Transitions are inevitably associated with mixed feelings of uncertainty, loss, nostalgia, and the excitement of new ideas, opportunities, and aspirations in the horizon ahead. These feelings are experienced at an individual and collective level and help us remember our purpose, review our motivations, and align our priorities.

Several changes have been implemented in the Pulmonary and Critical Care Division at Creighton University with the aim of enhancing our triple mission of patient care, medical education, and research.

On the clinical front, the addition of new faculty (see Division News, Pulmonary section, page 8) has improved the access to pulmonary, critical care, and sleep medicine consultations in the inpatient and outpatient settings. The Pulmonary Clinic (phone number is (402) 449-4486; located in Suite 3820 at Creighton University Medical Center (CUMC) adjacent to the Pulmonary Function Laboratory and across the hall from Radiology), provides a convenient and efficient environment for comprehensive pulmonary evaluation and follow-up when needed. Patients are seen five days a week between 8:00 a.m. and 5:00 p.m. by Drs. J. Clayton Campbell, Naresh A. Dewan, Lee E. Morrow, and Dan Schuller.

The Pulmonary Fellows, supervised by the attending physicians, have also started a half-day continuity clinic which has resulted in a substantial decrease in the waiting time for new patient appointments and a strengthening of our training program.

Areas of clinical interest include: Asthma and chronic obstructive pulmonary disease (Drs. Campbell, Morrow, and Schuller); high risk preoperative evaluations (Drs. Campbell, Dewan, Morrow, and Schuller); lung cancer (Drs. Dewan, Morrow, and Schuller); interstitial lung disease (Dr. Morrow); obstructive sleep apnea (Dr. Dewan); and pulmonary hypertension (Dr. Schuller).

The CUMC Pulmonary Function Laboratory has been upgraded with new equipment that provides state-of-the-art technology for the evaluation of patients with respiratory complaints. Theresa (Jeanne) Worth, CPFT, and Bonita (Boni) Wilkerson, CRTT, have decades of experience in testing pulmonary patients and provide the invaluable technical expertise and patient coaching required for spirometry, lung volume determination by gas dilution or plethysmography, bronchoprovocation, diffusion evaluation, oxygen assessment and titration, simple or complete cardiopulmonary exercise testing, and determination of airway resistance and reactance by impulseoscillometry system (I.O.S.). The new equipment includes a body box equipped with a ramp and extra leg room (the only one in the...
As I write this column for Creighton Medicine, we are finalizing our plans for the next Academic Year. This annual process includes meetings with the Associate Chairs to identify initiatives in service to our Educational, Research, and Clinical Goals. Division Chiefs also meet with individual faculty, and then with me, for us to review individual and unit objectives for the coming year. These various ideas all provide input into our proposed initiatives for the Academic Year, which are then reviewed by the Division Chiefs. These plans provide guidance as we prepare the division and department budgets. Of course, the initiatives we undertake must be prioritized to be consistent with the available financial resources; our energetic and creative faculty and staff can always identify more ways to improve and grow than we have resources to support!

We have taken on a challenging array of initiatives for the 2003-2004 Academic Year. Consistent with the mission of Creighton University, we focus first on our educational program. Major new teaching initiatives for this coming year include workshops to enhance teaching of procedures for students (e.g. phlebotomy) and residents (e.g. CVC); new electives for fourth year students (e.g. Clinical Epidemiology, Topics in Adult Medicine, Medical Practice management, Advanced PDX); better recognizing superb Professional Role Models among our faculty; renovating our main Departmental classroom, introducing new uses for our “Smart-board” group teaching technology; improving face-to-face feedback for residents and students; and expanding faculty development in clinical teaching.

Research is another important aspect of Creighton’s mission, and so we plan ambitious initiatives to enhance our scholarly efforts as well. These include a program for Biostatistical consulting resources extending throughout the department; establishing Research Mentors to assist new faculty in research and in manuscript writing; reactivating our research development program to encourage promising new investigations; establishing two new clinician investigator faculty members and recruiting two more.

As the largest clinical department in the Creighton University School of Medicine, we have a substantive responsibility for service to patients and the community. Our clinical program objectives include enhancing our quality of care measures, and developing improved quality reports; finalizing plans for expansion of our ambulatory care facilities; introducing enhanced critical care services; implementing a community-based clinical diabetes program; and recruiting additional cardiologists, dermatologists, and gastroenterologists.

