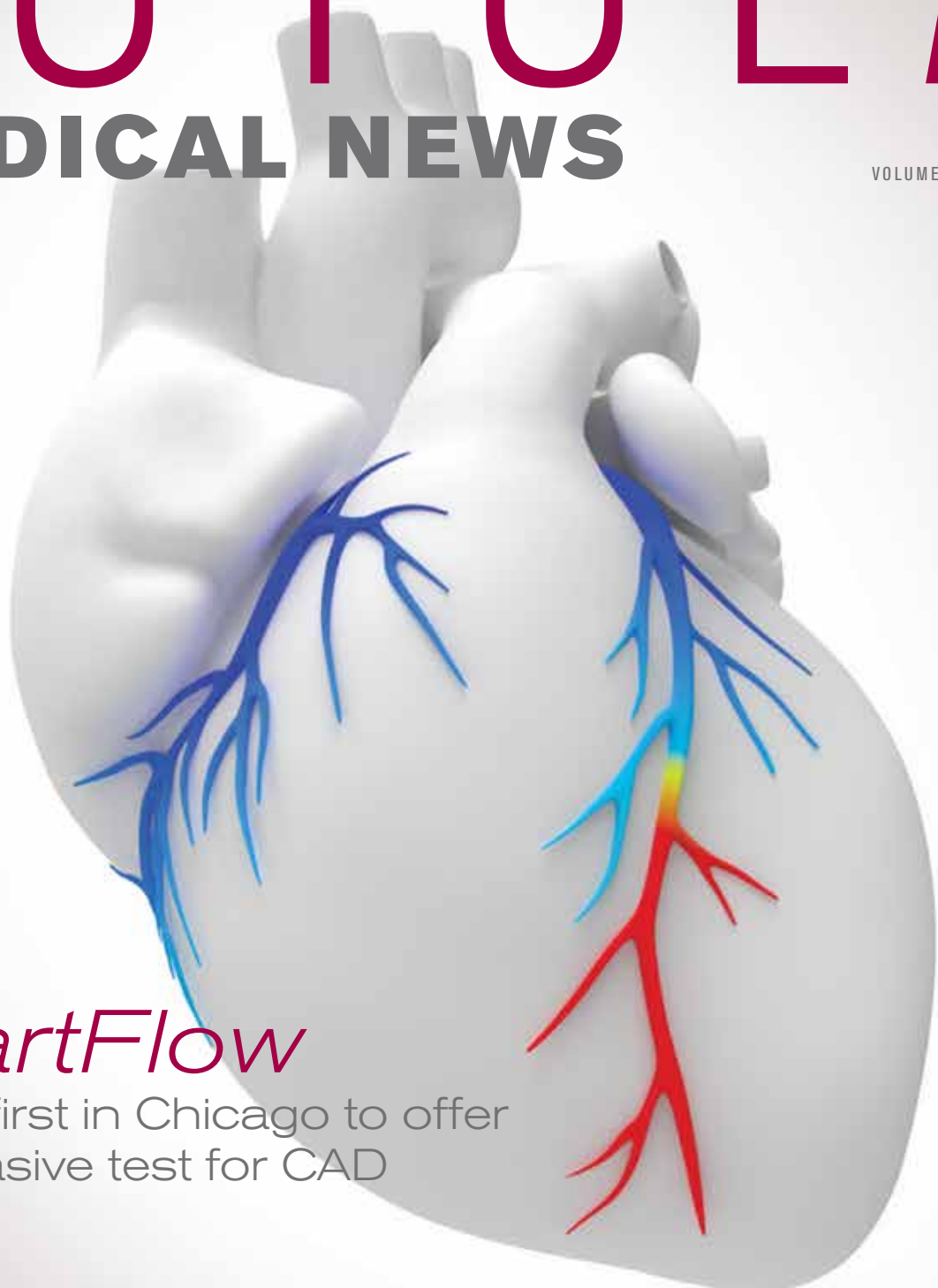


LOYOLA

MEDICAL NEWS

WINTER 2016
VOLUME 17 | NUMBER 2



HeartFlow

Loyola first in Chicago to offer noninvasive test for CAD



- 5** Intraoperative radiotherapy
- 6** New limb-lengthening procedure
- 7** Doctor both organ donor & recipient
- 11** Adult congenital heart disease



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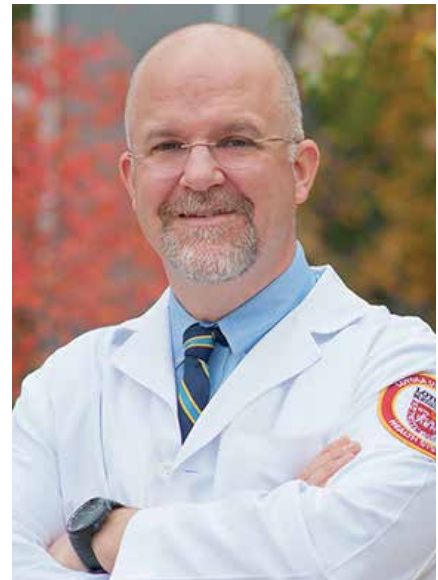
Clinical Trial of Less Invasive LVAD Surgery

Loyola is participating in a clinical trial of a less-invasive technique for implanting a left ventricular assist device (LVAD).

Rather than cutting entirely through the sternum and opening up the chest, the surgeon implants the LVAD between two ribs. Because the surgeon needs to cut through only part of the breastbone, there is less bleeding. The thoracotomy approach is possible because the device used in the trial, the HVAD® Pump, is smaller than other LVADs.

The new approach may involve less scar tissue, as the incisions are smaller. This can provide an advantage if the patient subsequently undergoes a heart transplant, because scar tissue can complicate removal of the LVAD. Also, patients may require fewer blood products that make finding a heart more difficult. Initial experience with the thoracotomy approach also suggests that patients recover faster and need less blood.

Loyola cardiothoracic surgeon Ed C. McGee, MD is a national co-principal investigator of the single-arm trial, which will enroll as many as 120 patients at 30 U.S. hospitals across the nation, including Loyola.



ABOVE: Ed C. McGee, MD.

Setting a New Standard for Transcatheter Aortic Valve Replacement

Loyola is the first center in Illinois to implant a new percutaneous aortic heart valve that does not require open heart surgery.

The CoreValve® Evolut™ R System, recently approved by the FDA, is the first recapturable and repositionable device commercially available in the United States. It sets a new standard for transcatheter aortic valve replacement (TAVR) in the United States.

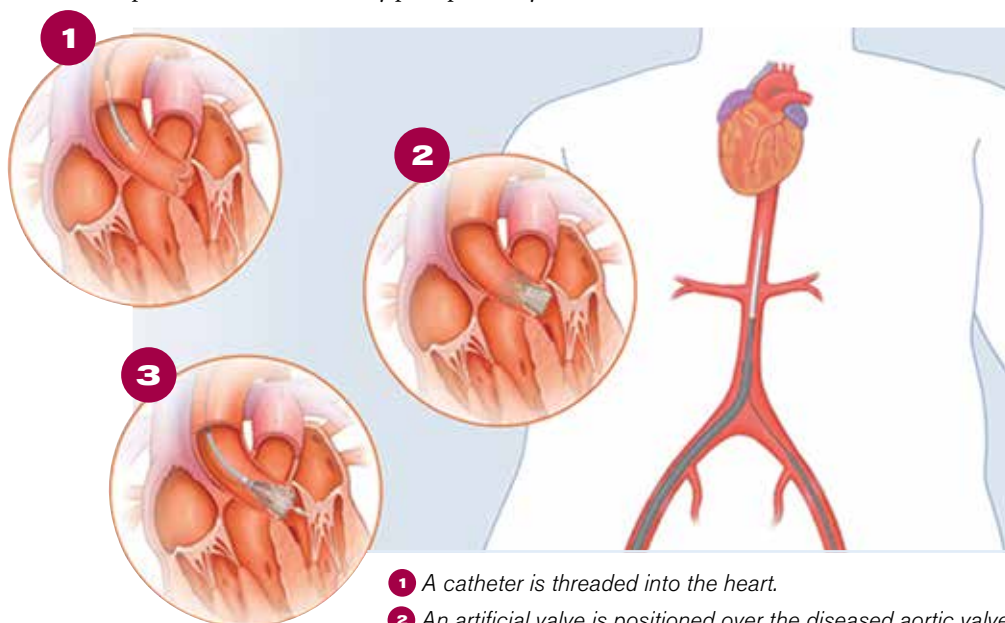
The system is the smallest-diameter TAVR device commercially available. It optimizes the valve design to enhance sealing and thus prevent aortic insufficiency postoperatively.

