

DISCOVER RUSH

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Finding cancer:

Find out which screenings can detect which cancers

Good news, bad news:

You may be born at risk for heart disease, but you can reduce that risk

Supporting a smart heart:

Study looks at how partners help with heart care

The quest to develop cancer vaccines

WHAT IF YOU could get a shot that would stop cancer from growing in your body? You may think that sounds great — but about as likely as a Cubs victory in the World Series.

Actually, it's not that far-fetched. Researchers at RUSH University Medical Center are part of a widespread effort to develop vaccines against cancer.

Historically, doctors have attacked cancer from the “outside-in,” using surgery, chemotherapy and radiation therapy. But scientists have begun learning to use the body's own disease-fighting agents — the immune system — to fight cancer from the inside-out.

“We now have an infinitely clearer vision of the basic biology behind

cancer and how the body combats it,” says Kevin Conlon, MD, a RUSH oncologist and cancer vaccine researcher.

Helping the immune system

The immune system patrols the body, spotting invaders and leading the attack against them. But it sometimes fails to recognize cancer cells as invaders.

Vaccines are intended to act as reinforcements, helping the immune system identify and strike down cancer cells so that they don't reproduce and spread.

Vaccines may stop cancerous tumors from growing or kill cancer cells not

destroyed by other treatments.

Researchers also try to combine vaccines with other forms of treatment, in effect ganging up on cancer cells.

Research at RUSH

Several clinical trials at RUSH have focused on the possibility of cancer vaccines. In one, proteins were taken from the cancer cells of patients with non-Hodgkin's lymphoma, then used to create a vaccine designed to target those same cells. And in a current study, RUSH researchers are investigating the power of a vaccine to slow the growth of prostate cancer.

In this study, led at RUSH by urologist Dennis Pessis, MD, men will

receive a vaccine called Provenge.

The vaccine will be given to men whose cancer has spread beyond the prostate and has grown despite hormone therapy.

An earlier study with a small number of participants suggested that this vaccine can extend survival for men with advanced prostate cancer.

“Most people getting vaccines have advanced cancers,” says Conlon. “There's an urgency to come up with better treatments. We have a long way to go, but there's hope here.”

For more information about clinical trials related to cancer at RUSH, visit www.rush.edu/clinicaltrials. ■

Finding Cancer



Jerome Hoeksema, MD, a urologist, speaks with a patient.

WHEN DETECTED EARLY, many cancers are now highly treatable. The chances for beating cancer are better than ever — but first you have to discover the cancer when treatment will be most effective.

“One of the fundamental principles of cancer screenings is that early detection, before there are symptoms, improves survival,” says Steven Rothschild, MD, a primary care physician at RUSH University Medical Center, who specializes in preventive and family medicine. Staying on top of these routine screenings will help you do that.

Who, what and when

Doctors are not able to screen for all cancers. But the screening methods listed in this article have been proven effective for finding certain cancers. Rothschild cautions that if you have a family history of a particular cancer

or are otherwise at high risk, your screening may need to begin at an earlier age and occur more frequently. (Family history typically means a first-degree relative, meaning a parent or sibling.)

If you are concerned that you are at high risk for certain cancers — or if you’re not sure what your risk is — talk to your doctor or visit www.rush.edu/discover for more information.

Breast cancer

The test: Mammogram

Who should have one: Women

When: Beginning at age 40

How often: Annually

Whom you should see: Your primary care physician can complete the first step in the process — a clinical breast exam in the office — and then refer you to a mammographer or radiologist; whenever possible, see radiologists who

specialize in reading mammograms (mammographers), such as those found at the RUSH Breast Imaging Center.

Cervical cancer

The test: Pap

Who should have one: Women

When: About three years after a woman begins having intercourse, but no later than age 21

How often: Annually with the regular Pap test or every two years with the newer, more sensitive liquid-based Pap. Beginning at age 30, women who have had three normal Pap results in a row may get tested every two to three years with either the regular or liquid-based Pap test.

Whom you should see: Gynecologist, family physician or internist

Of note: Women who have had a hysterectomy should speak with their physicians or surgeons about whether they should continue to have Pap tests.

