



From the Research and Clinical Trials Administration Office

Huntington's Disease Study

The Department of Neurological Sciences is participating in a study looking at the effects of coenzyme Q10 (CoQ10) on the progression of functional decline in Huntington's disease (HD), as well as the long-term safety and tolerability of the study dosage, which is a higher dosage than is currently available for purchase. This will be the largest therapeutic clinical trial to date for Huntington's disease.

Participants must meet the following criteria:

- Be 16 years of age or older
- Have early (mild to moderate) HD
- Be independently walking and fully self-sufficient in activities of daily living
- Be able to identify a caregiver who will maintain control of and supervise the dosing of study medication

This is a partial list of inclusion and exclusion criteria. **Kathleen M. Shannon, MD**, is the principal investigator at Rush. For more information, contact Jean A. Jaglin, RN, at (312) 563-2900.

Osteoarthritis Study

The Section of Rheumatology is participating in a study looking at how osteoarthritis in one hip affects the knees.

Participants must meet the following criteria:

- Have pain in one hip (not both hips) for at least two years
- Have end stage (severe) osteoarthritis of the hip
- Not have a history of rheumatoid arthritis, lupus or gout
- Not have had a knee or hip replacement

This is a partial list of inclusion and exclusion criteria. **Najia Shakoor, MD**, is the principal investigator at Rush. For more information, contact Rachel Mikolaitis at (312) 563-2992.

Rush Going Tobacco Free

As you are probably aware, Rush becomes a tobacco-free campus on November 20, 2008. Please make sure your staff, patients, families and other visitors are aware that in addition to buildings, all outdoor areas throughout the campus will now be tobacco free. If anyone in your office or any of your patients need help to quit the use of tobacco products, you can refer them to the Illinois Tobacco Quit Line at (866) QUIT-YES or www.quityes.org. Rush is also offering smoking cessation classes for employees, volunteers and students. To register, e-mail smoke_free@rush.edu.

Programs and Services Spotlight

The Coleman Foundation Comprehensive Clinic for Gastrointestinal Cancers

The Coleman Foundation Comprehensive Clinic for Gastrointestinal Cancers is one of only a few comprehensive facilities in the Chicago area dedicated to the care of patients who are at risk for or have been diagnosed with cancer of the esophagus, stomach, small intestine, colon, rectum, anus, pancreas, gallbladder, bile ducts or liver.

The clinic, offered every Tuesday afternoon, brings together a team of experts in gastroenterology, medical oncology, surgery, diagnostic radiology, radiation oncology, pathology and psychosocial oncology as well as nutrition and genetics. These specialists are equipped to handle the most complex cases and to help patients cope with any nutritional, psychological and pain-related problems related to their cancer or treatment. New patients meet with a multidisciplinary team in a single visit; by the end of this meeting, the team has devised a well-defined, personalized treatment plan.

Advanced Diagnosis and Treatment

Specialists at the clinic use the latest imaging techniques and therapies to diagnose and treat gastrointestinal cancers, including the following:

- Multidetector CT imaging and positron-emission tomography for diagnosis
- Laparoscopic and minimally invasive surgical approaches to biopsy growths and remove tumors
- Radiofrequency ablation, an image-guided technique for esophageal cancers that uses heat to kill cancer cells
- Cryospray ablation, a new technique for rectal and esophageal cancer that uses liquid nitrogen to freeze and destroy abnormal cells
- Targeted radiation therapies that allow higher doses to be delivered to tumors while limiting the dose to healthy tissue, including 3-D conformal radiotherapy, intensity-modulated radiation therapy and interstitial brachytherapy
- A full range of advanced chemotherapeutic agents

Emphasis on Prevention

Gastrointestinal cancer specialists at Rush are also committed to raising awareness about GI cancer symptoms and the importance of routine screenings, including the following services offered through the clinic:

- Colonoscopies to prevent colon and rectal cancer
- Upper endoscopies to screen for esophageal cancer and Barrett's esophagus
- Genetic counseling and screening for hereditary predisposition to cancer, including the Sandra Rosenberg Registry for Hereditary and Familial Colon Cancer

Research to Advance Treatment

Patients at the clinic have access to a number of ongoing clinical trials at Rush that evaluate new treatments, including the following:

- Combination chemotherapy for metastatic pancreatic cancer
- A new antibody for metastatic colorectal cancer designed to induce apoptosis in tumor cells when given with standard frontline chemotherapy
- A vaccine for resected pancreatic cancer

Participating Physicians

The Coleman Foundation
Comprehensive Clinic for
Gastrointestinal Cancers
1725 W. Harrison St., Suite 855

Sohrab Mobarhan, MD, clinical director

Gastrointestinal and Nutritional Support

Ashkan Farhadi, MD, MS,
gastroenterologist
John Losurdo, MD, gastroenterologist

Genetics

Lydia Usha, MD, genetic consultation
and screening

Radiology

John Hibbeln, MD, radiologist
Claire Smith, MD, radiologist

Surgery

Marc Brand, MD, colorectal cancer
John Butsch, MD, esophageal, gastric,
liver and biliary cancers
Daniel Deziel, MD, esophageal,
stomach, pancreatic and biliary
cancers
Constantine Godellas, MD, pancreatic,
gastric, hepatopancreatobiliary and
intestinal cancers
Anthony Kim, MD, esophageal cancer
Michael Liptay, MD, esophageal cancer
James Madura, MD, pancreatic, gastric
and intestinal cancers
Keith Millikan, MD, esophageal,
stomach, liver and pancreatic cancers
Jonathan Myers, MD, gastrointestinal
and biliopancreatic cancers
Richard Prinz, MD, pancreatic and
biliary cancers
Theodore Saclarides, MD, colorectal
cancer
William Warren, MD, esophageal cancer

Medical Oncology

Gerry Bohac, MD, gastrointestinal
oncologist
William Leslie, MD, medical oncologist,
hematologist

Radiation Oncology

Ross Abrams, MD, liver, biliary tree,
pancreatic and intestinal cancers
Arnold Herskovic, MD, esophageal, bile
duct and gastrointestinal junction
cancers

For more information about the clinic, or to refer a patient, call Kateri Evans, RN, clinical nurse coordinator, at (312) 942-1340 or pager 85-7001.