Loyola was the only center in Illinois to participate in a landmark clinical trial of CoreValve®, which was published in the *New England Journal of Medicine*. The trial found that patients who received the device had significantly lower mortality than heart valve patients who underwent open-heart surgery.

After the device was approved by the U.S. Food and Drug Administration, Loyola became the first Illinois center to offer it

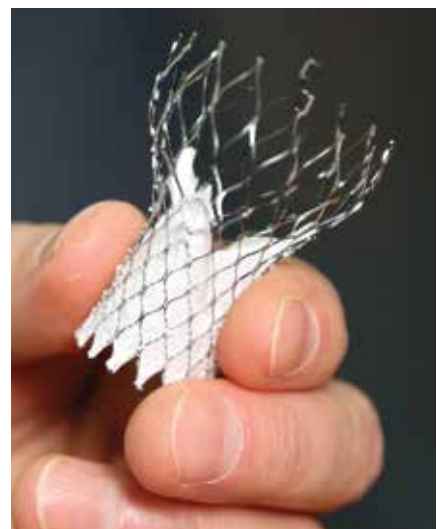
outside of a clinical trial. Loyola has been implanting CoreValves® for more than four years. The CoreValve® system has been implanted in more than 75,000 patients in 60 countries, including in more than 150 Loyola patients.

For more information, or to make an appointment to be evaluated, please contact Loyola's Valve Center at 708-327-2120.




ABOVE:

- 1 A catheter is threaded into the heart.
- 2 An artificial valve is positioned over the diseased aortic valve.
- 3 The catheter is removed.



ABOVE: TAVR device.

HeartFlow FFR-CT Analysis



Loyola is the first and only hospital in Illinois to offer a new, noninvasive technology to test for coronary artery disease.

The technology employs CT scans to calculate how much blood is flowing through diseased coronary arteries. The patient does not need to undergo an invasive angiogram.

The test, developed by HeartFlow Inc., has been approved by the FDA. It's called fractional flow reserve-computed tomography (FFR-CT).

"FFR-CT provides superior patient care and helps guide treatment strategies with a single, noninvasive study that is low risk and provides accurate information," said cardiologist Mark Rabbat, MD, FSCCT.

Dr. Rabbat said FFR-CT can answer important clinical questions such as whether a patient has coronary artery disease. It can determine whether plaque in a coronary artery is restricting blood flow, thereby helping determine whether a patient would benefit from coronary revascularization.

If blood flow is reduced, the blood pressure downstream from the blockage also will be reduced. If this blood pressure is less than 80 percent of the blood pressure in the aorta, a cardiologist may recommend revascularization (angioplasty with stent or coronary artery bypass graft surgery).

A CT scan creates a digital 3D model of the arteries leading to the heart. Computer models then simulate blood flow within those arteries to assess whether the flow has been restricted by any narrowings. A color-coded map helps physicians determine, vessel by vessel, if sufficient blood is flowing to the heart.

Internist Experiences Benefits of FFR-CT

Internist Anand Lal, MD, plans to recommend FFR-CT to appropriate patients because as a cardiac patient he experienced firsthand the benefits of the test.

Dr. Lal, who practices at the Gottlieb Center for Health at Oak Park, suspected he had coronary artery disease (CAD) when he began experiencing pressure in his

chest during exertion. However, his blood pressure was controlled with medications and every test—LDL, A1c, and three stress tests using echocardiography and nuclear modalities—was normal, so Dr. Lal was not a candidate for an invasive angiogram.

Loyola cardiologist Mark Rabbat, MD, recommended a noninvasive FFR-CT

test, which found extensive CAD, and the findings closely correlated with a subsequent angiogram. Dr. Lal underwent an angioplasty and stent placement, and is undergoing intensive medical therapy. He is no longer symptomatic.

"I believe this test saved me from having a cardiac event," Dr. Lal said.

“ HeartFlow FFR-CT analysis has the potential to completely change the way we manage coronary artery disease. ”

- Mark Rabbat, MD, FSCCT

“We now are able to pick up disease that we’ve been missing with standard-of-care testing,” Dr. Rabbat said.

Historically, clinicians had to either use tests they knew were not always accurate or subject patients to invasive angiograms, just to determine whether they would need further invasive procedures to restore blood flow. FFR-CT analysis is the first technology that bridges the gap between noninvasive and invasive tests.

Dr. Rabbat has seen many patients whose prior work-ups could not find any coronary artery disease. With FFR-CT analysis, they were appropriately diagnosed and managed, and now are feeling better.

“HeartFlow FFR-CT analysis has the potential to completely change the way we manage coronary artery disease,” Dr. Rabbat said.

The landmark PLATFORM trial found that an evaluation strategy based on FFR-CT was associated with less resource use and lower costs within 90 days, compared with evaluation with invasive coronary angiography. FFR-CT also was associated with greater improvement in quality of life

than evaluation with usual noninvasive testing.¹

The trial, published in the December 2015 issue of the *Journal of the American College of Cardiology*, included 584 patients at 11 European centers.

First author Mark A. Hlatky, MD of Stanford University and colleagues wrote that FFR-CT was associated with less than half the rate of invasive coronary angiography and similar rates of overall coronary revascularization. These findings suggest that FFR-CT may lead to more selective use of invasive procedures than relying solely on the anatomic data provided by invasive coronary angiography.

Dr. Rabbat calls FFR-CT a game changer. “For the first time, we have a single comprehensive, noninvasive diagnostic test that offers both an anatomic assessment and the functional significance of coronary artery disease,” he said. “We’re proud to be the first and only hospital in Illinois and one of the few facilities in the nation to offer this revolutionary and beneficial technology to our patients.”

To schedule an appointment for a HeartFlow study, or to learn more about the analysis, please call 708-327-2747, option #2.

¹*Journal of the American College of Cardiology* 2015; 66(21): 2315-2323.

Former Pro Baseball Player Receives Vital Diagnosis From New Noninvasive Heart Flow Test

Former professional baseball player Israel Sanchez, a Loyola patient, talks about having the HeartFlow test that diagnosed his heart condition. HeartFlow employs noninvasive CT scans to calculate how much blood is flowing through diseased coronary arteries that have narrowed due to plaque.

LINK: <https://youtu.be/vHwa3AJ-aU>



Twelve Loyola Physicians Named *Newsweek* Top Cancer Doctors 2015

Newsweek created the list in conjunction with Castle Connolly Medical Ltd, publisher of America's Top Doctors®. The list was compiled through peer nominations and extensive research that Castle Connolly has conducted for more than 20 years.

The Castle Connolly physician-led research team makes tens of thousands of phone calls each year, talking with leading specialists, chairs of clinical departments and vice presidents of medical affairs, seeking to gather further information regarding the top specialists for most diseases and procedures. Each year, Castle Connolly receives nearly 100,000 nominations via this process.

