DeChristopher, MD, PhD, medical director of transfusion medicine/blood bank/apheresis, recently received a page at 4 am.

A patient undergoing a liver transplant had antibodies to 70 percent of red blood cells, thus reducing the supply of compatible blood for transfusions. Dr. DeChristopher strategized with the anesthesiologist on how to make the best use of the available units that were compatible with the patient.

Ensuring that an adequate supply of blood is available around-the-clock for unscheduled transplants is among the critical support services the blood bank provides to Loyola's multidisciplinary transplant teams.

“Our employees get a great deal of satisfaction from helping make Loyola's transplant program such a success,” said Dr. DeChristopher, a professor in Loyola's department of pathology.

Solid organ transplants are among the surgeries that require the highest volumes of blood transfusions. While kidney transplants usually require fewer than five units of red blood cells, heart, lung and liver transplants typically require 10 to 20 units – and in some cases many more.

The blood bank typically receives four to six hours notice before a transplant, although the time window can be shorter or longer. “It's a significant logistical and supply challenge,” Dr. DeChristopher said. In recent months, for example, the blood bank supported three liver transplants on patients with Group AB blood type, found in only four percent of the donor population.

The department of pathology's state-of-the-art clinical laboratories also provide HLA typing and, when necessary, desensitization in patients who have developed a broad spectrum of antibodies against common tissue antigens. Such cases typically include patients who have undergone previous transplants or who have had multiple blood transfusions or pregnancies.

In desensitization, the patient undergoes one or more therapeutic plasma exchange treatments prior to the transplant. This removes harmful antibodies from the blood. The patient then takes immune-suppressing medications to prevent the antibodies from aggressively rebounding. Desensitization is a life-saving treatment for patients who otherwise would not be candidates for transplant.

“We do our best to fulfill the needs of the transplant teams and their patients,” Dr. DeChristopher said. ■



ABOVE: Phillip J. DeChristopher, MD, PhD, consults with medical technologist Denise Gelsomino

Loyola Physicians in the News



Orthopaedic chair **Alexander Ghanayem, MD**, has been elected treasurer of the American Orthopaedic Association. The AOA, founded in 1887, is the oldest and most distinguished orthopaedic association in the world.



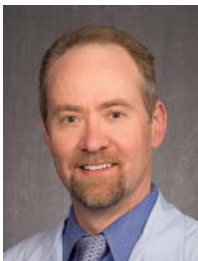
Neil Gupta, MD, has been named editor-in-chief of *Diseases of the Esophagus*, the journal of the International Society of the Esophagus. Dr. Gupta is co-director of the digestive health center and director of interventional endoscopy.



William Small, Jr., MD, chair of radiation oncology, was named Loyola University Chicago Stritch School of Medicine's 2016 Senior Scientist of the Year. The award is based on scholarly productivity, service to the institution and community, professional society activities, research funding, mentoring and peer-review activities for both scientific journals and external sponsors of research funding.



At Home Kids recently celebrated the one-year anniversary of the **Keith Veselik, MD**, Medical Education Program. The program trains medical students, residents and fellows on how to care for children with medical complexities in a community setting. Dr. Veselik is medical director of primary care.



The Medical Fitness Association gave **Aaron Michelfelder, MD**, the 2016 Medical Fitness Professional of the Year Award in the medical director category. Dr. Michelfelder is chair of family medicine.



The Chicago College of Osteopathic Medicine honored **Mark Cichon, DO**, class of 1985, with an outstanding achievement award. Dr. Cichon is chair of emergency medicine.



Eva M. Bading, MD, received the President's Award from the Illinois Academy of Family Physicians for providing a healthier future for Illinois and its patients. The award recognizes outstanding contributions that reflect the academy's mission to promote excellence in the health and well-being of Illinois families.



Gastroenterology department physician **Michael Sprang, MD** received the American College of Gastroenterology Radhika Srinivasan Gender-Based Research Award for his paper "Difference in Sedation Requirements Between Male and Female Veterans Undergoing Colonoscopy."



Hypertension is Risk Factor for Impaired Cognitive Function

Hypertension in middle age can lead to impaired cognition and also is a potential risk factor for Alzheimer’s disease, according to a statement from the American Heart Association co-authored by José Biller, MD.



ABOVE:
José Biller, MD

Dr. Biller is Loyola’s neurology chair and a member of the panel that wrote the statement, published in the AHA journal *Hypertension*.

There is consistent evidence that chronic hypertension during middle age (40 to 64) is associated with altered cognitive function in both middle age and late life (65 to 84). The effect of hypertension in late life is less clear. Some studies suggest it’s harmful, while other research suggests it may improve cognition.

Observational studies have demonstrated that hypertension causes atherosclerosis and other damage to the brain’s blood vessels. But evidence from clinical trials that treating blood pressure improves cognition is not conclusive.

The panel concluded there are not enough data to make evidence-based recommendations. However, judicious treatment of hypertension, taking into account goals of care and the patient’s individual characteristics, “seems justified to safeguard vascular health and, as a consequence, brain health.” ■

Loyola Launches Multidisciplinary Concussion Program

Loyola Medicine has launched a multidisciplinary Concussion Program to diagnose and treat concussions in athletes and other patients.

The Illinois High School Association and state law require that every sports-related head injury be evaluated by a qualified medical professional before the athlete returns to practice or competition.

Loyola’s integrated concussion team includes specialists in sports medicine, primary care, neuropsychology, neurology and neurosurgery, who work with physical therapists and athletic trainers. Patients who suffer prolonged concussions often will be scheduled to meet with two or more healthcare providers in the same visit.

Patients suspected of having a concussion will be evaluated for memory, concentration, thinking ability, pupil size, vision, strength, balance and reflexes. Imaging tests including CT and MRI scans and EEGs also may be administered.

The Concussion Program guides patients on appropriate return to sport or activity. It also helps coordinate and develop with schools a customized plan for students to return to their studies.

Loyola offers several treatment protocols for long-term concussion management, including a specialized exercise protocol in which symptoms are monitored while the patient is under exertion or stress. Loyola also offers a vestibular rehabilitation program, in which physical therapists tailor individualized exercise programs to reduce dizziness and improve balance and motion sensitivities.

Other treatments include limiting mental exertion and visual activity at school or work; avoiding physical activity unless cleared by a physician; getting consistent, quality sleep; staying hydrated; eating a healthy diet; avoiding sustained exposure to light, sound and motion; and taking only those medications and supplements prescribed or recommended by a physician. ■



Loyola’s integrated concussion team includes specialists in sports medicine, primary care, neuropsychology, neurology and neurosurgery.