Colon cancer

The test: There are several testing options, including stool testing for hidden (occult) blood, barium enema or sigmoidoscopy, and colonoscopy

Who should have one: Men and women

When: Beginning at age 50

How often: Annual testing of the stools for blood. Direct exams of the colon via barium enema or sigmoidoscopy every five years (if normal) or via colonoscopy every 10 years (if normal).

Whom you should see: Your primary care physician can complete annual stool testing and refer you to a gastroenterologist or colorectal surgeon.

Of note: “This is probably one of the least adhered-to screenings, but it’s one of the most prevalent cancers in both men and women,” says Rothschild. “It’s a very treatable cancer, though, if caught early.”

Prostate cancer

The test: Physician feels the prostate via digital rectal exam

Who should have one: Men

When: Beginning at age 50; African-American men should begin screening at age 40 because their incidence of prostate cancer is twice as high as that of other ethnic groups.

How often: Annually

Whom you should see: Primary care physician or urologist

Make your appointment today

All of these screenings are available at RUSH with state-of-the-art technologies that make the experience as stress-free as possible, and with physicians and technicians who specialize in reading the tests to give you a more accurate diagnosis.

And if a screening finds evidence of cancer, RUSH patients have access to the latest treatment options, including comprehensive cancer teams and innovative clinical trials that bring the future of medicine into the present.

To get a free colon cancer pre-screening and self-assessment tool, come to “Know Your Risk for Colon Cancer” on March 15 and 26. (See page 6 for details.) ■

The future of ovarian cancer screening

At this time there’s no good test for early ovarian cancer. But physicians at RUSH University Medical Center are working to change that. Jacques Abramowicz, MD, section director for OB/GYN ultrasound at RUSH, and Jacob Rotmensch, MD, section director of gynecological oncology, are conducting research to develop a test to detect ovarian cancer at an earlier stage — when it is easier to treat — by using ultrasound contrast agents that

would highlight any new blood vessels created by tumors.

The contrast agents help make visible even the smallest of blood vessels in ways that ultrasound alone can’t. If the research is successful, it could lead to the creation of a new early screening for ovarian cancer when used in conjunction with other screening approaches, such as a test for ovarian antibodies, developed by RUSH colleague Judith Luborsky, PhD. ■

DISCOVER RUSH is published as a service for the RUSH community.

RUSH UNIVERSITY MEDICAL CENTER
1700 West Van Buren St., Suite 250
Chicago, IL 60612-3244
www.rush.edu

President and Chief Executive Officer
Larry J. Goodman, MD

For more information, contact Jill Goldberg at jill_goldberg@rush.edu or (312) 942-7817.

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THE BAD NEWS: There are some risk factors associated with heart disease that you can't change. The good news: There are plenty of risk factors that are 100 percent under your control.

First, the bad news

You can't choose your parents, and unfortunately, children of parents with heart disease are more likely to develop it themselves. Your race and ethnicity can also play a role. African Americans tend to have more severe high blood pressure than Caucasians, and therefore a higher risk of heart disease.

Heart disease is also higher among Mexican Americans, American Indians, native Hawaiians and some Asian Americans. This prevalence is partly due to higher rates of obesity and diabetes.

As for age and gender, more than four out of five people over age 65 die of heart disease. And although



Heart disease

THE GOOD AND BAD NEWS WHEN IT COMES TO HEART DISEASE

offset these risk factors. And there's ongoing research at RUSH University Medical Center and around the country that constantly results in new insights into this deadly disease. An important focus of heart research at RUSH is trying to understand why certain groups are affected more by heart disease and looking at ways to reduce their risk.

of Preventive Medicine at RUSH. "That's advice everyone should follow."

Advice for everyone

Black offers the following tips:

- Don't smoke.
- Reduce salt intake and make healthful food choices.
- Be active and get exercise — about 30 minutes a day, five days a week.
- See your doctor about taking a small dose of aspirin each day.
- If you have high blood pressure — also known as hypertension (see sidebar at right) — high cholesterol or diabetes, follow your doctor's advice about taking medications and making lifestyle changes to manage the disease.
- Maintain a healthy weight (see sidebar below).