The clinic is also available to provide second opinions for those who have previously been diagnosed.

New patients are seen within five to seven working days. A dedicated gastrointestinal nurse is available to answer patient questions and coordinate all appointments, procedures and tests in a timely manner.



Clinical CORNER

Rush Testing First Universal Newborn Screening for Fragile X Syndrome

Rush is one of only two centers nationwide now offering the first systematic newborn screening program for the genetic mutation that results in fragile X syndrome — the single most common known genetic cause of autism and mental retardation.

A test has been developed that can identify the fragile X mutation using small drops of blood collected from infants after birth. Developed by researchers at UC Davis in Sacramento, Calif., and validated by researchers at Rush, the test is part of a \$2.3 million study funded by the National Institutes of Health (NIH). All newborns at Rush and UC Davis are now undergoing the screening with the goal of screening as many as 30,000 infants over the next five years.

The NIH-funded study will lay the groundwork for universal newborn screening of all infants in the United States for early detection of the fragile X mutation, according to pediatric neurologist and study co-investigator **Elizabeth Berry-Kravis, MD**, one of the world's leading experts on fragile X and related conditions. For a newborn screening tool to be effective, it must be accurate, quick, inexpensive and work on a very small amount of DNA; the new blood spot test meets all of those requirements.

High-Tech Device Helps Patients Regain Ability to Walk Normally

Foot drop is partial leg paralysis that prevents the foot from lifting and causes instability and difficulty walking. It is a common difficulty facing stroke survivors and patients with neurologic or muscular disorders, including multiple sclerosis and cerebral palsy.

A new device offered at Rush, the NESS L300 neuro-rehabilitation system, is helping these patients retrain and regain control of their bodies and achieve greater mobility and independence. Lightweight and noninvasive, the NESS L300 is a wireless brace worn on the lower leg. Small sensors placed by the heel of the foot detect whether the patient's foot is in the air or on the ground. Electrodes then transmit painless electronic stimulation to the peroneal nerve to activate the calf muscle and correct a patient's gait. When weight is taken off the patient's foot, the brace sends a signal to contract muscles inside the calf, allowing the foot to swing forward.

"We have seen vast improvements in patients' walking coordination, speed and blood flow, and a decrease in the effort required during walking while wearing the NESS L300," says **James Young, MD**, medical director of physical medicine and rehabilitation.

Rush offers a similar device, NESS H200, for rehabilitation of arm movement. This portable wireless device comprises a hand and forearm brace with five surface electrodes that stimulate muscles to initiate grasp, release and thumb movements.

INTRODUCTIONS

The following is a list of physicians who joined the Medical Staff of Rush University Medical Center between July 1 and August 31, 2008. 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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Kudos

David Ansell, MD, MPH, chief medical officer at Rush, and Steve Whitman, director of the Sinai Urban Health Institute, received the Award for Medical Advancement in Breast Cancer from the Avon Foundation for their leadership efforts to reduce disparities in breast cancer treatment between African-American and Caucasian women in Chicago. Ansell and Whitman are lead members of the Metropolitan Chicago Breast Cancer Task Force.

Stephanie Gregory, MD, was selected by the Lymphoma Research Foundation (LRF) as the recipient of the 2008 LRF Chicago Hope Award. The award is given annually to an individual who has worked diligently in the Chicago area to foster the LRF mission through outstanding patient care and cutting-edge research. Gregory is the Elodia Kehm Professor of Hematology and director of the Section of Hematology.

John Hibbeln, MD, was named president of the Chicago Radiological Society. Hibbeln is section director of computed tomography, director of radiology informatics, director of the Section of Genitourinary Radiology and associate professor in the Department of Diagnostic Radiology and Nuclear Medicine. Hibbeln is also secretary-treasurer of the Chicago Radiological Society and was elected alternate councilor for the American College of Radiology.

Philip Liebson, MD, cardiologist and professor of internal medicine and preventive medicine, was honored with the Jan J. Kellerman Memorial Award for distinguished contribution in the field of cardiovascular disease prevention by the International Academy of Cardiology. Liebson holds the McMullan-Eybel Chair of Excellence in clinical cardiology at Rush. He also serves as associate director of cardiology for faculty development and associate director of the echocardiography laboratory.

Ranks Rush No. 1 in Quality and Safety Study

University HealthSystem Consortium (UHC) recently ranked Rush University Medical Center No. 1* in its annual quality and safety study. The study, which involved 88 academic medical centers nationwide, was guided by six elements of care — safety, mortality, effectiveness, efficiency, equity and patient centeredness. This was the first year that a measure for patient centeredness was included as a factor in the overall rankings. Rush is one of only two academic medical centers in the nation to be ranked in the top five every year by the UHC, which established the study four years ago.

**UHC does not issue ranking reports. Rush and other academic medical centers that participate in the quality and accountability study are permitted to see how they score against the six measures used in the study. Publicly, UHC releases the names of the top five performers but does not reveal the top five rankings. Rush and other participant members are not permitted to reveal their ranking numbers or those of any other participants except for internal communications purposes.*