Epilepsy Patient Seizure-Free After Surgery

By the time epilepsy patient Erika Fleck came to Loyola Medicine for a second opinion, she was having three or four seizures a week and hadn't been able to drive her two young children for five years.



ABOVE: Epileptologist Jorge Asconapé, MD and epilepsy patient Erika Fleck

Loyola epileptologist Jorge Asconapé, MD, recommended surgery to remove scar tissue in the hippocampus that was triggering Ms. Fleck's seizures. The subtle lesion had been overlooked at another medical center.

Surgery can be an option for a minority of patients who do not respond to medications or other treatments and have epileptic scar tissue that can be removed safely. In 60 to 70 percent of surgery patients, seizures are completely eliminated, and the success rate likely will improve as imaging and surgical techniques improve.

Douglas Anderson, MD, chair of neurological surgery, performed a mygdalohippocampectomy on Ms. Fleck. She hasn't had a single seizure in the more than three years since her surgery.

"I've got my life back," she said. "I left my seizures at Loyola."

The National Association of Epilepsy Centers has designated Loyola a Level Four center – the highest level of specialized epilepsy care available. ■



“ I've got my life back... I left my seizures at Loyola. ”

- Erika Fleck



<https://www.loyolamedicine.org/chronic-epilepsy-collaboration>

Douglas Anderson, MD, Named Chair of Neurological Surgery

Douglas Anderson, MD, one of the nation's most accomplished neurosurgeons, has been appointed chair of Loyola's department of neurological surgery.



ABOVE: Douglas Anderson, MD

For more than 30 years, Dr. Anderson has helped establish the department as an internationally known center for education, research and patient care.

Loyola's multidisciplinary neurosurgery team performs more than 1,000 cranial surgeries and collaborates on approximately 150 cranial-base operations per year, which places Loyola among the top five centers in the United States. Dr. Anderson will lead the department's academic initiatives as well as its clinical and graduate medical education programs.

Before being named chair, Dr. Anderson was the department's director of resident education, director of the spina bifida clinic and co-director of the Center for Skull Base Surgery.

Dr. Anderson has performed more than 3,000 complex brain surgeries in adults and children for conditions including acoustic tumors, aneurysms, brain tumors, epilepsy, facial pain, Parkinson's disease, trigeminal neuralgia and vascular malformations. Dr. Anderson is an author of more than 200 peer-reviewed journal articles and meeting abstracts.

Dr. Anderson earned his medical degree from Chicago Medical School/Finch University of Health Sciences. He completed a residency in neurological surgery at Loyola. He is board certified in neurological surgery. ■



ABOVE:
Kathy Albain, MD

New Paradigm of Breast Cancer Research

In a new paradigm of breast cancer research, physicians are fast-tracking promising new agents for further study, while immediately dropping drugs and drug combinations that don't work.

Kathy Albain, MD, is a co-author of two such studies, published in the *New England Journal of Medicine*. The studies found that in patients with specific subtypes of breast cancer, neratinib and veliparib plus carboplatin were more effective in eradicating tumors before surgery than standard chemotherapy alone.

The studies are part of a nationwide research initiative called I-SPY2. Researchers use biomarker profiles of breast cancer cell genes to determine which investigational drug is most suited to a given patient's tumor profile. Loyola is one of only two academic medical centers in Illinois participating in I-SPY2. ■

28 Loyola Physicians Named to *Chicago Magazine's* 2017 Top Cancer Doctors List

The list was compiled by Castle Connolly, a healthcare research and information company.

Doctors were selected after nominations from their peers, extensive research and careful review and screening by a physician-directed research team.

Loyola physicians on *Chicago* magazine's Top Cancer Doctors list are:

Kathy Albain, MD,
Medical Oncology

Gerard Aranha, MD, Surgery

Richard Borrowdale, MD,
Otolaryngology

Victor Cimino, MD, Plastic and
Reconstructive Surgery

Joseph Clark, MD,
Medical Oncology

Scott Cotler, MD, Hepatology

Bahman Emami, MD,
Radiation Oncology

Robert Flanigan, MD, Urology

Ellen Gaynor, MD,
Medical Oncology

Robert Geller, MD, Surgery

Constantine Godellas, MD,
Surgery

Charles Hemenway, MD,
Pediatric Hematology
and Oncology

Paul Kuo, MD, Surgery

John Leonetti, MD,
Otolaryngology

Fred Luchette, MD, Surgery

Kenneth Micetich, MD,
Medical Oncology

Sucha Nand, MD, Hematology

Russ Nockels, MD,
Neurologic Surgery

Ronald Potkul, MD,
Gynecologic Cancer

Vikram Prabhu, MD,
Neurologic Surgery

Marcus Quek, MD, Urology

David Rosi, MD,
Medical Oncology

Theodore Saclarides, MD,
Colon and Rectal

William Small, Jr., MD,
Radiation Oncology

Patrick Stiff, MD, Hematology

Rebecca Tung, MD,
Dermatology

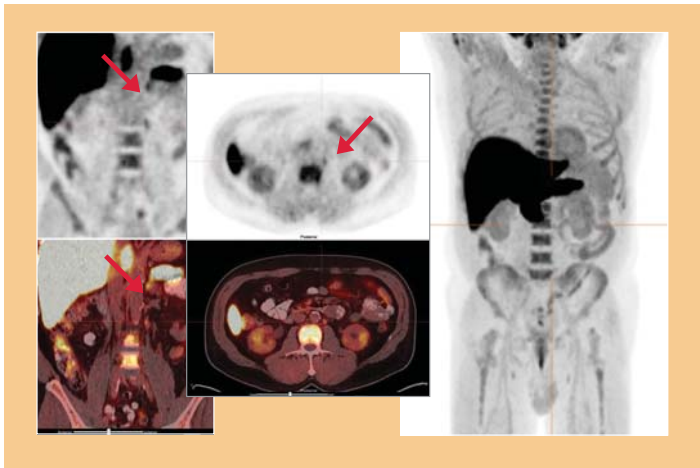
Thomas Turk, MD, Urology

Wickii Vigneswaran, MD,
Thoracic and Cardiac Surgery



Loyola is First in Midwest to Offer New PET Scan for Prostate Cancer

Loyola is the first center in the Midwest to offer the first effective PET/CT scan for prostate cancer patients.