These are certainly an exciting and ambitious set of initiatives for the upcoming Academic Year. Yet this list relates only to activities managed by the Department as a whole; individual Divisions and Centers within Creighton Medicine are constantly investing to improve their scope of activity. There are new clinical services in Cardiology (e.g. introduction of the new “coated” stents for CAD, and new therapies for atrial arrhythmias); new NIH-funded education (Cardiology) and research (Allergy and Endocrinology) initiatives; an expanding Women’s Health program; Community-oriented primary care projects; preparations for re-accreditation of medical student, residency and fellowship programs; the list is almost endless! We are looking forward to another great year, and will keep you posted on our progress through Creighton Medicine.

Eugene Rich, M.D.
Tenet Professor and
Chair Department of Medicine

Clinical Trials Office

by Thomas Casale, M.D.
Professor of Medicine

If you have patients who would benefit from participation, please contact either the Principal Investigator or the Study Coordinator for the respective trial.

Clinical trials outside the Department of Medicine

Laparoscopic cholecystectomy post-operative pain management.
For more information, please contact Elisabeth Nystrom, M.D., Ph.D., Assistant Professor of Anesthesiology, Principal Investigator, or Study Coordinator, Tony Romero, M.S., C.C.R.C. at (402) 280-5960.
The Division of Allergy & Immunology has made great strides in recent years. The Division has expanded the number and scope of clinics in the Omaha metropolitan area. The Allergy and Immunology Training program is flourishing with five fellows and a significant number of new applicants. The research in the division continues in a positive direction especially with the recent award of a multi-million dollar NIH grant.

The expansion of clinical services has largely stemmed from the addition of Jeffrey Stokes, M.D. to the faculty. Dr. Stokes is board certified in pediatrics, pediatric pulmonary diseases, and allergy and immunology. He has expanded the number of clinics at Offutt Air Force Base/Ehrling Bergquist Hospital in Bellevue. In addition, he has begun satellite clinics at two Creighton Family Healthcare locations, 132nd & Maple and 25th & L Street in Omaha. These clinics have been useful in providing allergy/immunology services to the community and helping to provide a wide variety of pediatric and adult patients with allergic and immunologic disorders for resident training.

Currently, the Division of Allergy & Immunology has five Fellows and provides elective clinical rotations. The training program is adapting to the new ACGME requirements for competency assessments. The Allergy/Immunology service continues to be a popular elective for internal medicine, pediatric and family practice residents. Allergy/Immunology Fellows have done very well in caring for patients, and in undertaking creative research projects. Indeed, at the recent American Academy of Allergy, Asthma & Immunology meeting in Denver, Colorado, three of our Fellows presented their research findings on the mechanism of action and onset of action of omalizumab, a humanized monoclonal antibody against IgE. These accomplishments have led to an increase in visibility of the program nationwide. For 2004, the program received over 90 applicants for a single fellowship slot.

As in the past, one of the cornerstones of the Allergy & Immunology Division activities has been research. The past decade has seen an explosion in our understanding of the basic aspects of the immune system and its role in the pathogenesis of inflammatory disorders. The advent of novel immunomodulators has opened the door to move these developments from bench to bedside. The Division of Allergy & Immunology is studying a number of immunomodulators for the treatment of a variety of inflammatory disorders including asthma, allergic rhinitis, psoriasis and various arthritides. The Division is working with monoclonal antibodies to important cytokines (such as interleukin-4), CD23 (the low affinity IgE receptor), IgE, and CD2 (an important T-cell receptor). Many of the studies carried out by the Division were first in human experiments aimed at defining the potential therapeutic benefit of these novel immunomodulators.

In addition to the clinical use of immunomodulators, the basic science laboratory component of the Division continues to study the mechanisms of action of these and other molecules and their potential as therapeutic agents. For example, Dr. Agrawal has been actively studying Flt-3 ligand which may be an important molecule for the therapy of cancer and allergic respiratory disorders. The Division utilizes a mouse model of allergic respiratory diseases to examine the immunomodulatory potential of these molecules.

The integration of the bench to bedside approach for the therapy of inflammatory disorders has led to the award from the National Institutes of Health of an Immune Tolerance Network grant to Dr. Casale. He is the Principal Investigator on a three-site study examining the therapeutic potential of the anti-IgE monoclonal antibody, omalizumab, (see figure below named Omalizumab Mechanism of Action) in combination with allergen immunotherapy for the therapy of allergic respiratory disorders. To date, allergen immunotherapy has been shown to have many important modulatory benefits on the immune system including a shift in the immune response from a Th2 to a Th1 paradigm. In addition, immunotherapy has been shown to prevent neo-sensitization to other allergens and the development of asthma. However, allergen immunotherapy has been problematic in some patients because it can sometimes cause allergic reactions. Preceding allergen immunotherapy with anti-IgE monoclonal antibody makes immunologic and clinical sense. Omalizumab has been shown to decrease IgE and its high affinity receptor on key immune effector cells. We also postulate that it may decrease low affinity IgE receptor expression, modulate antigen presentation and decrease dendritic Type 2 cells, activities which would inhibit allergic responses. By these actions, the allergen immunotherapy should be more effective and safer. This recently awarded multi-million dollar study will examine the efficacy of this combination as well as how these agents work for the therapy of allergic respiratory disorders. It is hoped that this study will ultimately lead to a new and better therapy for these common disorders.