Loyola physicians on *Newsweek's* Top Cancer Doctors 2015 list are:

- **Kathy Albain, MD.** Medical Oncology
- **Gerard Aranha, MD.** Surgical Oncology
- **Joseph Clark, MD.** Hematology/Oncology
- **Robert Flanigan, MD.** Urology
- **Ellen Gaynor, MD.** Hematology/Oncology
- **Paul Kuo, MD.** Surgical Oncology
- **John Leonetti, MD.** Otolaryngology
- **Sucha Nand, MD.** Hematology/Oncology
- **Ronald Potkul, MD.** Gynecologic Oncology
- **Theodore Saclarides, MD.** Surgery
- **William Small, Jr, MD.** Radiation Oncology
- **Patrick Stiff, MD.** Hematology/Oncology



Bone Marrow Transplant Patient Meets Donor Who Saved Her Life



ABOVE: Emily Dziejdz and bone marrow donor Joshua Riggs.

About 400 patients, family members, and caregivers attended Loyola's 27th annual Bone Marrow Transplant Celebration of Survivorship. The highlight was the meeting, for the first time, of leukemia survivor Emily Dziejdz and her bone marrow donor, Joshua Riggs.

Ms. Dziejdz's brother and sister were willing to donate, but they did not match. So Ms. Dziejdz's oncologist, Tulio Rodriguez, MD, searched the National Marrow Donor Program's Be the Match® registry. Mr. Riggs, who had signed up for the registry, was a close match.

Dr. Rodriguez said Mr. Riggs saved Ms. Dziejdz's life. "Despite all the technology we employ, we still rely on the good intention of donors," he said.

Mr. Riggs said he has been giving blood since he was 16. "This was another opportunity to help someone."

Patrick Stiff, MD, director of the Cardinal Bernardin Cancer Center, said he

continually is amazed that donors such as Mr. Riggs "are willing to go through a potentially painful procedure to save the life of someone they have never even met."

Loyola has treated more leukemia patients with bone marrow transplants than any other center in Illinois, and has one of the largest unrelated donor transplant programs in the world. Loyola receives referrals from throughout the Midwest, including from other academic medical centers in Chicago.

Ms. Dziejdz, a dental assistant, lives in Worth, Ill. Now that she's healthy again, her future plans include traveling to all 50 states (she's been to 25 so far). And she would love to go to Australia.

Loyola, Notre Dame Form Cancer Research Partnership

Promising new approaches to treating cancer were reported during a meeting of researchers from Loyola University Chicago and the University of Notre Dame.

The two research powerhouses recently joined forces in a multidisciplinary cancer research collaboration. During an all-day retreat at Loyola's Cardinal Bernardin Cancer Center, Loyola and Notre Dame researchers reported initial findings of six joint projects.

Projects include a new weapon against ovarian cancer, a better model to study leukemia, a "Trojan Horse" approach to fighting melanoma and a new approach to treating breast and skin cancers. Some projects already have made enough progress for researchers to submit findings to journals. Other projects are in earlier stages but showing significant progress. And, not surprisingly, findings in a few cases have not confirmed researchers' hypotheses.

"But even when initial findings don't pan out, they open up new avenues of research," said Patrick Stiff, MD, director of the Cardinal Bernardin Cancer Center. "Our goal is to spur the discovery and development of innovative therapies."

Six \$50,000 grants are providing seed money for the joint research projects. Findings from pilot projects will help researchers when they apply to the NIH and other organizations to fund continuing research. The goal is to fund an additional two to three projects per year, Dr. Stiff said.

Loyola Offering Intraoperative Radiotherapy for Multiple Malignancies

Loyola is among the first centers in Illinois to offer cancer patients a new treatment modality that delivers radiation intraoperatively.

The intraoperative radiotherapy (IORT) device is used in the operating room following tumor excision in patients at risk for recurrence. IORT delivers low-energy, high-dose radiation (50 kV x-rays) directly to the tumor bed, with a rapid dose fall off to surrounding normal structures. The treatment typically takes about 30 minutes.

"The precision of this technique enables clinicians to better visualize the target area and move healthy tissues away from the radiation," said William Small Jr., MD, chair of Loyola's Department of Radiation Oncology.

IORT also is much more convenient for patients. For example, a breast cancer patient receives her entire radiotherapy regimen during the operation, rather than postoperatively undergoing five treatments per week for six weeks.

IORT is an excellent treatment option for patients with previously treated/recurrent head and neck cancers, said Bahman Emami, MD, a professor in the departments of Radiation Oncology and Otolaryngology. "We also have initiated a protocol to use IORT in the primary treatment of selected parotid tumors," Dr. Emami said.

Loyola has used IORT on more than 30 patients with head and neck, breast, gastrointestinal, gynecologic and spine malignancies.

"We continue to try to identify novel ways to use this treatment modality to more effectively help our patients," Dr. Small said.

For example, Loyola is the first center in the country to enroll patients in a clinical trial of a treatment for spinal metastases that combines IORT with kyphoplasty (surgical filling of a collapsed vertebra). The treatment is designed to help relieve pain,

heal spinal fractures and prevent new fractures. It requires one procedure, rather than multiple outpatient visits. The trial is titled "Combining Intraoperative Radiotherapy with Kyphoplasty for Treatment of Spinal Metastases (KypHo-IORT)."

To qualify for the trial, a patient must meet several criteria, including being 50 or older and having metastatic cancer that has spread to the spine and is causing pain.

Loyola also is the first center in the U.S. to enroll patients in a clinical trial of IORT for pancreatic cancer. Patients receive IORT at the time of surgery, if surgery is the first form of treatment. IORT potentially could decrease the margin positive rate and limit the need for external beam radiation after surgery. To qualify for this trial, a patient must meet several criteria, including good performance status. **For more information, call 708-216-2568.**



ABOVE: The IORT device delivers radiation from a miniature accelerator tip attached to a robotic arm.

Alexander Ghanayem, MD, FAAOS, Named Chair of Orthopaedic Surgery



ABOVE:
Alexander Ghanayem,
MD.

Alexander J. Ghanayem, MD, FAAOS, has been named chair of the Department of Orthopaedic Surgery and Rehabilitation. He will lead the department's Stritch School of Medicine academic initiatives as well as Loyola's clinical and graduate medical education programs.

Dr. Ghanayem joined Loyola in 1995 as an assistant professor. In addition to Orthopaedic Surgery, Dr. Ghanayem is a professor in the Department of Neurological

Surgery. For the past 20 years, Dr. Ghanayem has helped establish the Orthopaedic Surgery department as an internationally known center for education, research and patient care.

Dr. Ghanayem earned his medical degree from Northwestern University's Feinberg School of Medicine. He completed a residency in orthopaedic surgery at University Hospitals of Cleveland/Case Western Reserve University and a fellowship in spine surgery from the University of Wisconsin–Madison.

Dr. Ghanayem is replacing Terry Light, MD, who is stepping down after 25 years as department chair. Dr. Light will remain on the faculty and continue seeing patients.

New Limb-Lengthening Procedure Less Cumbersome to Patients

A highly specialized procedure that lengthens bones can avoid the need for amputations in selected patients who have suffered severe fractures.

A new study has found that an alternative limb-lengthening technique makes the long recovery process less cumbersome, while providing good-to-excellent outcomes. Loyola orthopaedic surgeon Mitchell Bernstein, MD, is first author of the study, published in the journal *Clinical Orthopaedics and Related Research*.

The standard limb-lengthening technique requires patients to be fitted with a circular external fixator. The study examined an alternative technique used on trauma patients who underwent lengthening of the tibia to prevent amputation. The technique significantly reduced the amount of time patients had to spend in the external fixator from 11 months to seven months.

Limb lengthening is used to replace missing bone or to lengthen or straighten deformed bones. Patients include children born with birth defects and patients who have suffered severe fractures or bone cancer.

Limb lengthening works due to distraction osteogenesis. Four times a day, the external fixator pulls apart two bone segments, and new bone tissue fills in the gap. The bone lengthens at a rate of about 1 mm. per day. Bones can be lengthened between

15 percent and 25 percent of their original length at a time.