ABOVE: A patient with a history of prostate cancer presented with an increased prostate cancer tumor marker level. An Axumin PET/CT scan demonstrated positive sub-centimeter lymph nodes above the planned radiation field, consistent with prostate cancer. Biopsy of this area confirmed metastatic disease. The scan resulted in a modification of the current treatment plan.

The scan can detect the location and extent of cancer that has recurred and metastasized after initial treatment. Prostate PET/CT scans can detect cancer earlier than either CT scans alone or MRI scans.

PET/CT scans work well for breast, lung, colon and other cancers, but until recently did not work well for prostate cancer because there were no effective tracer drugs for the disease. That changed last year when the FDA approved a new PET scan tracer drug specifically for prostate cancer.

The drug is a synthetic amino acid analog, fluciclovine F-18 (Axumin™). Attached to the amino acid is the radioactive tracer, fluorine-18. After the drug is injected into the patient, it is taken up by prostate cancer cells.

Loyola is offering PET/CT scans to previously treated prostate cancer patients who have increasing PSA levels indicating their cancer may have recurred. Patients are scanned from their thighs to their eyes. ■

Patrick Stiff, MD, Receives Loyola's Highest Honor

Patrick Stiff, MD, director of Loyola's Cardinal Bernardin Cancer Center, has received the Stritch Medal, the highest honor given by Loyola University Chicago Stritch School of Medicine.

Dr. Stiff has developed groundbreaking new treatments for leukemia and lymphoma and built one of the largest and most successful bone marrow transplant programs in the world.

Dr. Stiff performed the first successful transplants involving bone marrow cells that were collected from the patient or donor and then grown in a lab. He also led the first successful international study of expanding the number of cells from donated umbilical cord blood, which is an alternative to bone marrow transplants.

Under Dr. Stiff's leadership, Loyola brought clinical research programs to 10 community hospitals in Chicago's west and south suburbs.

Innovative new therapies offered at Loyola have expanded the number of patients who are being cured with bone marrow patients. One such patient was among the youngest to ever receive a bone marrow transplant, a 10-month-old girl with refractory leukemia. Today she is a college student training to become a nurse. Older patients also have benefitted. While the traditional cutoff age for bone marrow transplants is 60, Loyola now offers the treatment to patients in their 60s and 70s. ■



LEFT:
Patrick Stiff,
MD

Photo credit:
Natalie Battaglia

Loyola Testing New Technique to Treat Ventricular Tachycardia

Loyola is the only center in the Midwest enrolling patients in a multicenter clinical trial of a new procedure to treat ventricular tachycardia (VT).



ABOVE: David J. Wilber, MD, FAHA, FACC

The trial is intended for patients who do not respond to either medical therapy or catheter ablation.

Standard ablation employs a single catheter to cauterize heart

tissue that sends out erratic electrical signals that trigger VT. The clinical trial is testing a new ablation procedure that employs two catheters, enabling the physician to reach and burn troublesome areas deeper inside heart muscle. The catheters are placed on either side of the heart muscle. Energy travels between the two catheter tips, burning tissue that can't be accessed with a single catheter.

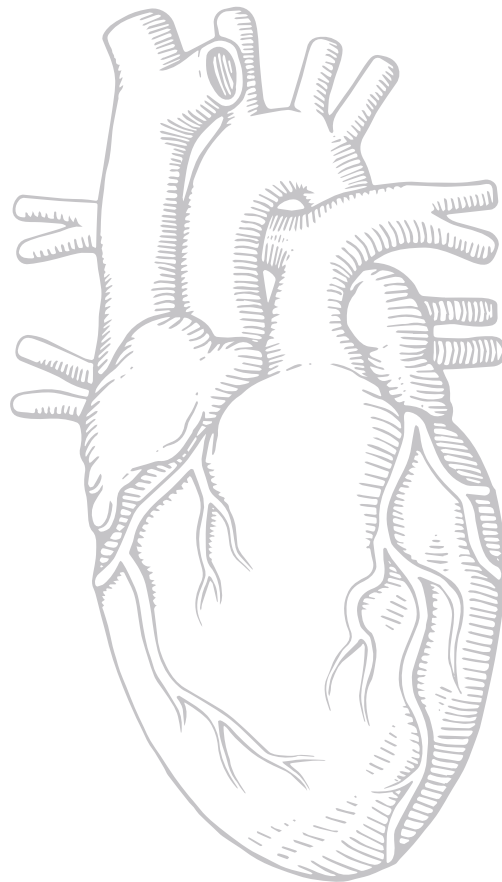
Loyola is one of six centers in the U.S. participating in the trial, which will enroll 200 patients. Principal investigator at the Loyola site is David Wilber, MD, director of Loyola's division of cardiology and director of clinical electrophysiology.

The trial is titled "Bipolar Catheter Ablation for the Treatment of Refractory Scar-Related Ventricular Arrhythmia." Principal investigator for the overall trial is Srinivas Dukkipati, MD, of the Icahn School of Medicine at Mount Sinai.

Loyola performs more than 500 catheter ablations per year for VT, atrial fibrillation and other heart rhythm disorders. Loyola's team of expert electrophysiologists, advanced practice nurses, pacemaker clinic nursing staff, imaging experts and other professionals work together to manage the diagnosis and treatment of heart arrhythmias.

Loyola offers expertise in cardiac device management, including device implantation, lead extractions and medical management. Loyola's state-of-the-art equipment allows physicians to use leading-edge technologies to perform procedures. ■

Physicians seeking information about enrolling patients in the trial at Loyola can call 708-216-2644.



Loyola Named to List of 100 Hospitals with "Great Heart Programs"

Becker's Hospital Review named Loyola to its 2016 list of "100 Hospitals and Health Systems with Great Heart Programs."



In developing the list, *Becker's* editorial team examined respected organizations that rank hospitals and award heart programs, including *U.S. News & World Report's* top hospital rankings for cardiology and heart surgery; Truven Health Analytics' cardiovascular hospital rankings; CareChex rankings for cardiac care; Blue Cross Blue Shield Association's Blue Distinction Centers for Cardiac Care; Society of Thoracic Surgeons' star ratings; Healthgrades' cardiology awards; and the American Nurses Credentialing Center's Magnet designation for quality care and nursing excellence. Hospitals cannot pay to be included on the *Becker's* list. ■

Vergheese Mathew, MD, Named Cardiology's Clinical Operations Director

Nationally known interventional cardiologist Vergheese Mathew, MD, is Loyola's new director of clinical operations for the division of cardiology.