For advice on managing your blood pressure and weight, make an appointment with a doctor at RUSH by calling (888) 352-RUSH (7874). To learn more online about heart disease and other research and treatments at RUSH, go to www.rush.edu. ■

People in high-risk groups shouldn't feel powerless. There are plenty of lifestyle changes that can offset risk factors.

postmenopausal women are at greater risk than younger women, they're still in a better position than men, who have a higher death rate from heart disease than women.

Now for the good news

People in these higher risk groups shouldn't feel powerless. There are plenty of lifestyle changes that can

While researchers work to shed new light on heart health, those who are in high-risk groups — and even those who aren't — can start fighting heart disease at home by addressing the risk factors they can control. "Leading a healthy lifestyle is important in avoiding heart disease," says Henry Black, MD, associate vice president for research and chair of the Department

Overweight vs. obese

People with a body mass index (BMI) of 25 to 29.9 are considered *overweight*, while individuals with a BMI of 30 or more are considered *obese*.

BMI is a common measure expressing the relationship (or ratio) of weight to height. It is a mathematical formula in which a person's body weight (in pounds) is divided by the

square of his or her height (in inches) and then multiplied by 703. For example, a woman who weighs 180 pounds and is 5 foot 5 inches (65 inches) tall has a BMI of 30 and is considered obese.

To find out your BMI, go to www.rush.edu/discover. ■
Source: Centers for Disease Control and Prevention.

How high is high? Know your blood pressure numbers

High blood pressure is dangerous because it makes the heart work too hard and contributes to atherosclerosis (hardening of the arteries). It increases the risk of heart disease and stroke and can result in other conditions, such as kidney disease and blindness.

Henry Black, MD, a preventive medicine specialist at RUSH University Medical Center, helped revise the National Institutes of Health's definition of high blood pressure. A blood pressure level of 140/90 mm Hg or higher is considered high.

About two-thirds of people over age 65 have high blood pressure. If your blood pressure is between 120/80 mm Hg and 139/89 mm Hg, then you have *prehypertension*. This means that you don't have high blood pressure now but may develop it in the future, and you should talk to your doctor about ways to keep your blood pressure in check.

To find doctors at RUSH who offer free blood pressure screenings, go to www.rush.edu/discover. ■
Source: National Institutes of Health; American Heart Association



Hearts aflutter

IT'S NORMAL FOR your heart to beat faster with excitement, exercise or stress — and just as normal for it to beat slower when you're asleep. But if your heart speeds up, slows down or beats erratically, you're experiencing cardiac arrhythmia and should see your doctor.

Cardiac arrhythmias are abnormalities in the heart's rhythm. They are treated by doctors such as Richard Trohman, MD, a cardiac electrophysiologist at RUSH University Medical Center. Electrophysiologists specialize in abnormal heart rhythms, perform curative procedures (called ablations), and implant pacemakers and defibrillators (ICDs).

What causes arrhythmias?

Normal heartbeats begin with an electrical impulse from the heart's natural pacemaker, the sinus node.

The impulse travels through the heart's upper chambers, the atria, to the atrio-ventricular (AV) node (a filter and gateway) before proceeding through a specialized pathway to the heart's lower chambers, the ventricles.

The simplest arrhythmia, extra beats, may arise from anywhere in the heart. They commonly develop as we age. When these minor arrhythmias occur in a healthy heart, the consequences are usually minimal. However, when prolonged arrhythmias are associated with structural heart disease, serious consequences — including stroke and sudden cardiac death — may occur. If you're experiencing sensations such as fluttering or skipped beats, Trohman recommends seeing your doctor and having it checked out.

The most common worrisome arrhythmia, atrial fibrillation (AF),

arises from the atria. AF affects more than 2 million Americans, most over age 65. AF can lead to fatigue, heart failure and stroke.



Richard Trohman, MD

The most serious arrhythmias involve the ventricles. "The worst arrhythmia is ventricular fibrillation (VF)," Trohman says. "This is the cause of about 80 to 90 percent of cardiac arrest or sudden cardiac death." VF almost always results from structural heart disease. In the United States, 200,000 to 400,000 individuals experience cardiac arrest each year. Patients with structural disease who have not yet had a serious arrhythmia may nevertheless benefit from ICD prophylaxis, which is 99 percent effective for preventing cardiac arrest.