Recent specific accomplishments of the faculty are many. To highlight a few, Devendra Agrawal, Ph.D. has chaired several sessions at recent conferences. Also, Ron Southward, M.D. has won the David P. White Award for clinical excellence in pediatrics.

As with previous years, we look forward to presenting our research and accomplishments at the American Academy of Allergy, Asthma & Immunology meeting in Denver, Colorado, October 18-21, 2004. It has been quite a year for the Allergy & Immunology Division.
The three most common forms of skin cancer are basal cell carcinoma (BCC), squamous cell carcinoma (SCC) and malignant melanoma (MM). All three forms of skin cancer have increased in frequency over the past two decades.

In the United States, BCC is the most common form of skin cancer that affects 900,000 people each year. The estimated lifetime risk for Caucasians is 33-39% for men and 23-28% for women. SCC is the second most common form of skin cancer in the United States with 300,000 cases each year. SCC is more common in regional areas with greater sun exposure (for example, the SunBelt area). SCC is generally perceived as a more aggressive tumor than BCC, yet the incidence of metastases is low (2-6%). Immune compromised patients, such as those who are status post transplant, have a much higher risk to develop SCC. Melanoma accounts for only 4% of all skin cancers yet it results in the greatest number of skin cancer deaths worldwide. The reason is because this type of tumor has an increased risk of metastasis.

Mohs micrographic surgery is a surgical technique used for the treatment of skin cancer. It is primarily indicated for the treatment of non-melanoma skin cancers (NMSC), such as SCC and BCC. It has also been employed in the extirpation of much less common skin tumors (see Table 1 below). The use of Mohs surgery to excise melanoma is controversial, but is becoming less so as accumulating data suggests high cure rates.

Mohs Surgery Technique

The area of skin cancer to be treated is prepped with alcohol and anesthetized by local infiltration with 1-2% xylocaine with epinephrine 1:200,000. The skin is incised at a 45 degree angle to the surface with 1-3 mm margins beyond the obvious clinical tumor. Scoring of the skin edges is recommended to allow for correct tissue orientation. The tissue is subdivided into small pieces (usually two to four) and edges marked with tissue dye. A map is made corresponding to the dye so any residual tumor can be accurately re-excised. Prior to processing, each piece is placed upside down on a microtome chuck and embedded with OCT gel. The tissue is then snap frozen with liquid nitrogen. Skin edges may be “teased” up to ensure skin edges (for example, lateral margin) are in the same plane as the deep margin. Horizontal cuts with the cryostat machine ensure that the lateral and deep margins are examined on each piece of tissue. Several representative cuts are placed on each microscopic slide and then stained with hematoxylin and eosin. The slides are then examined by the Mohs surgeon, which is an integral part of the procedure. If a residual tumor is identified, it is marked on the map and precise re-excision occurs. This allows for maximum preservation of normal tissue. This cycle is repeated until negative surgical margins are obtained. The schematic for Mohs Surgery, which is displayed above, is a pictorial diagram of the technique.

Indications For Mohs Surgery

Not all skin cancers need be treated with Mohs surgery. For example, small, superficial BCC or SCC located on the trunk and extremities are sun induced tumors. They are not aggressive and are easily treated with simple excision or electrodesiccation and curettage.

Table 1 Tumors Treated With Mohs Surgery

- Basal cell carcinoma
- Squamous cell carcinoma
- Sebaceous carcinoma
- Kerato acanthoma
- Microcystic adnexal carcinoma
- Dermatofibrosarcoma protuberans
- Extramammary Paget’s Disease
- Bowen’s Disease
- Melanoma
- Lentigo Maligna
- Malignant Fibrous Histrocytoma
- Merkel’s cells tumor
- Angiosarcoma
- Latro myosarcoma

Mohs Surgery: Treatment For Skin Cancer

by Christopher J. Huerter, M.D.