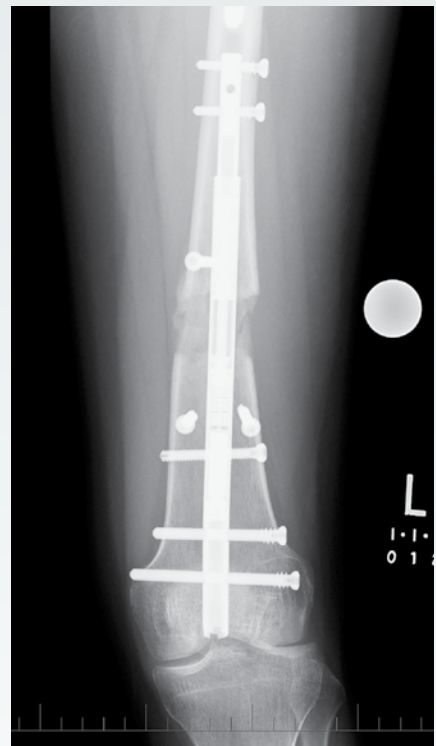
Once the new bone tissue is formed, it takes several more months until it fully regenerates. In the standard limb-lengthening technique, the patient wears the external fixator until the bone completely matures, in order to support the weight of the limb. In the alternative technique, the surgeon implants a titanium rod inside the bone, in order to reduce the amount of time the patient must spend in the external fixator.

The study included 58 trauma patients who underwent limb lengthening. Thirty patients were treated with the standard technique. Twenty-eight patients were treated with the alternative technique, which combined the external fixator with the titanium rod implantation. In both groups, the average limb lengthening was about 5 cm.

Wearing an external fixator can irritate the skin and cause infections at the pin sites. Also, it's difficult to wear clothes over the device, and sleeping can be uncomfortable.

"As soon as we get patients out of the external frame they feel better,"

Dr. Bernstein said. "Limb deformity surgeons are trying their best to make it a bit easier for patients, without compromising the safety of the procedure."



ABOVE: Limb-lengthening procedure in a femur.

Loyola Nephrologist Believed to be Only Physician to Donate and Receive a Transplant Organ

Susan Hou, MD altruistically donated a kidney and later received a lung.



ABOVE: Susan Hou, MD.

On Oct. 10, 2002, Dr. Hou donated a kidney to one of her patients, Mhely Gutierrez, who had polycystic kidney disease. The graft continues to function well.

Twelve years to the day later, Dr. Hou herself became an organ transplant patient, receiving a donated lung to treat idiopathic pulmonary fibrosis unrelated to her kidney donation.

A spokesperson for the United Network for Organ Sharing said a few other physicians have donated organs. But the organization knows of no other physician who has been both an organ donor and recipient. Dr. Hou's late mother also was an organ donor (liver and both kidneys).

Dr. Hou said she felt destined to become an organ donor. "Some people know they just have to do it, and I was one of them," she said. "If you believe in the brotherhood of man, there are no unrelated donors."

In 2009, Dr. Hou began experiencing symptoms of pulmonary fibrosis, and eventually went on supplemental oxygen day and night.

Dr. Hou was placed on the lung transplant waiting list, but faced long odds. She has a small build, so her donor would also have to be small. Dr. Hou's blood type was incompatible with at least half of all potential donors. And her immune system had developed antibodies that would reject 95 percent of donor lungs that matched her size and blood type.

Dr. Hou continued working up to the day she received her transplant. On Oct. 10, 2014—the 12th anniversary of her kidney donation—Dr. Hou's transplant was performed by Mamdouh Bakhos, MD, chair of Loyola's Department of Thoracic and Cardiovascular Surgery, and Marcelo DaSilva, MD.

"Dr. Hou was an especially deserving patient," said Loyola lung transplant specialist Daniel Dilling, MD. "Was it luck, fate, or the guidance of a higher power that returned the favor she had given so generously?"

Dr. Hou's altruistic drive remains strong. Now that she has her health back, she is able to travel to Bolivia again to volunteer in a free health

clinic she established with her husband, Northwestern University endocrinologist Mark Molitch, MD, and a Bolivian physician. The clinic, which serves more than 3,000 patients a year, serves as a teaching and service site for faculty and medical students. It is funded by donations from Drs. Hou and Molitch and many of their Loyola and Northwestern colleagues.

“If you believe in the brotherhood of man, there are no unrelated donors.”

- Susan Hou, MD

"I worry about whether the lung should have gone to someone younger," said Dr. Hou, who was 68 at the time of the transplant. "So I feel a great pressure to make the most of the extra years I have been given."



ABOVE: Dr. Hou, middle, shown with family members who volunteer at a free health clinic founded by Dr. Hou, her husband Mark Molitch, MD (far left), and their Bolivian partner (far right).



ABOVE: Dr. Hou, second from left, is among seven Loyola employees who have altruistically donated kidneys.

Thirty-six Loyola Physicians Named to *Chicago Magazine's* 2016 Top Doctors List

The Top Doctors list is published in the January, 2016 issue of *Chicago* magazine.

Castle Connolly, a healthcare research and information company, compiled the Top Doctors list for *Chicago* magazine. Castle Connolly conducts an annual survey of all licensed physicians nationwide. Physicians are asked to nominate as many as 10 physicians they consider the best in their own specialty and as many as three they consider the best in other specialties. They are asked to take into account factors such as education, hospital appointment, board certifications and bedside manner.

Doctors could not nominate themselves, nor pay to appear on the list.



Loyola specialists on *Chicago Magazine's* 2016 Top Doctors list are:

- **Kathy Albain, MD.** Medical Oncology
- **Gerard Aranha, MD.** Surgery
- **Mamdouh Bakhos, MD.** Thoracic and Cardiovascular Surgery
- **James Berman, MD.** Pediatric Gastroenterology
- **Jose Biller, MD.** Neurology
- **Charles Bouchard, MD.** Ophthalmology
- **Bipan Chand, MD.** Surgery
- **Joseph Clark, MD.** Medical Oncology
- **Robert Dieter, MD.** Interventional Cardiology
- **Bahman Emami, MD.** Radiation Oncology
- **Mary Ann Emanuele, MD.** Endocrinology
- **Robert Flanigan, MD.** Urology
- **Ellen Gaynor, MD.** Medical Oncology
- **Jean Ricci Goodman, MD.** Maternal/Fetal Medicine
- **Joel Hardin, MD.** Cardiology
- **David Hatch, MD.** Pediatric Urology
- **Alain Heroux, MD.** Cardiology
- **Andrew Hotaling, MD.** Otolaryngology
- **Paul Kuo, MD.** Surgery
- **John Leonetti, MD.** Otolaryngology
- **Fred Leya, MD.** Interventional Cardiology
- **Terry Light, MD.** Hand Surgery
- **Christopher Loftus, MD.** Neurological Surgery
- **John Lopez, MD.** Interventional Cardiology
- **James McDonnell, MD.** Ophthalmology
- **Jonathan Muraskas, MD.** Neonatal Medicine
- **Sucha Nand, MD.** Hematology
- **J. Paul O'Keefe, MD.** Infectious Disease
- **Ronald Potkul, MD.** Gynecologic Oncology
- **Theodore Saclarides, MD.** Colon and Rectal Surgery
- **Garry Sigman, MD.** Adolescent Medicine
- **William Small, Jr., MD.** Radiation Oncology
- **James Stankiewicz, MD.** Otolaryngology
- **Patrick Stiff, MD.** Hematology/Oncology
- **Wickii Vigneswaran, MD.** Thoracic and Cardiovascular Surgery
- **David Wilber, MD.** Cardiac Electrophysiology

Loyola Joins Rare Lung Diseases Consortium

Loyola is the only center in Illinois to join the new Rare Lung Diseases Consortium, which is spearheading cutting-edge research on rare lung diseases.

