



From the Research and Clinical Trials Administration Office

Acute Myeloid Leukemia and Myelodysplastic Syndromes Study

The Department of Internal Medicine is participating in a nationwide study to determine the optimum effective dose and schedule of sapacitabine, an orally active medication, for elderly patients with newly diagnosed or relapsed acute myeloid leukemia (AML) or myelodysplastic syndromes (MDS).

Participants must meet the following criteria:

- Have a confirmed diagnosis of AML that is previously untreated by systemic therapy or is in first relapse after achieving complete remission (CR or CRp); or have a confirmed diagnosis of MDS with an International Prognostic Scoring System score of intermediate -2 or high risk that has been previously treated with hypomethylating agents
- Be 70 years of age or older for AML and 60 years of age or older for MDS

This is a partial list of inclusion and exclusion criteria. **Parameswaran Venugopal, MD**, is the principal investigator at Rush. For more information, contact Jodi Palonis, RN, OCN, at (312) 942-3327, or Dr. Venugopal at (312) 942-5978.

Stem Cell Therapy for First Heart Attack Study

The Section of Cardiology is participating in a study evaluating the effectiveness and safety of an investigational therapy, Prochymal, to preserve or improve cardiac function when given within the seven days following an initial heart attack. The active ingredient in Prochymal is mesenchymal stem cells taken from healthy adult volunteers. Participants will be randomly assigned to receive Prochymal or a placebo as a one-time intravenous infusion, and they will be followed for two years after treatment.

Participants must meet the following criteria:

- Be 21 to 85 years old
- Have had a first heart attack within the past seven days
- Not be allergic to pork or beef products, or MRI dye

This is a partial list of inclusion and exclusion criteria. **Gary Schaer, MD**, is the principal investigator at Rush. For more information, contact Amy Graf, CCRC, RD, at (312) 942-8144.

Programs and Services Spotlight

The Healthy Hip Program at Rush

The healthy hip program at Rush is the first comprehensive orthopedic program in the Chicago area that specializes in the treatment of acute, chronic and degenerative hip conditions in younger patients. It is geared toward children and young adults with acquired or early degenerative hip problems and sports injuries — including developmental dysplasia of the hip, Legg-Calvé-Perthes disease, femoral acetabular impingement and slipped capital femoral epiphysis — that have affected the growth of the femoral head or acetabulum.

In this program, a collaborative team of orthopedic specialists in sports medicine, joint reconstruction, pediatric orthopedic surgery and orthopedic trauma evaluate patients with chronic pain in the hip, groin or back. To obtain an accurate diagnosis, patients may undergo extensive testing, such as x-rays taken from multiple angles to check for a bony deformity; MRI and CT scans; and injections into the hip joint or tendon to help determine the cause of pain.

Advanced Treatments

Pain resulting from overuse injuries, tendonitis or irritation of the hip joint can usually be treated with activity modification, physical therapy and anti-inflammatory drugs. More severe injuries involving torn cartilage surrounding the hip or bone spurs can often be treated using minimally invasive surgery done on an outpatient basis.

However, if the underlying cause of pain is a bony deformity, reconstructive surgery may be necessary to correct the deformity. Research has shown that even small deformities can cause the hip to wear abnormally, which can lead to chronic pain, early arthritis and the need for total hip replacement before age 50. Since hip replacement is not an optimal treatment option for younger patients because of activity restrictions and the limited lifespan of implants, the healthy hip program aims to diagnose and treat these problems earlier to help patients avoid or postpone total hip replacement in the future.

Specialists in the healthy hip program perform the following surgeries to treat injuries and help patients with bony deformities avoid or postpone total hip replacement and return to a full, active life:

- Femoral head/acetabular osteoplasty — a surgical procedure to correct femoroacetabular impingement, a structural deformity that causes abnormal contact between the proximal femur and the acetabulum during terminal hip motion and creates unbearable hip pain.
- Hip arthroscopy — a less invasive procedure, done on an outpatient basis, that can repair torn labral cartilage, release contracted joint capsules and remove bone spurs or malformations that can lead to progressive arthritic wear.
- Pelvic osteotomy — a major surgical procedure that involves reorienting the socket of the hip joint to correct biomechanical problems caused by abnormal development of the hip socket.