Christopher J. Huerter, M.D.
Pillars, Past and Present

W. Eugene Sanders, Jr., M.D., F.I.D.S.A., F.A.A.M., Professor Emeritus, graduated from Cornell University (A.B., M.D.) and was trained in Internal Medicine at Johns Hopkins and the University of Florida. He then served two years at the Centers for Disease Control followed by nine years in the Departments of Medicine and Microbiology at Florida. He became Chairman of the Department of Medical Microbiology and Professor of Medicine at Creighton in 1972, positions he held for 21 years. He remained Professor of Medicine and in 1993, became Co-Director of the Center for Research in Anti-Infectives and Biotechnology (CRAB) until retirement as Professor Emeritus in 2001. He currently resides in Englewood, Florida on the shore of Lemon Bay.

Why did you come to Creighton? In 1972, Dean Joseph Holthaus made a bold decision to blend the basic science of microbiology with clinical infectious diseases and the hospital microbiology laboratory. I was recruited to spearhead this effort, which at that time was unique among U.S. medical schools. I perceived it as the opportunity of a lifetime and time proved it to be reality. My years at Creighton could not have been happier.

Are there other features that distinguish Creighton? Yes, there are many. The quality of faculty, housestaff and students are legend. Perhaps most importantly, their distinguishing characteristic has been a lack of elitism, so prevalent at the “big name” institutions. At Creighton, excellence in scholarship, teaching or service has generally been equally encouraged and rewarded. The resultant harmony has fostered individual growth and learning at all levels.

Who were most influential in your career at Creighton? Dean Holthaus provided me the opportunity, encouraged me through difficult times, and nudged me back on course whenever I strayed. George Clifford and Walter O’Donohue were dear friends and constant sources of inspiration. I am deeply saddened by the recent loss of these two outstanding colleagues. Finally, I was blessed with talented fellow faculty, housestaff and students. Of special note was Matthew Severin, the first faculty member I recruited, who subsequently became an outstanding administrator in his own right and remains a dear friend.

Your former students refer to you as part of the “Dynamic Duo.” What is this all about? Christine Sanders, Ph.D., who is my colleague, best friend and wife, co-directed a research program with me in Microbiology and Infectious Diseases. Hence, we often shared the podium in the classroom, at CME programs, and scientific forums. She presented the more basic science while I integrated clinical aspects. The students seemed to have appreciated the give-and-take approach and originated the moniker for the pair.

Would you identify some of the more rewarding moments in your career? There were many happy and memorable occasions. I was delighted and awed by invitations to speak at the Pasteur Institute in Paris in 1980 and 1990, and several years later at the Jules Bordet Institute in Brussels. Equally thrilling was a return to Johns Hopkins as a Visiting Scientist during a sabbatical leave in 1983. Perhaps most meaningful were five Golden Apple Awards from the students and the Distinguished Professor Award, nominated by Creighton alumni and elected by fellow faculty in 1987.

Were there disappointments along the way? Yes indeed. In the laboratory, there were failed experiments, my “brilliant” hypotheses disproven, and episodic losses of funding. Nevertheless, these were minor compared to disturbing trends at Creighton and nationally. Close to home, we have seen chairs become more preoccupied with financial concerns and pure administration. Little time remains for teaching, research, and service. I fear that the classic chairperson as clinician role model or “triple threat” may be an endangered species. In addition, I sense a declining collegiality and cross-fertilization between divisions, departments and schools. Perhaps more incentives are needed to foster collaborative efforts across disciplines. However, I am optimistic that Creighton will remain at the forefront in addressing the many divisive issues that face modern medicine today.

You were a patient at Creighton University Medical Center several years ago. What did you learn from the experience? First and foremost, I was profoundly impressed by the competence, professionalism and compassion of my physicians, housestaff, students, nurses and staff. I observed the same attitude toward my fellow patients as well. Finally, had my myocardial infarction occurred five years earlier, I would not be responding to questions today. Medicine at Creighton University Medical Center is truly state-of-the-art.

Are you happy in retirement? Very much so, but I do miss friends and colleagues greatly. We hunger for news of Creighton and the Blue Jays. We have embarked on second careers as authors of books on art and antiques and as part-time dealers in antiques. The weather is fine, the fishing is good, so come on down to see us.
Allergy
submitted by Tony Romero, M.S., C.C.R.C.
PROGRAM MANAGER, CLINICAL TRIALS OFFICE
and Wendy Taylor
ADMINISTRATIVE ASSISTANT

Clinical Trials
Assessment of Skin Biopsies Following Treatment with Tecartemizole for 4 Months. For more information, please contact Thomas Casale, M.D., Professor of Medicine, Principal Investigator, or Study Coordinator, Jean Kessler, at (402) 280-5965.