The consortium is a unique collaboration among patient groups, researchers, and the NIH. Its mission is to conduct research into new diagnostic tests and treatments; provide clinical research training and focused clinical care; and educate patients, physicians, researchers and the public about rare lung diseases. There are 29 U.S. and 18 international clinics in the consortium.

The consortium is interested in more than 20 rare lung diseases, and initially will study these three: lymphangiomyomatosis (LAM), Hermansky-Pudlak syndrome (HPS) and pulmonary alveolar proteinosis (PAP).

Loyola's LAM clinic treats more than 60 LAM patients, making it the largest LAM clinic in the Midwest.

Loyola has the oldest and largest lung transplantation program in Illinois. Loyola has performed more than 800 lung transplants, by far the most of any center in the state.



Loyola Sports Medicine Physician Helps Write New Hyponatremia Guidelines

Sports medicine physician James Winger, MD, serves on a 17-member international expert panel that recently published new guidelines on preventing and treating hyponatremia.

Contrary to common beliefs held by many athletes, the guidelines say athletes should drink only when thirsty.

“Using the innate thirst mechanism to guide fluid consumption is a strategy that should limit drinking in excess and developing hyponatremia while providing sufficient fluid to prevent excessive dehydration,” according to the guidelines, published in the *Clinical Journal of Sport Medicine*.

In recent years, at least 14 deaths of marathon runners, football players and other athletes have been attributed to exercise-associated hyponatremia (EAH).

Symptoms of mild EAH include lightheadedness, dizziness, nausea, puffiness and gaining weight during an athletic event. Symptoms of severe EAH include vomiting, headache, altered mental status, seizure and coma.

The guidelines say EAH can be treated by administering a concentrated saline solution that is 3 percent sodium.

Loyola, Gottlieb Receive “A” Hospital Safety Scores

Loyola University Medical Center and Gottlieb Memorial Hospital both received “A” hospital safety scores in recent ratings from The Leapfrog Group, a respected independent industry watchdog.

The Hospital Safety Score rates how well a hospital protects patients from accidents, errors, injuries and infections. The Safety Score uses 28 measures of public hospital safety data to produce a single letter grade from “A” to “F”.

The Leapfrog Group is a national, nonprofit organization that uses the collective leverage of large purchasers of health care to initiate breakthrough improvements in the safety, quality and affordability of health care for Americans.



Loyola Accredited by Association for the Accreditation of Human Research Protection Programs

Loyola is one of five Illinois centers to receive Full Accreditation from the Association for the Accreditation of Human Research Protection Programs (AAHRPP).

The independent, nonprofit AAHRPP accredits organizations that conduct

or review human research and can demonstrate their protections exceed federal safeguards.

To earn AAHRPP accreditation, an organization must demonstrate it has built extensive safeguards into every level of its

research operation and adheres to high standards for research. An organization must provide tangible evidence—through policies, procedures and practices—of its commitment to scientifically and ethically sound research and continuous improvement.

Meet Your Physician Services Team

We are available to:

- Provide information about our services, physicians and programs
- Arrange convenient times to meet with our specialists
- Aid inpatient access and appropriate follow-up communications
- Administer access to your patient's Loyola electronic medical records
- Schedule a CME opportunity in your area or office



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Loyola Opens Cancer Center at Palos Community Hospital



ABOVE: Terrance Moisan, MD, President and CEO of Palos Community Hospital (left), tours the new facility with Patrick Stiff, MD, Director of the Cardinal Bernardin Cancer Center; Larry Goldberg, President and CEO of Loyola University Health System; and Daniel J. Post, Executive Vice President, Network Development and System Integration for Loyola University Health System.



ABOVE: Treatment area inside the new facility.

The new Loyola Center for Cancer Care & Research at Palos Community Hospital is offering cancer patients academic level care close to home.

The center opened Dec. 7 on Palos Hospital's south campus in Orland Park.

As an academic medical center, Loyola offers patients the opportunity to enroll in clinical trials of investigational drugs that are not available at most hospitals.

Patients receive greater access to Loyola's renowned specialty care services, such as oncology and neurosciences, while ensuring continued access to Palos' primary care network.

Da Vinci Robot Coming to Gottlieb

Loyola Medicine's urology team will be conducting minimally invasive robotic procedures with a new, state-of-the-art da Vinci System at Gottlieb Memorial Hospital, a member of Loyola University Health System.

The da Vinci system requires only a few small incisions and provides surgeons with enhanced vision, precision and control. Urologic surgeons from both Loyola and Gottlieb will be using the da Vinci System, including Gopal Gupta, MD; Alex Gorbonos, MD; Ahmer Farooq, DO; Marcus Quek, MD; and Laurie Bachrach, MD.

Loyola Awarded \$3.7 Million Grant to Study Female Urinary Tract Symptoms

The U01 grant will be awarded over five years to a team led by co-principal investigators Elizabeth Mueller, MD, MSME and Linda Brubaker, MD, MS, FACS, FACOG. Drs. Mueller and Brubaker are reconstructive pelvic surgeons who see patients at Loyola's Female Pelvic Medicine and Reconstructive Surgery Center. Loyola, along with five other centers, will design and implement studies to prevent symptoms such as urinary incontinence in females ranging in age from middle school to post-menopause.

The Loyola center was the first of its kind in greater Chicago. It remains one of the few centers in the country that offers a single location for the multidisciplinary diagnosis and treatment of women with pelvic floor disorders.

Innovative Transport Service Launches in Western Suburbs

A new service, Loyola Medicine Transport LLC, is providing basic and advanced life support, non-emergent van transportation, lab and courier services for Loyola University Medical Center and Gottlieb Memorial Hospital, along with the hospitals' ambulatory sites.

Loyola has partnered with Community Emergency Medical Service, Inc., the largest nonprofit ambulance provider in the United States. Loyola Medicine Transport's fleet includes 13 ambulances and 12 courier vehicles.

Transport patients who don't meet the medical necessity for an ambulance or wheelchair will be transported more efficiently and cost-effectively with a new medi-van service called "Medi-ride."

Loyola Medicine Transport "is part of our commitment to population health management and to ensuring that patients receive the highest quality of care and service throughout the continuum of care," said Daniel J. Post, Loyola's Executive Vice President for Network Development and System Integration.



New Board Certification in Adult Congenital Heart Disease

Three Loyola physicians took and passed the board certification test for adult congenital heart disease the first time the test was offered by the American Board of Internal Medicine in October, 2015. They are Joel Hardin, MD, Robert Lichtenberg, MD, and Thriveni Sanagala, MD.

Board certification in adult congenital heart disease means doctors have demonstrated to fellow physicians and the public that they possess the clinical judgment, skills and attitudes essential for providing excellent patient care to this unique and historically underserved group of adults who frequently experience highly complex heart problems.

Due to advancements in surgical techniques and medical care, even children with very complex forms of congenital heart disease typically now survive well into adulthood. Consequently, there now are more adults with congenital heart disease than children. An estimated two to three million adults in the United States, including about 30,000 in metropolitan Chicago, have congenital heart disease. This population is increasing by about 5 percent per year.

An estimated two to three million adults in the United States, including about 30,000 in metropolitan Chicago, have congenital heart disease.

Late complications from congenital heart disease often surface in adulthood, but many patients fail to obtain the follow-up care and monitoring they require. At Loyola, a multidisciplinary team of cardiologists and surgeons works together to develop individualized treatment plans for adults with congenital heart disease, including relatively common diagnoses such as atrial septal defect (ASD), ventricular septal defects (VSD), patent ductus arteriosus (PDA), tetralogy of Fallot (TOF), transposition of the great arteries (TGA) and Ebstein's anomaly.