Diagnosing arrhythmias

Electrophysiologists at RUSH offer a full range of services to evaluate and treat arrhythmias, beginning with the electrocardiogram. If prolonged rhythm analysis is needed, patients may be given a portable external heart monitor. If the problem is infrequent and difficult

to define, an internal recorder is also available.

Restoring healthy rhythm

Medications are limited by side effects and never cure arrhythmias. Sophisticated procedures performed in the electrophysiology lab often provide more definitive solutions. Many common arrhythmias can be cured by inserting catheters into the heart and burning away (ablating) errant electrical circuits.

Arrhythmias that are easily cured include nearly all rapid rhythms arising from the AV node and atria, as well as most idiopathic (cause unknown) ventricular rhythm disturbances. Treatments also include pacemakers for slow rhythms and implantable defibrillators that shock the heart from ventricular fibrillation back to a normal rhythm.

Cardiac resynchronization (pacing the right and left ventricles) therapy helps selected patients with heart failure; 70 percent experience improved quality of life. Cardiac resynchronization combined with an ICD reduces hospitalization rates and saves lives. So if your heart seems aflutter, check with your doctor to find out why and what can be done to restore your heart's healthy rhythm. ■

Study examines how couples work together for heart health

It might have taken a lifetime of less-than-healthy eating and exercise habits to bring on your heart trouble. Changing those habits now won't be easy.

But learning how to involve your spouse or partner in your new healthy lifestyle might make things a lot easier — for both of you.

That's the thinking behind an ongoing study led in part by Lynne Braun, PhD, RN, a nurse practitioner at RUSH University

Medical Center's Preventive Cardiology Center.

The study, funded by the National Heart, Lung, and Blood Institute, involves 60 couples in which one member of each pair has heart disease.

The couples were divided into two groups. In one, the heart patients attend training sessions alone, learning how to cope with heart disease. In the other, the patient learns the same

information but attends the sessions with his or her partner.

Additionally, in the couples group, the partners learn how to get along better. They receive instruction and practice in problem-solving, emotional expressiveness and other techniques so that they can more effectively help each other maintain heart-healthy behaviors.

Both groups will be monitored at six-,

12- and 18-month intervals to see how patients are complying with a regimen of exercise, weight management and medication.

So far, preliminary data suggest that there is a trend for the people assigned to the couples group to participate more in physical activity and have a greater degree of medication adherence, Braun says. "That's what we'd hoped to find." ■

SOMETIMES IT'S HARD for us to do as we're told, even when we're being told how to save our lives. Just ask former President Bill Clinton, who underwent bypass surgery last summer after complaining of chest pain and shortness of breath.

Although he jogged regularly and dieted, Clinton stopped taking the cholesterol-lowering medications his doctor prescribed and missed what many experts believe was a chance to prevent the spread of heart disease.

According to the American Heart Association, Bill Clinton is not alone. Tens of thousands of people die, are hospitalized and have delayed recoveries each year because they don't properly follow their doctor's instructions.

When it comes to preventing or recovering from heart problems, following your

doctor's recommendations can make all the difference, according to James Calvin, MD, section director of cardiology at RUSH University Medical Center.

doctor's recommendations can make all the difference, according to James Calvin, MD, section director of cardiology at RUSH University Medical Center.

It's not easy

"Patients need to know how their behavior — whether it be their sedentary lifestyle or their overindulgence in fatty foods — might affect their symptoms," Calvin says. "They need to know why they should avoid certain things, how important their medications are, why their medications make them feel better, and how to monitor and regulate themselves so they can get help if trouble starts."

For many people, all those recommendations can seem a little overwhelming. For example, a heart attack patient might be given a variety of medications, all with potentially different instructions about when and how to take them.

That same patient will also be advised about diet and the importance of following their own individualized exercise program, Calvin says.

Researching a solution

It's a lot to learn, and sometimes just giving patients a booklet to read isn't enough. Currently, RUSH University Medical Center is involved in a number of research projects to see if other patient education techniques work better.

For example, Calvin is helping to lead a study sponsored by the National Institutes of Health involving 900 Chicago-area heart failure patients. The patients are divided into two groups. In one group, patients receive 18 newsletters containing information about heart disease from the American Heart Association. People in the other group have face-to-face interaction with group leaders and other patients through 18 group training sessions.