ABOVE: Vergheese Mathew, MD

Dr. Mathew comes to Loyola from Mayo Clinic, where he held several leadership positions in the cardiac and vascular areas.

Working in conjunction with cardiology chair David Wilber, MD, Dr. Mathew will manage clinical cardiology programs and augment the division's research and educational enterprises.

With a keen interest in integrated models of care, Dr. Mathew focuses on the application of advanced cardiovascular diagnostic and therapeutic modalities to appropriate patient subsets.

Dr. Mathew has extensive clinical and research experience in interventional cardiology, including complex coronary artery disease, peripheral artery disease and aortic valve disease. Dr. Mathew has been an investigator in many trials that have evaluated and led to the approval of currently used technologies, such as coronary stents, drug-eluting stents and transcatheter aortic valve replacement.

Dr. Mathew also has played an important role in many trials evaluating various cardiac medications, especially antiplatelet and anticoagulant drugs used in conjunction with stent procedures. He has played a pivotal role in TAILOR-PCI, an NIH-sponsored trial that is testing a personalized medicine approach to choosing appropriate antiplatelet therapy after stent placement.

Dr. Mathew grew up in Chicago and the Chicago suburbs, and earned his medical degree from Loyola. He completed a residency in internal medicine and fellowships in cardiovascular diseases and interventional cardiology at Mayo Clinic. ■

Wayne H. Franklin, MD, Named Head of Pediatric Cardiology

Wayne H. Franklin, MD, a specialist in heart disease in children, has joined Loyola Medicine as the new head of pediatric cardiology.



ABOVE: Wayne H. Franklin, MD

Dr. Franklin treats all types of pediatric heart disease and has advanced training in electrophysiology.

Before joining Loyola, Dr. Franklin had positions at the Ann & Robert H. Lurie Children's Hospital of Chicago, University of Illinois at Chicago, Nemours Cardiac Center at duPont Hospital for Children and Nationwide Children's Hospital.

Dr. Franklin is chair of the American Academy of Pediatrics' Council on Quality Improvement and Patient Safety. ■

Loyola First in Illinois to Offer Absorbable Cardiac Stent

Loyola participated in the pivotal clinical trial that led to the approval of the first absorbable cardiac stent.



ABOVE: Absorb® cardiac stent

A metal stent can cause inflammation inside the blood vessel, leaving scar tissue that can occlude the artery. Metal stents also can lead to the formation of blood clots. Drug-eluting metal stents reduce, but do not eliminate the risk of restenosis.

The absorbable stent remains intact until the artery has healed and no longer is in danger of collapsing. The stent gradually breaks down into carbon dioxide and water. (The stent is made of the same synthetic polymer used to make absorbable sutures.)

On July 5, 2016, the FDA approved Absorb®, the first absorbable cardiac stent. More than two-thirds of patients who require stents will qualify for the absorbable stent. The device is not intended for use in arteries narrower than 2.5 mm. ■



<https://www.loyolamedicine.org/dissolving-cardiac-stents>

Loyola Physician Helps Set New Osteoporosis Guidelines

Osteoporosis is preventable and treatable, but only a small proportion of people at risk for fractures are evaluated and treated, according to new osteoporosis guidelines written by an expert panel headed by Loyola endocrinologist Pauline M. Camacho, MD, FACE.



ABOVE: Pauline M. Camacho, MD, FACE

The guidelines recommend that all postmenopausal women aged 50 and older be evaluated for osteoporosis risk. Such evaluation should include a detailed history, physical exam and clinical fracture risk assessment.

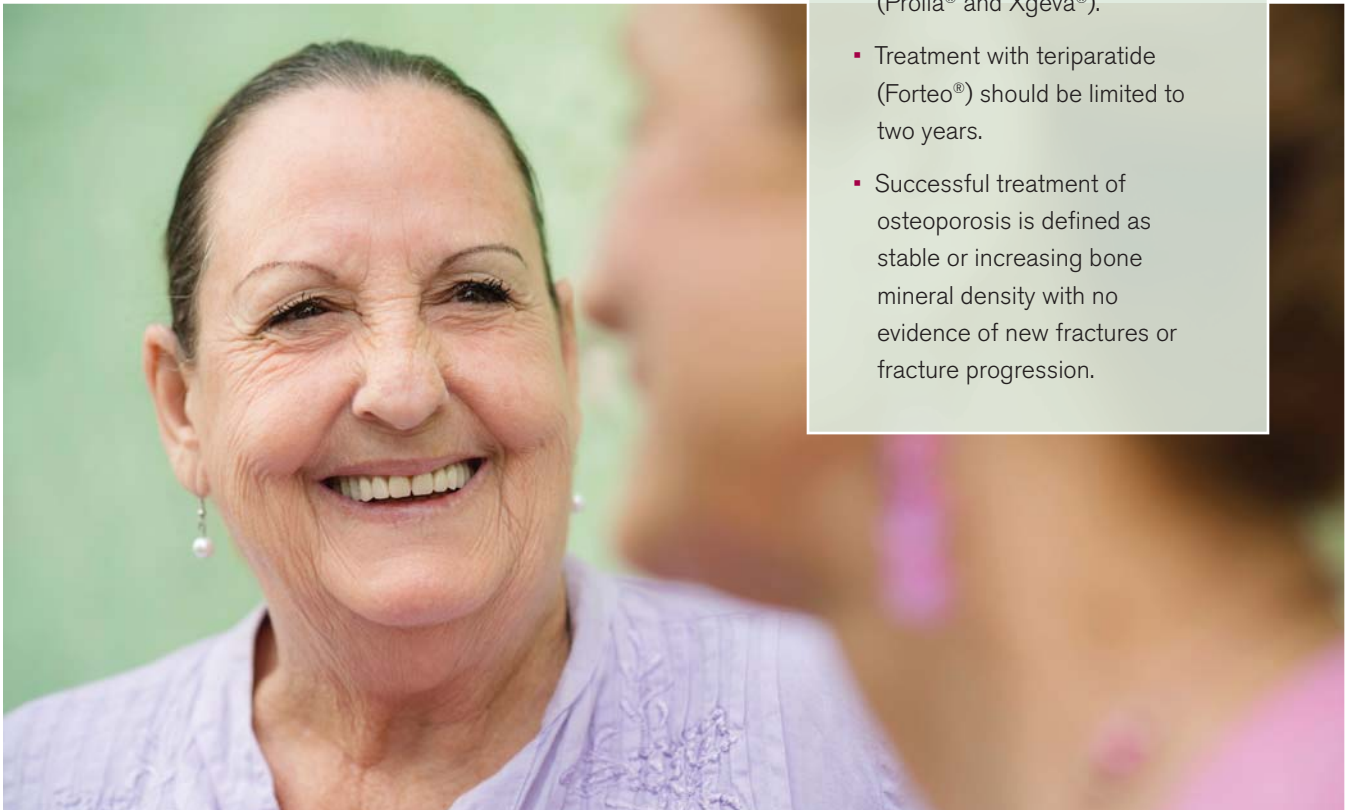
The guidelines were developed by the American Association of Clinical Endocrinologists (AACE) and American College of Endocrinology and published in *Endocrine Practice*. Dr. Camacho is president of the AACE and director of Loyola Medicine's Osteoporosis and Metabolic Bone Disease Center.