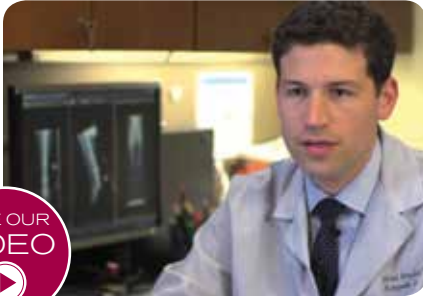
Loyola has the only cardiology and heart surgery program in the Chicago area that has been nationally ranked by *U.S. News and World Report* for 13 straight years.



Abdominal Pain and Difficulty Walking

Every time she ate, Carol Werkman felt terrible abdominal pain. And whenever she walked more than a few hundred feet, her leg hurt. Vascular surgeon Bernadette Aulivola, MD, successfully treated both problems, which were caused by poor circulation. First, Dr. Aulivola deployed a stent to open a clogged blood vessel to her intestines. In a second procedure, Dr. Aulivola restored blood flow to Ms. Werkman's legs by performing an aortobifemoral bypass.

LINK: <https://www.loyolamedicine.org/abdominal-pain>



Hip Deformity and Shortened Femur

Due to a childhood hip deformity that impaired the growth of her femur, Maria Burrow's left leg was nearly three inches shorter than her right. Orthopaedic surgeon William Hopkinson, MD, performed a special type of hip replacement, which was followed by a limb-lengthening procedure performed by orthopaedic surgeon Mitchell Bernstein, MD. Together, the procedures equalized the lengths of Ms. Burrow's legs, enabling her to walk normally.

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



Hemangioblastoma

A large tumor was pressing on Beth DeGeeter's brain and spinal cord. Loyola's multidisciplinary neuro-oncology team, including neurosurgeon Vikram Prabhu, MD, successfully removed the hemangioblastoma, and Mrs. DeGeeter went home in time for her 50th birthday.

LINK: <https://www.loyolamedicine.org/hemangioblastoma>



Acetabular Fracture

Matthew Dwinells suffered a severe acetabular fracture in a high-speed motor vehicle accident. The top of his femur was driven through the hip socket and into the pelvis. Mr. Dwinells made a remarkable recovery after orthopaedic surgeon William Lack, MD, repaired his hip in a day-long surgery.

LINK: <https://www.loyolamedicine.org/acetabular-fracture>



Ankyloses of the Temporomandibular Joint

Juvenile rheumatoid arthritis caused Jesse Crigley to develop ankylosis of the temporomandibular joint, resulting in his jaw bone fusing to the base of his skull. Stephen MacLeod, BDS, surgically removed the fusion and reconstructed the jaw joint so Jesse could talk and eat normally.

LINK: <https://www.loyolamedicine.org/ankyloses>

Recent Clinical Research Publications and Meeting Abstracts

LOYOLA AUTHORS: Paul Kuo, MD and colleagues

MEETING: Western Surgical Association
FINDINGS: Post hospital syndrome (PHS) is a significant risk factor for patients who undergo elective outpatient surgery. PHS is defined as having been hospitalized during the previous 90 days.

LOYOLA AUTHOR: Kathy Albain, MD

JOURNAL: *New England Journal of Medicine*
FINDINGS: A 21-gene test done on the tumor can identify breast cancer patients who can safely avoid chemotherapy.

LOYOLA AUTHORS: Harold Rees, MD, and colleagues

JOURNAL: *Journal of Arthroplasty*
FINDINGS: Total knee replacement can effectively treat Blount's disease

LOYOLA AUTHORS: Mashkoor Choudhry, PhD and colleagues

JOURNAL: *PLOS ONE*
FINDINGS: Among patients who experienced severe burns, there were significant changes in the microbiome, including increases in *Enterobacteriaceae*.

LOYOLA AUTHORS: Holly Kramer, MD, and colleagues

JOURNAL: *Hemodialysis International*
FINDINGS: The percentage of adults beginning hemodialysis who lived in high-poverty ZIP codes increased from 27.4 percent in 1995-2004 to 34 percent in 2005-2010.

LOYOLA AUTHORS: Jose Biller, MD, and colleagues

JOURNAL: *Frontiers in Neurology*
FINDINGS: Direct funduscopy was used during the initial evaluation on 26 percent of patients with primary visual symptoms, 25 percent of patients with headaches and 5 percent of patients with altered mental status.

LOYOLA AUTHORS: Angelos Halaris, MD, PhD

JOURNAL: *Journal of Psychiatric Research*
FINDINGS: Use of the antidepressant escitalopram (Lexapro®) is associated with reductions in neurotoxic compounds linked to memory loss and dementia.

Loyola Physicians in the News



Jose Biller, MD, is among four Hispanic leaders being recognized by the American Heart Association/American Stroke Association for their contributions to improving the health and well-being of multicultural communities.



Vietnam's Ministry of Health has awarded **Pietro Tonino, MD**, its Medal for Vietnamese People's Health in recognition of Dr. Tonino's "great contributions to the development of Vietnam's health sector."



Holly Kramer, MD, MPH, has been chosen as the 2016 recipient of the National Kidney Foundation's Garabed Eknoyan Award. This is awarded to those who have made an exceptional contribution to NKF's key initiatives or clinical research in the field.



James Welsh, MD, MS, has been elected president of the American College of Radiation Oncology. Dr. Welsh will serve a two-year term.



Christopher Loftus, MD, has been appointed to the Neurological Devices Panel of the FDA's Medical Devices Advisory Committee. Dr. Loftus also has been named an Honorary Citizen of Changzhou, China in recognition of a medical education program he helped to establish there.



Eva M. Wojcik, MD, has been inaugurated as president of the American Society of Cytopathology, the national professional society of physicians, cytotechnologists and scientists dedicated to the detection and early diagnosis of nearly all forms of cancer.

Ongoing Clinical Trials

CRITICAL CARE

207378: Analytical Performance Evaluation of ACCU-CHEK Inform II System with Patients in Critical Care Settings

PRINCIPAL INVESTIGATOR:

Debra Hoppensteadt-Moorman, PhD

ENROLLMENT PHONE: 708-216-0291

ELECTROPHYSIOLOGY: ARRHYTHMOGENIC CARDIOMYOPATHIES

206045: Genetics, Mechanism and Clinical Phenotypes of Arrhythmogenic Cardiomyopathies (NIH study)

PRINCIPAL INVESTIGATOR:

David Wilber, MD

COORDINATOR: Jean Del Priore, RN

ENROLLMENT PHONE: 708-216-2644

ELECTROPHYSIOLOGY: VENTRICULAR TACHYCARDIA

206497: Substrate Targeted Ablation using the FlexAbility Ablation Catheter System for the Reduction of Ventricular Tachycardia (STAR-VT) IDE G130132

PRINCIPAL INVESTIGATOR:

Jeffrey Winterfield, MD

COORDINATOR: Jean Del Priore, RN

ENROLLMENT PHONE: 708-216-2644

INFECTIOUS DISEASE: PARAINFLUENZA INFECTION

206543: A Phase II, Randomized, Double-Blind, Placebo-Controlled Study to Examine the Effects of DAS181 in Immunocompromised Subjects with Lower Respiratory Tract Parainfluenza Infection on Supplemental Oxygen

PRINCIPAL INVESTIGATOR:

Nina Clark, MD

ENROLLMENT PHONE: 708-216-0291

NEPHROLOGY: RENAL DYSFUNCTION

206338: Evaluation of Gadoterate in Patients with Renal Dysfunction

PRINCIPAL INVESTIGATOR:

Ari Goldberg, MD

ENROLLMENT PHONE: 708-216-0291

PELVIC MEDICINE: CHRONIC PELVIC PAIN

205723: Mechanistic Distinctions in Female Chronic Pelvic Pain Subtypes

PRINCIPAL INVESTIGATOR:

Colleen Fitzgerald, MD

CONTACT: Mary Tulke, RN

ENROLLMENT PHONE: 708-216-2067

PELVIC MEDICINE: INTERSTITIAL CYSTITIS

206129: Acupuncture for Female Interstitial Cystitis/Painful Bladder Syndrome and Its Effect on the Urinary Microbiome: A Randomized Controlled Trial