The goal: "We hope to determine whether or not the additional effort of teaching these specific skills makes a difference."

Your partners at RUSH

Besides conducting ongoing research, RUSH offers a number of programs, including those in preventive medicine and women's cardiac care, to help keep people heart-healthy.

The Medical Center also offers a full assortment of tests to determine if people at risk for heart disease actually have it, as well as the expertise and latest technologies to aggressively treat disease when it's found.

"We offer a full spectrum of programs to screen, counsel and manage patients before they have disease," Calvin says. "If disease is present, we can provide a wide range of treatment options — everything from medications to noninvasive procedures to open clogged arteries to life-saving heart transplants."

To schedule an appointment with a heart specialist, please call (888) 352-RUSH (7874). ■

Partnering to reduce heart disease risk

By Lynne Braun, PhD, RN

1. Together with your partner, create reminders to help you take medication as prescribed (e.g., notes on the bathroom mirror).
2. Make exercise goals as a couple. Exercise with each other. Work together to achieve goals.
3. Form a plan with your partner for exercising both outdoors and indoors.
4. Learn about heart-healthy food choices. Shop and prepare meals together. Don't prepare more food than either partner should eat unless it is for more than one meal. For heart-healthy recipes, go to www.rush.edu/discover.
5. Discuss ways to change eating habits. Once a week, substitute a healthful food, such as fresh fruit, for a less healthful one, such as cheese and crackers.
6. You may eat out but discuss how to make healthy menu choices or special requests. Why not skip the French fries and order a salad?
7. Share a dish at a restaurant to reduce portion sizes. Or ask the server to pack up half of your meal before you even see it.
8. Eat slowly and enjoy each other's company. Take sips of water throughout your meal. Put the fork down between mouthfuls.
9. When entertaining in your home or bringing a dish to a friend's home, use heart-healthy recipes.
10. Motivate each other, but don't nag! Use past successes as examples to help you continue moving forward. If setbacks occur, that doesn't mean you've failed. It's important to start again. ■



James Calvin, MD

Take your doctor's advice to heart



Make a date to care for yourself and your family

COMMUNITY EVENTS

RUSH University Medical Center's ongoing series of community events is led by RUSH experts. To register, please call the RUSH Physician Referral Service at (888) 352-RUSH (7874).

Refreshments will be offered at each program. Free parking is available, with discounted valet parking for people with disabilities. If you need assistance with transportation to RUSH or need assistance when you arrive, please mention those needs when you call to register.

Education for Older Adults and Caregivers

What if it's Alzheimer's?

Tuesday, March 22, 6:30 to 8 p.m.
Armour Academic Center, Room 985, 600 S. Paulina
Martin Gorbien, MD, and Susan Foster, MSW

RUSH Alzheimer's experts will discuss what to expect when your loved one is diagnosed with this debilitating disease. You will also learn about methods of treatment, resources to turn to and recent research findings about the disease.



Support Groups

Support groups give patients and caregivers invaluable peer support to help them combat the emotional stresses that often accompany illness. Support groups are ongoing and open to the public. Some of RUSH's support groups include:

Cancer

Meets Tuesdays at 2 p.m. in the Kellogg Building, 1650 W. Harrison, 10th floor; or Thursdays at 4 p.m. in the Kellogg Building, 11th floor.

Call the chaplain at Religion, Health and Human Values at (312) 942-5571 for more information.

Cancer Caregivers

Meets on the first and third Mondays of the month at noon in the RUSH Professional Building, Suite 955, 1725 W. Harrison.

Call Janine Gauthier, PhD, at (312) 942-8709 for more information.

For a list of available support groups, visit www.rush.edu/events/support.html.



Exercise and Fall Prevention for Older Adults

Wednesday, April 6, 10:30 a.m. to noon

Johnston R. Bowman Health Center, 9th floor atrium, 710 S. Paulina
Jim Young, MD, and Diane Genaze, PT

Keeping in shape is important for everyone, regardless of your age. Learn the best exercises for your age group and physical ability to help keep you in shape without wearing you out and to reduce your risk of falling.