The initial therapy should be guided by the patient's fracture risk and the presence or absence of prior fragility fractures.

For patients with moderate fracture risk, the guidelines recommend that stable patients take a "drug holiday" after taking an oral bisphosphonate for five years or an intravenous bisphosphonate for three years. Patients at higher fracture risk should continue oral therapy for up to 10 years and IV therapy for up to six years. During the drug holiday in these higher fracture risk patients, another drug such as raloxifene or teriparatide could be considered. ■

The guidelines' A-grade recommendations include:

- Provide counseling on reducing risk of falls, particularly among the elderly.
- Strongly recommend medications for patients with osteopenia or low bone mass and a history of a fragility fracture of the hip or spine.
- Medications that reduce the risk of fractures include alendronate (Fosamax®), risedronate (Actonel®), zoledronic acid (Zometa®) and denosumab (Prolia® and Xgeva®).
- Treatment with teriparatide (Forteo®) should be limited to two years.
- Successful treatment of osteoporosis is defined as stable or increasing bone mineral density with no evidence of new fractures or fracture progression.





Loyola and Gottlieb Obstetrics Now Consolidated

Loyola University Health System has consolidated obstetrics programs at Loyola University Medical Center and Gottlieb Memorial Hospital to provide the best coordinated care for patients delivering babies.

The combined program is located at Loyola and offers labor and delivery, post-partum and Level 3 neonatal intensive care. Prenatal care will continue to be provided by Gottlieb and Loyola OB/GYNs in their clinics and private offices. Emergent obstetric care and gynecology inpatient services and surgery also will continue at both hospitals.

Loyola's newly renovated birth center is a Level 3 Perinatal Center with on-site subspecialty coverage, including board-certified maternal-fetal medicine physicians, neonatologists and pediatric anesthesiologists.

Both Gottlieb and Loyola have been named Blue Cross and Blue Shield of Illinois Blue Distinction Center+ centers for maternity care. ■

Pulmonology, Nephrology Earn National Rankings from *U.S. News & World Report*

With two nationally ranked specialties and nine high-performing specialties, Loyola was again named to U.S. News & World Report's Best Hospitals.

Pulmonology and Nephrology were ranked among the top 50 in the country. Only three percent of hospitals earn a national ranking in any specialty.

Nine Loyola specialties are high performing, meaning they are among the top 25 percent of hospitals in these specialties. They are Cancer; Cardiology and Heart Surgery; Ear, Nose and Throat; Diabetes and Endocrinology; Geriatrics; Gynecology; Neurology and Neurosurgery; Orthopaedics; and Urology. ■

Aaron Michelfelder, MD, Named Chair of Family Medicine

Aaron Michelfelder, MD, has been named the new chair of family medicine.



ABOVE: Aaron Michelfelder, MD

Dr. Michelfelder will further the mission of the department, which is to approach each patient in the context of their family, support system and community.

Dr. Michelfelder served as vice chair for 12 years and for the past two years served as assistant dean for clinical transformation at Loyola University Chicago Stritch School of Medicine. His clinical and research interests focus on primary care practice redesign, interprofessional education and collaborative practice. Dr. Michelfelder will continue as co-director of the Institute for Transformative Interprofessional Education.

Dr. Michelfelder earned his medical degree at Loyola and completed a residency in family medicine at Advocate Lutheran General Hospital. ■





Miserable Malalignment Syndrome

Miserable malalignment syndrome is a painful condition caused by excessive inward rotation of the femur and excessive outward rotation of the tibia. Brittany Corso suffered for years before orthopaedic surgeon Mitchell Bernstein, MD, performed surgery to correct the condition.

LINK: <https://www.loyolamedicine.org/limb-deformity-patient>



Cochlear Implant a “Life Changer”

A childhood bout with the flu triggered progressive hearing loss for Julia Conkin. Otolaryngologist Matt Kircher, MD, implanted a cochlear implant in a one-hour outpatient surgery. Julia is now able to hear conversations and listen to music without a hearing aid.

LINK: <https://www.loyolamedicine.org/cochlear-implant-patient>



Salivary Gland Surgery for Dry Mouth

Following treatment for stage 4 thyroid cancer, Gary Hackney suffered from debilitating xerostomia. He was taking more than 20 medications per day until otolaryngologist Carol Bier-Laning, MD, surgically corrected the salivary gland disorder.

LINK: <https://www.loyolamedicine.org/chronic-dry-mouth-patient>



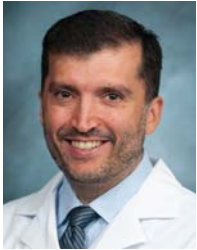
Arsenic Treatment for Leukemia

Sue Hornacek was diagnosed with one of the deadliest cancers: acute myeloid leukemia (M3). She was saved by a treatment that combined arsenic with a form of vitamin A. The combination is highly effective in patients with her subtype of leukemia and it has few side effects.

LINK: <https://www.loyolamedicine.org/leukemia-patient>



Excessive Alcohol Consumption Affects Breathing



ABOVE:
Majid Afshar, MD

Adults who drink excessively were found to have less nitric oxide in their exhaled breath than adults who don't drink, according to a study led by Majid Afshar, MD, published in Chest.

This is the first study to report such a link between excessive alcohol consumption and nitric oxide, which helps to protect against certain harmful bacteria.

The study included 12,059 adults who participated in the National Health and Examination Survey. After controlling for asthma, smoking, diet, demographics and other factors, researchers found that exhaled nitric oxide levels were lower in excessive drinkers than in adults who never drink, and the more alcohol an excessive drinker consumed, the lower the level of nitric oxide. ■

NSAID Boosts Effectiveness of Antidepressant



ABOVE: Angelos Halaris, MD, PhD

In a study led by psychiatrist Angelos Halaris, MD, PhD, the nonsteroidal anti-inflammatory drug celecoxib boosted the effectiveness of an SSRI antidepressant.