PRINCIPAL INVESTIGATOR:

Larissa Bresler, MD

CONTACT: Mary Tulke, RN

ENROLLMENT PHONE: 708-216-2067

PELVIC MEDICINE: MUSCULOSKELETAL PELVIC PAIN

206032: Musculoskeletal Pelvic Pain and Sexual Function in Post-Partum Women

PRINCIPAL INVESTIGATOR:

Colleen Fitzgerald, MD

CONTACT: Mary Tulke, RN

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

CONTACT: Mary Tulke, RN

ENROLLMENT PHONE: 708-216-2067

PELVIC MEDICINE: PREGNANCY-RELATED PELVIC GIRDLE PAIN

205418: The Effect of Ultrasound Guided Posterior Sacroiliac Ligament Corticosteroid Injection in Pregnancy-Related Pelvic Girdle Pain: A Randomized Double-Blind Controlled Trial

PRINCIPAL INVESTIGATOR:

Colleen Fitzgerald, MD

CONTACT: Mary Tulke, RN

ENROLLMENT PHONE: 708-216-2067

PELVIC MEDICINE

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

PRINCIPAL INVESTIGATOR:

Cynthia Brincat, PhD

CONTACT: Mary Tulke, RN

ENROLLMENT PHONE: 708-216-2067

PSYCHIATRY: DEPRESSION

203368: Cyclooxygenase-2-Inhibitor Combination Treatment for Bipolar Depression: Role of Inflammation and Kynurenine Pathway Biomarkers

PRINCIPAL INVESTIGATOR:

Dr. Angelos Halaris

CONTACT: Brittany Garlenski, MPH

ENROLLMENT PHONE: 708-216-5090

PULMONARY AND CRITICAL CARE MEDICINE: CYSTIC FIBROSIS

206571: DPM-CF-303: Long-Term Administration of Inhaled Mannitol in Cystic Fibrosis – A Safety and Efficacy Trial in Adult Cystic Fibrosis Subjects

PRINCIPAL INVESTIGATOR:

Sean Forsythe, MD

ENROLLMENT PHONE: 708-216-0291

PULMONARY AND CRITICAL CARE MEDICINE: IDIOPATHIC PULMONARY FIBROSIS

205594: GB28547: A Phase II, Randomized, Double-Blind, Placebo-Controlled Study to Assess the Efficacy and Safety of Lebrikizumab in Patients with Idiopathic Pulmonary Fibrosis

PRINCIPAL INVESTIGATOR:

Daniel Dilling, MD

ENROLLMENT PHONE: 708-216-0291

PULMONARY AND CRITICAL CARE MEDICINE: LUNG TRANSPLANTATION

206918: PXUS 14-001: A Phase 2, Multicenter, Open-Label Study to Measure the Safety of Extending Preservation and Assessment Time of Donor Lungs Using Normothermic Ex Vivo Lung Perfusion and Ventilation (EVLP) as Administered by the Sponsor Using the Toronto EVLP System

PRINCIPAL INVESTIGATOR:

Daniel Dilling, MD

ENROLLMENT PHONE: 708-216-0291

PULMONARY AND CRITICAL CARE MEDICINE: PULMONARY ARTERIAL HYPERTENSION

207083: BPS 314D MR-PAH-302: 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: 708-216-0291

PULMONARY AND CRITICAL CARE MEDICINE: RSV INFECTION

206695: GS-US-218-1227: 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

207355: GS-US-218-1797: 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

VASCULAR SURGERY: AAA REPAIR

207430: Multicenter, Observational, Post-Market, Real-World Study to Assess Outcomes of Patients Treated With the AFX System Compared to Other EVAR Devices for Endovascular Abdominal Aortic Aneurysm Repair: LEOPARD (Looking at EVAR Outcomes by Primary Analysis of Randomized Data)

PRINCIPAL INVESTIGATOR:

Paul Crisostomo, MD

ENROLLMENT PHONE: 708-216-0291

ONCOLOGY: ACUTE LYMPHOBLASTIC LEUKEMIA

1131/LU204312: A Phase III Randomized Trial For Newly Diagnosed High Risk B-Precursor Acute Lymphoblastic Leukemia (ALL) Testing Clofarabine (IND# 73789, NSC# 606869) in The Very High Risk Stratum

PRINCIPAL INVESTIGATOR:

Eugene Suh, MD

ENROLLMENT PHONE: 708-327-9169

ONCOLOGY: ACUTE LYMPHOBLASTIC LEUKEMIA

0932/LU202998: Treatment of Patients With Newly Diagnosed Standard Risk B-Precursor Acute Lymphoblastic Leukemia (ALL)

PRINCIPAL INVESTIGATOR:

Eugene Suh, MD

ENROLLMENT PHONE: 708-327-9169

ONCOLOGY: EWING SARCOMA

1221/LU207688 : Randomized Phase II Trial Evaluating the Addition of the IGF-1R Monoclonal Antibody Ganitumab (AMG 479, NSC# 750008, IND# 120449) to Multiagent Chemotherapy for Patients With Newly Diagnosed Metastatic Ewing Sarcoma

PRINCIPAL INVESTIGATOR:

Eugene Suh, MD

ENROLLMENT PHONE: 708-327-9169

ONCOLOGY: NON-RHABDOMYOSARCOMA SOFT TISSUE SARCOMAS

1321/LU207666: Pazopanib Neoadjuvant Trial in Non-Rhabdomyosarcoma Soft Tissue Sarcomas (PAZNTIS): A Phase II/III Randomized Trial of Preoperative Chemoradiation or Preoperative Radiation Plus or Minus Pazopanib (NCS#737754, IND#118613)

PRINCIPAL INVESTIGATOR FOR

PEDIATRIC PARTICIPANTS:

Eugene Suh, MD

ENROLLMENT PHONE: 708-327-9169

PRINCIPAL INVESTIGATOR FOR ADULT

PARTICIPANTS: Janelle Meyer, MD

ENROLLMENT PHONE: 708-327-3180

Upcoming CME Events

Save the dates for these upcoming Loyola Continuing Medical Education events. Preregistration is required. For more information, visit <http://ssom.luc.edu/cme> or call the CME office at **708-216-3236** or **1-800-424-4850**.

HEMATOLOGY/ ONCOLOGY FOR PRIMARY CARE

Loyola University Chicago
Stritch School of Medicine
Saturday, April 16, 2016

LEFT ATRIAL APPENDAGE EXCLUSION 2016

Loyola University Chicago
Stritch School of Medicine
Saturday, April 23, 2016

27TH ANNUAL LOYOLA OPHTHALMOLOGY RESIDENT – ALUMNI DAY

Loyola University Chicago
Stritch School of Medicine
Friday, June 10, 2016

Meet Our New Physicians

Sonya Agnew, MD

Assistant Professor, Division of Plastic and Reconstructive Surgery



CLINICAL EXPERTISE

Collagenase/xiaflex for Dupuytren's contracture, Dupuytren's disease, endoscopic carpal tunnel release, hand problems, hand surgery, nerve compression syndromes, osteoarthritis of the hand & wrist, trauma of the hand & wrist, wrist problems

FELLOWSHIP

Hand Surgery/Microsurgery, University of Washington

RESIDENCY

Plastic and Reconstructive Surgery, Northwestern University

MEDICAL SCHOOL

University of Pennsylvania School of Medicine

Michael Anstadt, MD,

Assistant Professor, Division of Trauma, Surgical Critical Care and Burns



CLINICAL EXPERTISE

Abdominal wall reconstruction, diverticulitis, emergency surgery, fistulas, gallbladder disorders, general surgery, hernia and trauma, surgical critical care

FELLOWSHIP

Trauma and Critical Care, University of Maryland Medical System

RESIDENCY

General Surgery, Loyola University Medical Center

MEDICAL SCHOOL

Loyola University Chicago Stritch School of Medicine

Meenakshi Chaku, MD

Director, glaucoma service; Associate Professor, Department of Ophthalmology



CLINICAL EXPERTISE

Glaucoma medical, laser and surgical management, cataract surgery, comprehensive ophthalmology

FELLOWSHIP

University of Virginia Health System

RESIDENCY

Kresge Eye Institute, Wayne State University School of Medicine

MEDICAL SCHOOL

Wayne State University School of Medicine

Aparajita Das, MD

Assistant Professor, Division of Cardiology



CLINICAL EXPERTISE

Preventive cardiology, noninvasive cardiology, cardiac imaging, women's cardiac health and CAD.