Old Age Blues — Identifying and Treating Depression in Older Adults

Wednesday, April 13, 6:30 to 8 p.m.

Professional Building, Searle Conference Center, Room 531, 1725 W. Harrison
Dan Loiterstein, MD, and John Henricks, LCSW

Depression doesn't have to be a part of aging. Learn how to recognize the symptoms of depression, what treatments are available and how you can help your loved ones to improve their quality of life.

Good Nutrition, Good Future for Older Adults

Saturday, April 30, 10:30 a.m. to noon

Professional Building, Searle Conference Center, Room 531, 1725 W. Harrison
Anthony Perry, MD, and Kristin Gustashaw, MS, RD, LDN

A good diet is an essential part of healthy aging. Learn more about the special nutritional needs of older adults. Some topics include portion control, which foods to eat and which ones to avoid to improve your immunity and prevent unnecessary weight gain.

Understanding the Latest on Medicare

Wednesday, May 11, 10:30 a.m. to noon

Professional Building, Searle Conference Center, Room 543, 1725 W. Harrison
Anna Walters, RN, and Robyn Golden, LCSW

Health care and insurance policies are constantly changing. These changes can cause confusion and stress for people who have a hard time deciphering all the terms and rules associated with Medicare. Our expert will alleviate your confusion by walking you through the latest information and answering your questions about Medicare.



Colon Cancer Know Your Risk for Colon Cancer

NEW!

● Tuesday, March 15, 6:30 to 8 p.m.
Theodore Saclarides, MD, colorectal surgeon, and Carline Quander, MD, gastroenterologist

● Saturday, March 26, 9:30 to 11 a.m.
Marc Brand, MD, colorectal surgeon, and Ece Mutlu, MD, gastroenterologist

Both are in the Armour Academic Center, Room 985, 600 S. Paulina

Each year, nearly 150,000 people in the United States are diagnosed with colorectal cancer. When detected early, this disease has a 90 percent rate of successful treatment. Learn your risk of colon cancer and what you can do to reduce that risk. This program includes a pre-screening and self-assessment tool to help determine your need for colon cancer screening.

UPCOMING TOPICS Spine and Back Care Women's Health



Barack Obama visits RUSH

With health care a prominent topic in the fall election debates, then U.S. Senator-elect Barack Obama and state Congressman Danny Davis visited RUSH University Medical Center in October to hear directly from health care professionals about their concerns and questions. Kimberly Smith, MD, in Medicine and Infectious Diseases at RUSH, asked Obama about his plans to control drug costs for HIV and AIDS patients.

Obama acknowledged that while he didn't "have a magic bullet to solve this problem," he understood the need to work with drug companies to produce generic equivalents for some of the most expensive brand name drugs.

RUSH president and CEO Larry Goodman, MD, asked Obama about his goals for his first year in office. "I will be trying to see how we can expand children's health coverage and how we're approaching preventive health care for children," said Obama. ■



Barack Obama (left) talks with Cynthia Boyd, MD, associate vice president and chief compliance officer at RUSH.

Newer beta blocker boon to diabetes patients

BETA BLOCKERS have been shown to be effective at lowering high blood pressure, but many physicians do not prescribe them to their patients with diabetes because some beta blockers have been shown to raise blood sugar levels in those patients. Not having beta blockers leaves them with fewer options to combat high blood pressure and at greater risk for heart disease.

Especially at risk are the 47 million adults in the United States with metabolic syndrome — a combination

of risk factors in one person, including obesity and high blood pressure, that increases the risk of heart disease, stroke and type 2 diabetes.

Now there's help: A new beta blocker used to control high blood pressure does not raise blood sugar levels in those with diabetes and high blood pressure, according to a study by researchers from RUSH University Medical Center that was published in the *Journal of the American Medical Association* in November.