Progress Notes

Daniel Deziel, MD, has been appointed acting chairperson of the Department of General Surgery. He replaces Richard Prinz, MD, who has stepped down after 15 years as department chairperson. Deziel has spent most of the past 31 years in the department, starting as a resident, and is currently a professor and senior attending surgeon. He has published more than 100 articles, abstracts and book chapters, and has lectured and taught throughout the world. He is past president of the prestigious Society of American Gastrointestinal and Endoscopic Surgeons and immediate past president of the Chicago Surgical Society.

Correction

Niby Mathew, MD, an internal medicine physician with University Family Physicians Southwest, was incorrectly listed in the September issue. Her correct e-mail address is niby_mathew@rush.edu. *Rush Physician* regrets the error.

Participating Physicians

The Healthy Hip Program at Rush
Orthopedic Building
1611 W. Harrison St., Suite 300

Charles Bush-Joseph, MD
Sports medicine, hip arthroscopy

Craig Della Valle, MD
Joint reconstruction

Jorge Galante, MD
Joint reconstruction

Monica Kogan, MD
Pediatric orthopedic surgery

Shane Nho, MD
Sports medicine, hip arthroscopy

Walter Virkus, MD
Orthopedic trauma, pelvic reconstruction

When to Refer

The healthy hip program at Rush specializes in treating children and young adults with acquired or early degenerative hip problems, sports injuries or dysplasia. Referrals are recommended for patients with pain in the hip, buttock or groin that occurs after exercising or sitting down for a long period of time.

To refer a patient or for more information, call (312) 243-4244.

Rush Needs Your Vital Stats!

Your physician profile is used for “find a doctor” on the Rush Web site and by the Rush call center to guide referrals, so it’s important that your information is always up-to-date. Make sure to update your profile any time your information changes, which you can do quickly and easily using a convenient Web link. To request the link, contact Barb Krah, director of call center services and customer relationship management, at (312) 563-4723 or Barbara_J_Krah@rush.edu. She will send the link to you via e-mail, along with instructions on how to access the online profile form.



Clinical CORNER

Testosterone Linked With Visceral Fat Increase During Menopause

In middle-aged women, visceral fat is known to be a significant risk factor for cardiovascular disease. But according to a study by researchers at Rush, the reason visceral fat accumulates is likely not age, as is commonly believed.

The study, published early online in the medical journal *Obesity*, showed that the level of “bioavailable” testosterone, or testosterone that is active in the body, was the strongest predictor of visceral fat. A woman’s age did not correlate significantly with the amount of visceral fat, nor did race, other cardiovascular risk factors or estradiol level.

These findings extend earlier research conducted by lead investigator **Imke Janssen, PhD**, assistant professor of preventive medicine, on testosterone’s link with what is called the metabolic syndrome during the menopausal transition. That study, published in the *Archives of Internal Medicine* in 2008, found that the rise in metabolic syndrome — a collection of risk factors for heart disease — corresponded with the increase in testosterone activity.

“It has been thought that estrogen protected premenopausal women against cardiovascular disease, and that the increased cardiovascular risk after menopause was related only to the loss of estrogen’s protective effect,” says Janssen. “But our studies suggest that in women, it is the change in the hormonal balance — specifically, the increase in active testosterone — that is predominantly responsible for visceral fat and for the increased risk of cardiovascular disease.”

Abused or Self-Neglecting Seniors Face Greater Risk of Death

Older adults who are subjected to abuse or self-neglect face a greater risk of premature death than other seniors, according to a study conducted at Rush. Moreover, contrary to widely held views that elders who are physically or cognitively impaired are more likely to suffer adverse consequences from abuse or self-neglect, even more capable seniors faced a higher risk of death.