The eight-week trial enrolled bipolar adults who were in the depressive phase and had not benefitted from an antidepressant. Patients were randomly assigned to receive escitalopram plus celecoxib or escitalopram plus a placebo.

Seventy-eight percent of the patients in the celecoxib group experienced at least a 50 percent reduction in their depression scores, with 63 percent reporting complete remission. By comparison, only 45 percent of the placebo group recorded a partial response, with only 10 percent reporting complete remission.

Dr. Halaris presented the study at the Fifth International Congress on Psychiatry and the Neurosciences in Athens, Greece. ■

Female Triathletes at Higher Risk for Pelvic Floor Disorders



ABOVE: Colleen Fitzgerald, MD

A study published in Female Pelvic Medicine and Reconstructive Surgery found that female triathletes experience a high rate of stress urinary and anal incontinence.

Colleen Fitzgerald, MD, and colleagues conducted an internet survey of 311 self-identified female triathletes. Results showed a significant prevalence of pelvic floor disorders, with urinary incontinences (37.4 percent) and anal incontinence (28.0 percent) being the most common.

Nearly a quarter of respondents also screened positive for at least one arm of the female athlete triad, a condition characterized by decreased energy, menstrual irregularities and abnormal bone density from excessive exercise and inadequate nutrition.

Dr. Fitzgerald is medical director of Loyola's Chronic Pelvic Pain Program. ■



ABOVE:
Holly Kramer, MD

Lowering Systolic Hypertension Would Save More Than 100,000 Lives Per Year

Intensive treatment to lower systolic hypertension to below 120 mm Hg would save more than 100,000 lives per year in the United States, according to a study led by Holly Kramer, MD.

Two thirds of the lives saved would be men and two thirds would be aged 75 or older, according to the study, presented at the American Heart Association's Council on Hypertension 2016 Scientific Sessions. Current guidelines recommend keeping systolic hypertension below 140 mm Hg.

Dr. Kramer and colleagues applied findings from the multicenter Systolic Blood Pressure Intervention Trial (SPRINT) to the adult population.

An intensive treatment regimen would cause approximately 55,500 more episodes of hypotension, 33,300 more episodes of fainting and 44,400 additional electrolyte disorders. Most of these effects are not expected to have lasting consequences and are reversible by lowering hypertension medications, Dr. Kramer said. ■

Ongoing Clinical Trials

HEPATOLOGY

207512: A Phase 3, Double Blind, Randomized, Long-Term, Placebo-Controlled, Multicenter Study Evaluating the Safety and Efficacy of Obeticholic Acid in Subjects with Nonalcoholic Steatohepatitis (NASH)

ENROLLMENT PHONE: 708-216-5744

209030: A Multicenter, Randomized, Double-Blind, Placebo-Controlled Phase III Study to Evaluate the Efficacy and Safety of Elafibranor in Patients with Nonalcoholic Steatohepatitis (NASH) and Fibrosis

PRINCIPAL INVESTIGATOR:

Natasha Von Roenn, MD

ENROLLMENT PHONE: 708-216-3268

NEPHROLOGY: RENAL DYSFUNCTION

206338: Evaluation of Gadoterate in Patients with Renal Dysfunction

PRINCIPAL INVESTIGATOR:

Ari Goldberg, MD

ENROLLMENT PHONE: 708-216-0291

NEUROLOGY: INTRACEREBRAL HEMORRHAGE

204854: MISTIE III: A phase III, Randomized, Open-Label, 500-Subject Clinical Trial of Minimally Invasive Surgery Plus rt-PA in the Treatment of Intracerebral Hemorrhage.

PRINCIPAL INVESTIGATOR:

Michael Schneck, MD

ENROLLMENT PHONE: 708-216-8122

207798: iDEF: Futility Study of Deferoxamine Mesylate In Intracerebral Hemorrhage

PRINCIPAL INVESTIGATOR:

Michael Schneck, MD

ENROLLMENT PHONE: 708-216-8122

NEUROLOGY: SUPER REFRACTORY STATUS EPILEPTICUS (SRSE)

207668: SAGE: A Randomized, Double-blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of SAGE-547 Injection in the Treatment of Subjects with Super-Refractory Status Epilepticus

PRINCIPAL INVESTIGATOR:

Bruno Maton, MD

ENROLLMENT PHONE: 708-216-8122

NEUROLOGY: TIA/MINOR ISCHEMIC STROKE

202571: POINT: Platelet-Oriented Inhibition in New TIA and minor ischemic stroke (POINT) Trial

PRINCIPAL INVESTIGATOR:

Michael Schneck, MD

ENROLLMENT PHONE: 708-216-8122

PELVIC MEDICINE

207001: Host Response to Pessaries in Microbial Communities of the Postmenopausal Vagina

PRINCIPAL INVESTIGATOR:

Cynthia Brincat, PhD

ENROLLMENT PHONE: 708-216-2067

PELVIC MEDICINE: OVERACTIVE BLADDER SYNDROME

207152: The Estrogen Impact on Overactive Bladder Syndrome: Female Pelvic Floor Microbiomes and Antimicrobial Peptides

PRINCIPAL INVESTIGATOR:

Cynthia Brincat, PhD

ENROLLMENT PHONE: 708-216-2067

PSYCHIATRY

208877: A Randomized, Double-blind, Multicenter, Active-Controlled Study to Evaluate the Efficacy, Safety, and Tolerability of Fixed Doses of Intranasal Esketamine Plus an Oral Antidepressant in Adult Subjects with Treatment-Resistant Depression

PRINCIPAL INVESTIGATOR:

Angelos Halaris, MD, PhD

ENROLLMENT PHONE: 708-216-3268

PULMONARY AND CRITICAL CARE MEDICINE: IPF

205375: SLAM 2 Safety and Efficacy of Saracatinib in Subjects with Lymphangioleiomyomatosis

PRINCIPAL INVESTIGATOR:

Daniel Dilling, MD

ENROLLMENT PHONE: 708-216-5744

PULMONARY AND CRITICAL CARE MEDICINE: LUNG TRANSPLANT

206918: A Phase 2, Multicenter, Open-Label Study to Measure the Safety of Extending Preservation and Assessment Time of Donor Lungs Using Normothermic Ex A Phase 3, Double Blind, Randomized, Long-Term, Placebo-Controlled, Multicenter Study Evaluating the Safety and Efficacy of Obeticholic Acid in Subjects with Nonalcoholic Steatohepatitis (NASH) Ex Vivo Lung Perfusion and Ventilation (EVLP) as Administered by the SPONSOR Using the Toronto EVLP System

PRINCIPAL INVESTIGATOR:

Dan Dilling, MD

ENROLLMENT PHONE: 708-216-0160

PULMONARY AND CRITICAL CARE MEDICINE: PULMONARY ARTERIAL HYPERTENSION

207083: A Multicenter, Double-Blind, Randomized, Placebo-Controlled, Phase 3 Study to Assess the Efficacy and Safety of Oral BPS 314d MR Added-on to Treprostinil, Inhaled (Tyvaso®) in Subjects With Pulmonary Arterial Hypertension

PRINCIPAL INVESTIGATOR:

James Gagermeier, MD

ENROLLMENT PHONE: 708-216-2057

PULMONARY AND CRITICAL CARE MEDICINE: RSV INFECTION

206695: A Phase 2b, Randomized, Double-Blind, Placebo-Controlled Multicenter Study Evaluating Antiviral Effects, Pharmacokinetics, Safety and Tolerability of GS-5806 in Hospitalized Adults with Respiratory Syncytial Virus (RSV) Infection

PRINCIPAL INVESTIGATOR:

Daniel Dilling, MD

ENROLLMENT PHONE: 708-216-0291

PULMONARY AND CRITICAL CARE MEDICINE: RSV INFECTION LUNG TRANSPLANT

207355: A Phase 2b, Randomized, Controlled Trial Evaluating GS-5806 in Lung Transplant Recipients with Respiratory Syncytial Virus (RSV) Infection

PRINCIPAL INVESTIGATOR:

Daniel Dilling, MD

ENROLLMENT PHONE: 708-216-0291

Upcoming CME Events

Pre-registration is required. Please contact Loyola's Division of CME at 708-216-3236 or 1-800-424-4850 or visit <http://ssom.luc.edu/cme> for course information and registration.

OBSTRUCTIVE SLEEP APNEA HYPOPNEA SYMPOSIUM (OSAS): UPDATES IN DIAGNOSIS AND MANAGEMENT

Saturday, April 22, 2017

Loyola University Chicago Stritch School of Medicine
7 AMA PRA Category 1 credits

This multidisciplinary conference is designed for physicians, residents, fellows, nurses and medical students. Obstructive sleep apnea syndrome (OSAS) is characterized by intermittent hypoxia/reoxygenation (IHR), which is an independent risk factor for cardiovascular disease. This course will help to reinforce the importance of diagnosing OSA in patients, educate regarding the economic and health impact of OSA and identify new treatment options. It will investigate the underlying molecular mechanisms of this association in a translational study.

APPROACHES TO HEMATOLOGY/ONCOLOGY CARE & SCREENING FOR PRIMARY CARE PHYSICIANS

Saturday, May 13, 2017

Loyola University Chicago Stritch School of Medicine
4.75 AMA PRA Category 1 credits

Treatments for patients with cancer and hematologic disorders continue to evolve and provide new and exciting management strategies. For the primary care physician, taking advantage of opportunities for early detection and intervention for their patients with increased risk of cancer is crucial.

CONTEMPORARY MANAGEMENT OF COMMON CARDIOVASCULAR DISORDERS

Saturday, May 6, 2017

Loyola University Chicago Stritch School of Medicine
7.5 AMA PRA Category 1 credits

This program is designed to educate primary care providers on the natural history, diagnosis, risk stratification and treatment of common cardiovascular conditions. The content will provide participants with a thorough understanding of the value of integrated, multidisciplinary approaches in the management of cardiovascular diseases.

OPHTHALMOLOGY RESIDENT ALUMNI DAY

Friday, June 9, 2017

Loyola University Chicago Stritch School of Medicine
6.25 AMA PRA Category 1 credits

This activity will primarily provide physicians with updated scientific knowledge and guidance to adapt new practices and/or modify existing practice patterns to improve quality patient care. This activity will also provide attendees with education on favorable changes to ophthalmology resident curricula, increasing awareness of new technologies to support significant quality improvement of training.



LOYOLA MEDICINE'S TRANSPLANT CENTER

Since 1971, Loyola Medicine's nationally recognized Transplant Center has delivered 3,776 life-saving heart, lung, liver and kidney transplants. Our program is based on pioneering research and provides high-tech, human touch care that treats both *body + soul*.

At Loyola Medicine, we embark on the journey with our patients to help them understand the medical, technical and emotional experience that lies ahead.

We also treat the human spirit.®

BODY + SOUL

Learn more at loyolamedicine.org/transplant

Celia Fabre, 48
Loyola liver and kidney transplant patient

A Member of Trinity Health

Meet Our New Physicians



Fritzie Albarillo, MD

*Assistant Professor
Infectious Disease*

CLINICAL EXPERTISE

AIDS, *clostridium difficile* infection, general infectious disease, infections in transplant recipients, osteomyelitis, prosthetic joint infections

FELLOWSHIP

Loyola University Medical Center – Infectious Diseases

RESIDENCY

Presence St. Frances Hospital – Internal Medicine

MEDICAL SCHOOL

Cebu Doctors' College of Medicine, Philippines



Kristin Baldea, MD

*Assistant Professor
Urology*

CLINICAL EXPERTISE

Kidney stones, kidney/adrenal surgery – laparoscopic/robotic, minimally invasive urologic surgery, robotic surgery

FELLOWSHIP

Loyola University Medical Center – Endourology and Laparoscopy

RESIDENCY

Loyola University Medical Center – Urology

MEDICAL SCHOOL

Northwestern University Feinberg School of Medicine



Jarva Chow, MD

*Assistant Professor
Anesthesiology*

CLINICAL EXPERTISE

Complementary and integrative medicine, intensive care

FELLOWSHIP

University of Chicago – Critical Care

RESIDENCY

State University of New York Medical Center – Anesthesiology

MEDICAL SCHOOL

Georgetown University School of Medicine



Joseph Cytron, MD

*Associate Professor
Cardiology*

CLINICAL EXPERTISE

Ablations for arrhythmias, arrhythmia, defibrillator devices, electrophysiology, fainting disorders, heart failure, pacemaker devices, syncope