"The results of this study suggest that physicians treating people with diabetes may want to consider the role that a newer beta blocker, such as carvedilol, could play in managing certain cardiovascular risk factors and components of the metabolic syndrome," says George Bakris, MD, director of the RUSH University Hypertension Center. "By improving these crucial risk factors, carvedilol could, theoretically, improve overall outcomes in this high-risk patient population." ■



Grip strength declines postmenopause, but physical activity provides hope

WOMEN WHO THINK their strength isn't what it used to be before menopause may be right. Postmenopausal women are weaker — as measured by grip and pinch strength tests — than women who have not yet experienced menopause, according to a RUSH University Medical Center and University of Chicago study published recently in the *American Journal of Epidemiology*. The decline in strength was more significant for pinch strength than grip, which may be good news for older softball players and chubby-cheeked grandchildren alike.

"The good news for women is that being physically active — whether it is a formal exercise program or doing work around the house — may help stave off a decline in strength brought on by menopause," says RUSH's Martha Gulati, MD, one of the principal investigators of the study. ■

Subscribe to e-news: Your chance to win!

SIGN UP FOR our health e-newsletter in March and become eligible for a drawing to receive a free heart-healthy meal from Flat Top Grill. Just go to www.rush.edu/discover to subscribe. ■

Angina pectoris

A GENE-THERAPY TREATMENT that might help reduce chest pain caused by heart disease (angina pectoris) is the subject of a clinical research study by the Department of Cardiology at RUSH University Medical Center. The study will compare a recombinant DNA gene-therapy treatment to placebo in patients with severe angina pectoris.

The trial will test whether the DNA gene therapy (injected into the heart via an experimental direct-injection catheter) will enable the growth of new blood vessels to get oxygen-rich blood to parts of the heart that are damaged.

Subjects must have moderate to severe chest pain that is unresponsive



to medication, experience signs or symptoms of chest pain during the exercise tolerance test (ETT) and have had an angiogram within 90 days prior to screening.

Subjects are *not* eligible if they fit any of the following categories:

- Have exercise-limited noncardiac chest discomfort
- Are candidates for conventional revascularization procedures
- Have uncontrolled atrial fibrillation, atrial flutter and/or significant arrhythmias
- Are unwilling or unable to undergo cardiac catheterization or nuclear (SPECT image) testing procedures
- Have unstable chest pain or have had an acute non-Q-wave heart attack within 14 days
- Have had a documented stroke or transient ischemic attack within 60 days
- Are pacemaker-dependent

For more information, please contact Jason Daily, RN, BSN, at (312) 942-8144. ■

Osteoarthritis

THE DEPARTMENT of Rheumatology is conducting an osteoarthritis study for patients who have hip or knee soreness and pain with movement or have swelling or decreased mobility in the hips or knees.

Subjects must be at least 40 years old, have had pain for at least three months and be able to walk without assistance. For more information, contact Rita Tharp, RN, at (312) 942-2167. ■

Alzheimer's disease

CHOLESTEROL-LOWERING DRUGS, the ones that help lower the risk of heart disease, may also be helpful in treating Alzheimer's disease. The RUSH Alzheimer's Disease Center and researchers from the Alzheimer's Disease Cooperative study are conducting the CLASP (cholesterol-lowering agent to slow progression of Alzheimer's disease) research study, a two-year, placebo-controlled trial to study the effectiveness in treating Alzheimer's with a statin medication called simvastatin (Zocor). Participants will be monitored and assessed regularly by health care professionals throughout the study.

The CLASP trial needs volunteers who have mild to moderate Alzheimer's, are 50 or older, speak English or Spanish, do not currently take or need cholesterol lowering drugs and have a study partner — a friend or relative who can accompany the volunteer to all clinic visits and answer questions about him or her.

For more information, contact study coordinator Julie Bach at (312) 942-8264. ■

Visit our clinical trials database on the Web at www.rush.edu/clinicaltrials.

Take control, advance discovery

Clinical trials help bring new treatments and procedures to the public, and they allow people to play an active role in their own health care.

Clinical trials are closely monitored and regulated through the Food and Drug Administration. Although there are always potential risks involved with any clinical trial, RUSH doctors make sure patients are fully informed before beginning the trial as well as closely watched throughout the study.

Each clinical trial has a set of criteria for who is and is not eligible to participate. For a list of the clinical trials ongoing at RUSH, visit www.rush.edu/clinicaltrials.

To the left you'll find a few of the trials we're working on now. ■

1700 West Van Buren Street,
Suite 250
Chicago, Illinois 60612-3244

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