The study, published in the August 5 issue of *JAMA*, found that elder abuse was associated with a more than twofold increased risk of premature death from all causes and an almost fourfold increased risk of premature death from heart disease. Self-neglect was associated with an even greater risk, particularly during the first year after self-neglecting behavior was identified. During that year, the risk of premature death from all causes was five times more likely for self-neglecting seniors; the risk of premature death from heart disease was eight times more likely.

“Our findings demonstrate the dire health consequences for these vulnerable older adults,” says lead study author **XinQi Dong, MD**, a researcher and geriatrician. “Health care professionals and others who serve the elderly need to identify and report suspected cases of abuse or self-neglect early and act quickly to ameliorate the problems.”

INTRODUCTIONS The following is a list of physicians who joined the Medical Staff of Rush University Medical Center between August 1 and September 15. The Medical Staff Office and the Office of Marketing and Communications have made every effort to publish accurate information that is as complete as possible; if, however, the information below is incorrect or we have omitted information, we apologize and ask that you contact Muriel Coleman in the Medical Staff Office at (312) 942-5496.

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IN THE NEWS:

Rush Leads Development of NIH-Funded Center for AIDS Research

The NIH has awarded a consortium of Chicago-based institutions, led by Rush, a five-year, \$3.75-million grant to establish a Developmental Center for AIDS Research, creating a comprehensive research infrastructure to spur basic science, clinical studies and translational research in the prevention, detection and treatment of HIV infection and AIDS.

The new center is one of only two in the Midwest — the other is in Cleveland — and was the only developmental center funded this year. It involves investigators from Rush, the University of Illinois at Chicago and Cook County Health and Hospitals System, who will collaborate across disciplines and institutions to advance HIV/AIDS research.

“With this grant, we have an unparalleled opportunity to make Chicago an epicenter for AIDS research, focusing on translational research that takes investigations from bench to bedside, and out to the community, to make a truly significant impact,” said **Alan Landay, PhD**, chairperson of immunology and microbiology at Rush, director of the new center, and an internationally recognized expert in immunology and HIV pathogenesis.

The NIH funding will be used to create shared “core” facilities that provide expertise and services to participating laboratories at all three institutions. Rush will head the administrative and developmental cores, with responsibility for strategic planning and operational management. It will oversee scientific communications and funding for important new areas of research and launch a special outreach effort to share advances with the affected community in Chicago.

The Developmental Center for AIDS Research in Chicago will concentrate its investigations around three themes: HIV and women, with an emphasis on behavior and viral pathogenesis; HIV and aging, including studies of behavioral, cardiovascular, immune system and neurocognitive issues; and HIV and drug abuse, focusing on behavioral questions and neuropharmacology.

Kudos

University HealthSystem Consortium (UHC) has ranked Rush among the top five academic medical centers in the country for the third consecutive year in its annual quality and accountability study. Only one other medical center besides Rush has ranked in the study’s top five annually since 2007, and Rush is one of only two medical centers to rank among the top 10 every year since the study’s inception in 2005. In addition, Rush attained a perfect score (100) in the equity of care category for the fifth straight year.

Joshua Jacobs, MD, chairperson of the Department of Orthopedic Surgery, has been elected president of the United States Bone and Joint Decade, the U.S. national action network of a global campaign to improve the quality of life for people with musculoskeletal conditions. He took office at the organization’s annual meeting on June 9 and will serve a two-year term. In addition to serving as chairperson, Jacobs is director of biomaterials research in the department. He is involved in several studies supported by the National Institutes of Health and other organizations focusing on biocompatibility, wear and corrosion of implanted joint prostheses.

Publishing Research Results? Share With Media Relations

If you are going to publish or present study results, please let a media relations specialist know as soon as your research has been accepted for future publication by calling (312) 942-5579. Unfortunately, by the time you publish or present your study it is frequently too late to attract news reporters’ interest.