FELLOWSHIP

University of Minnesota Hospital and Clinics – Cardiology

University of Minnesota Hospital and Clinics – Cardiac Electrophysiology

RESIDENCY

University of Minnesota Hospital and Clinics – Internal Medicine: General

MEDICAL SCHOOL

University of Minnesota Medical School



Sofiane El Djouzi, MD

*Assistant Professor
Gastrointestinal/Minimally Invasive Surgery*

CLINICAL EXPERTISE

Abdominal wall reconstruction, achalasia, adrenal gland surgery, bariatric surgery, colon cancer, colonoscopy, endoscopic surgery, gastroesophageal reflux, hernia, laparoscopic surgery, minimally invasive surgery, robotic assisted surgery, spleen, stomach surgery

FELLOWSHIP

Carolinas Medical Center – Advanced Minimally Invasive Surgery

Carolinas Medical Center – Bariatric Surgery

RESIDENCY

Jewish Hospital - University of Cincinnati – General Surgery

MEDICAL SCHOOL

University of Medical Science of Algiers



Ryan Jacobson, MD

*Assistant Professor
Neurology*

CLINICAL EXPERTISE

Muscle diseases or disorders, nerve diseases or disorders, neuromuscular diseases

FELLOWSHIP

University of Michigan Medical Center

RESIDENCY

University of Michigan Medical Center – Neurology

MEDICAL SCHOOL

University of Illinois College of Medicine at Peoria



Pulsar Li, DO

*Instructor
Anesthesiology*

CLINICAL EXPERTISE

Pediatric anesthesia, regional anesthesia

RESIDENCY

University of Pittsburgh Medical Center – Anesthesiology

MEDICAL SCHOOL

Lake Erie College



Katherine O'Rourke, MD

*Instructor
Obstetrics and Gynecology*

CLINICAL EXPERTISE

Access to healthcare, care for Spanish-speaking patients, dysfunctional uterine bleeding, fibroids, laparoscopic hysterectomy, medical management of gynecologic conditions, minimally invasive surgery, ovarian cysts, pregnancy and complications, preventive healthcare, robotic surgery, vaginal hysterectomy

RESIDENCY

University of Wisconsin-Madison – Obstetrics and Gynecology

MEDICAL SCHOOL

Loyola University Chicago Stritch School of Medicine



Dane Salazar, MD

*Assistant Professor
Orthopaedic Surgery and Rehabilitation*

CLINICAL EXPERTISE

Arthroscopy of shoulder and elbow, avascular necrosis, elbow disorders and injuries, elbow replacement, fracture healing problems, fractures, joint injections, shoulder disorders and injuries, shoulder replacement, sports injuries, tendon ruptures, malunion, nonunion

FELLOWSHIP

Barnes Jewish Hospital – Shoulder and Elbow Surgery

RESIDENCY

Loyola University Medical Center – Orthopaedics

MEDICAL SCHOOL

University of Illinois College of Medicine at Peoria



Lenny Talbot, MD

*Assistant Professor
Anesthesiology*

CLINICAL EXPERTISE

Ambulatory anesthesia, general anesthesia, neuroanesthesia, regional anesthesia

RESIDENCY

Duke University School of Medicine – Anesthesiology

MEDICAL SCHOOL

Duke University School of Medicine



Roshni Vasaiwala, MD

*Assistant Professor
Ophthalmology*

CLINICAL EXPERTISE

Cataracts, comprehensive eye care, conjunctivitis, corneal transplant, itchy eyes/ocular allergy, LASIK

FELLOWSHIP

University of Illinois at Chicago Eye and Ear Infirmary – Cornea, External Disease, Refractive Surgery

RESIDENCY

MacNeal Memorial Hospital – University of Illinois at Chicago Eye and Ear Infirmary – Ophthalmology

MEDICAL SCHOOL

University of Michigan Medical School



Manthan Shah, MD

*Instructor
Ophthalmology*

CLINICAL EXPERTISE

Diabetic retinopathy, macular degeneration, ocular trauma, prematurity, retinal detachment, retinitis pigmentosa

FELLOWSHIP

Washington University – Retinal Surgery

RESIDENCY

Henry Ford Hospital – Ophthalmology

MEDICAL SCHOOL

University of Illinois College of Medicine at Peoria



Abigail Winder, MD

*Assistant Professor
Obstetrics and Gynecology*

CLINICAL EXPERTISE

Gynecologic oncology

FELLOWSHIP

Northwestern University Feingold School of Medicine – Obstetrics and Gynecology

RESIDENCY

Johns Hopkins Hospital – Obstetrics and Gynecology

MEDICAL SCHOOL

Loyola University Chicago Stritch School of Medicine



Astha Sharma, MD

*Assistant Professor
Pediatrics*

CLINICAL EXPERTISE

Asthma, pediatric critical care, quality improvement and patient safety, sepsis, traumatic brain injury

FELLOWSHIP

Northwestern University Feinberg School of Medicine – Pediatrics: Pediatric Critical Care

RESIDENCY

SUNY Upstate Medical University – Pediatrics

MEDICAL SCHOOL

St. George's University School of Medicine, West Indies



Katherine Spangenberg, MD

*Assistant Professor
Pediatrics*

CLINICAL EXPERTISE

General internal medicine, health for entire family, pediatrics

RESIDENCY

William Beaumont Hospital – Internal Medicine and Pediatrics

MEDICAL SCHOOL

Wayne State University School of Medicine



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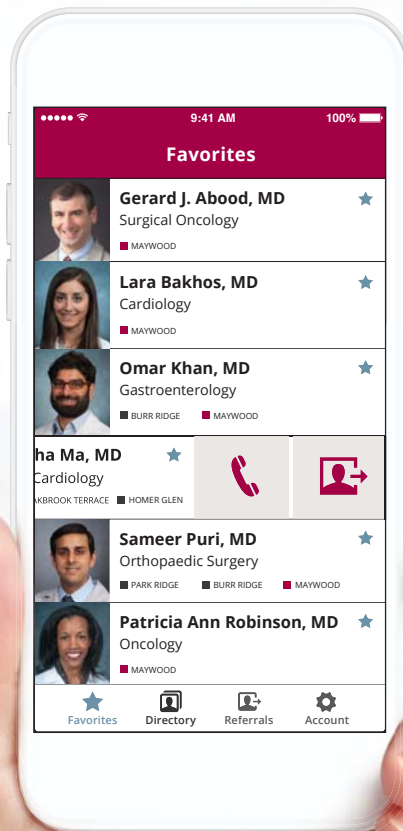


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