FELLOWSHIP

Internal Medicine, Cooper University Hospital

RESIDENCY

Cardiology, Baylor College

MEDICAL SCHOOL

University of Medicine and Dentistry of New Jersey

Kristen Donaldson, MD

Assistant Professor, Department of Emergency Medicine



CLINICAL EXPERTISE

Emergency medicine, violence prevention and public health

RESIDENCY

Emergency Medicine, University of Illinois at Chicago

MEDICAL SCHOOL

University of Illinois Chicago College of Medicine

Lauren Hernandez, MD

Instructor, Department of Obstetrics and Gynecology



CLINICAL EXPERTISE

Gynecologic surgery, minimally invasive surgery, pregnancy complications, menstrual problems, general obstetrics, gynecology

RESIDENCY

Obstetrics and Gynecology, Loyola University Medical Center

MEDICAL SCHOOL

University of Texas–Houston Medical School

Noureen Khan, MD

Assistant Professor, Department of Ophthalmology



CLINICAL EXPERTISE

Glaucoma, comprehensive ophthalmology

FELLOWSHIP

Glaucoma, Northwestern University

RESIDENCY

Ophthalmology, Georgetown University

MEDICAL SCHOOL

Case Western Reserve University School of Medicine

James L. Lubawski, Jr., MD

Assistant Professor, Department of Thoracic and Cardiovascular Surgery



CLINICAL EXPERTISE

Airway diseases, chest wall reconstruction, chest wall tumors and defects, EBUS, emphysema surgery, lung cancer, lung nodules, minimally invasive surgery, rib plating and flail chest, surgery for hyperhidrosis, thoracic surgery, tumors of the mediastinum, video-assisted surgery, 3-D minimally invasive surgery, benign and malignant disorders of the esophagus

FELLOWSHIP

Cardiothoracic Surgery, Cedars-Sinai Medical Center

RESIDENCY

General Surgery, Rush University Medical Center

MEDICAL SCHOOL

University of Illinois College of Medicine

Dennis Moore, MD

Assistant Professor, Department of Otolaryngology



CLINICAL EXPERTISE

Cholesteatoma, chronic ear surgery, cochlear implants, deafness, ear disease, otology, tympanic membrane perforation, hearing loss

FELLOWSHIP

Neurotology, University of Iowa Hospitals and Clinics

RESIDENCY

General Surgery, Loyola University Medical Center; Otolaryngology: Head and Neck Surgery, UCLA Medical Center

MEDICAL SCHOOL

Loyola University Chicago Stritch School of Medicine

Theresa Nguyen, MD

Clinical Assistant Professor, Department of Emergency Medicine



CLINICAL EXPERTISE

Emergency medicine, tropical medicine, travel medicine

RESIDENCY

Emergency Medicine, Christiana Care Health System

MEDICAL SCHOOL

Jefferson Medical College

Chirag Patel, MD

Assistant Professor, Department of Otolaryngology



CLINICAL EXPERTISE

Chronic sinusitis, deviated nasal septum, endoscopic sinus surgery, endoscopic treatment of Graves' eye disease, esthesioneuroblastoma olfactory neuroblastoma, inverted papilloma, juvenile nasopharyngeal angiofibroma (JNA), nasal congestion, nasal obstruction, nasal polyps, nasal and sinus tumors, nasal/sinus problems, pituitary adenoma, revision endoscopic sinus surgery, septoplasty, sinonasal undifferentiated carcinoma, sinus adenocarcinoma, sinus disorders, sinus infections, sinus melanoma, sinus cancer, skull base surgery, skull base tumors, turbinate reduction surgery, cerebrospinal fluid leak

FELLOWSHIP

Cranial Base Surgery, University of Pittsburgh Medical Center

RESIDENCY

Head and Neck Surgery, Rutgers New Jersey Medical School

MEDICAL SCHOOL

Jefferson Medical College of Thomas Jefferson University

Nikhil Shastri, MD

Assistant Professor, Division of Gastroenterology; Medical Director, GI Lab



CLINICAL EXPERTISE

Therapeutic endoscopy, EUS, ERCP, luminal stenting, endoscopic mucosal resection (EMR), thermal and cryo ablation techniques, endoscopy, colonoscopy, deep (balloon) enteroscopy, Barrett's esophagus, pancreas and bile duct disorders, bile duct stones and strictures, pancreatitis, pancreatic cancer, endoscopic therapy for GI cancers, endoscopic malignancy staging, and interventional EUS

FELLOWSHIP

Gastroenterology, Medical College of Wisconsin; Advanced Therapeutic Endoscopy, Henry Ford Hospital–Detroit

RESIDENCY

Internal Medicine, Medical College of Wisconsin

MEDICAL SCHOOL

Ross University School of Medicine

Stephanie B. Tsai, MD

Assistant Professor Division of Hematology/Oncology



CLINICAL EXPERTISE

Blood disorders, cancer in seniors, cancers of the blood and blood cells, leukemia, stem cell/ bone marrow transplant, bone marrow disorders

FELLOWSHIP

Hematology/oncology, University of Chicago Medical Center

RESIDENCY

Internal Medicine, Boston Medical Center

MEDICAL SCHOOL

University of Illinois College of Medicine

Mariusz K. Wrzosek, MD, DMD

Assistant Professor, Division of Oral & Maxillofacial Surgery



CLINICAL EXPERTISE

Dental facial deformities, impacted teeth, temporomandibular joint surgery, traumatic injuries to face, mouth and jaw, jaw reconstruction, benign lesions of the jaw, obstructive sleep apnea surgery and dental implants

RESIDENCY

Dentistry, Naval Medical Center; Oral and Maxillofacial Surgery, Massachusetts General Hospital

MEDICAL SCHOOL

Harvard School of Medicine

Saba M. Ziaee, MD

Instructor, Division of Hospital Medicine



CLINICAL EXPERTISE

Adult medicine, general medicine, internal medicine, hospitalist medicine

RESIDENCY

Internal Medicine Olive View–UCLA

MEDICAL SCHOOL

Rush Medical College



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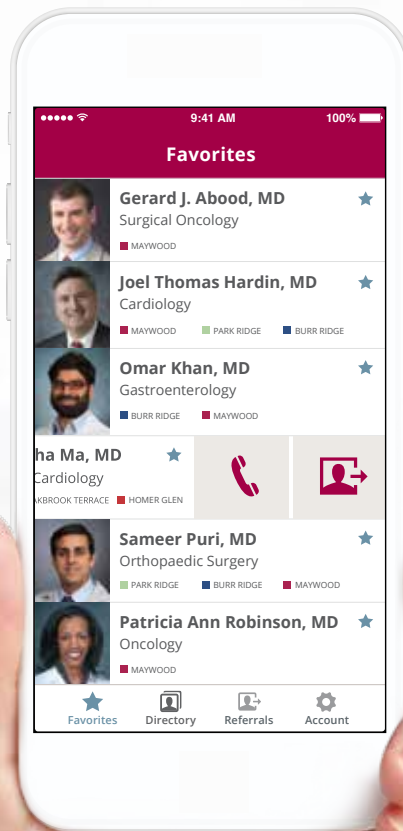


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