A Placebo-Controlled, Multiple-Dose, Sequential Dose-Escalating Study to Evaluate the Safety and Clinical Activity of IDEC-152 (Anti-CD23) Monoclonal Antibody in Patients with Mild Persistent to Severe Persistent Allergic Asthma. For more information, please contact Thomas Casale, M.D., Professor of Medicine, Principal Investigator, or Study Coordinator, Lori Mahon, at (402) 280-5968.

A randomized, multicenter, placebo-controlled parallel group study of four months duration per patient to evaluate the safety and efficacy of treatment with 24µg b.i.d. and 12µg b.i.d. formoterol, double-blind, and 12µg b.i.d. formoterol with additional on-demand formoterol doses, open-label, in adolescent and adult patients with persistent stable asthma. For more information, please contact Robert Townley, M.D., Professor of Medicine and of Microbiology, Principal Investigator, or Study Coordinator, Lori Mahon, at (402) 280-5968.

A randomized, multicenter, parallel-group, double-blind, vehicle-controlled study to compare pimecrolimus cream 1% and vehicle in patients 2 years old with mild to moderate atopic dermatitis. For more information, please contact Russell Hopp, D.O., Professor of Pediatrics and of Medicine, Principal Investigator, or Study Coordinator, Jean Kessler, at (402) 280-5965.

Professional and educational activities
Againdra Bewtra, M.D., Associate Professor of Medicine, Anna Maio, M.D., Assistant Professor of Medicine, and Henry Sakowski, M.D., Assistant Professor of Medicine, gave a poster presentation entitled, “Swollen Head: More than an Ego Problem” at the Society of General Internal Medicine 26th Annual meeting in Vancouver, British Columbia from April 30-May 3, 2003.

Cardiology
submitted by Syed Mohiuddin, M.D.

Web site: http://thecardiaccenter.creighton.edu

Faculty promotions
Michael Del Core, M.D. and Karen Rovang, M.D. have been promoted to the rank of Associate Professor of Medicine. Ijaz Khan, M.D. has been promoted to the rank of Associate Professor of Medicine with Tenure.

Professional Activities
Ademola Abiose, M.D., Assistant Professor of Medicine, has passed the American Society of Nuclear Cardiology Board examination and is a board-certified nuclear cardiologist. His abstract, entitled “Spironolactone Improves Endothelial Function in Congestive Heart Failure Patients on Angiotensin-Converting Enzyme Inhibitors,” was presented at the 52nd Annual Scientific Session of the American College of Cardiology, in Chicago in March 2003.

Brad Oldemeyer, M.D., Chief Cardiology Fellow, made an oral presentation, entitled “Acetylcysteine in the Prevention of Contrast-Induced Nephropathy Following Coronary Angiography,” at the 52nd Annual Scientific Session of the American College of Cardiology, in Chicago in March 2003.

Xuedong Shen, M.D., Research Fellow, was the primary author, along with Huagui Li, M.D., Associate Professor of Medicine, Feng Xie, Thomas R. Porter, John Lof, Meng Jiang, The Cardiac Center of Creighton University, University of Nebraska Medical Center, Baystate Medical Center, Springfield MA, of an abstract entitled, “Acute Hyperglycemia Worsens Myocardial Flow Heterogeneity: Assessed by Power Pulse Inversion Imaging,” and presented at the 52nd Annual Scientific Session of the American College of Cardiology, in Chicago in March 2003.

Dr. Shen was also the primary author, along with Huagui Li, M.D., The Cardiac Center of Creighton University, Feng Xie, Thomas R. Porter, John Lof, University of Nebraska Medical Center, Leng Jiang, Baystate Medical Center, Springfield MA, of an abstract entitled, “Acute Hyperglycemia Worsens Myocardial Flow Heterogeneity: Assessed by Power Pulse Inversion Imaging,” and presented at the 52nd Annual Scientific Session of the American College of Cardiology, in Chicago in March 2003.

Clinical Trials
The Home Automatic External Defibrillator Trial (HAT) studies the survival from risks of previous myocardial infarction, either through emergency training and CPR, versus training and use of an AED. For more information, please contact Syed Mohiuddin, M.D., Principal Investigator, or Study Coordinator, Lois Rasmussen, R.N., B.S.N., at (402) 280-4618.

Amlodipine vs. valsartan in the treatment of hypertension compares the efficacy of angiotensin II receptor antagonist valsartan (Diovan TM) to calcium channel blocker amlodipine (Norvasc(r)) in the management of mild to moderate hypertension in African-Americans. For more information, please contact Aryan Mooss, M.D., Professor of Medicine, Principal Investigator, or Study Coordinator, Lois Rasmussen, R.N., B.S.N., at (402) 280-4618.

The I-PRESERVE Study assesses the use of angiotensin II receptor blocker irbesartan (Avapro(r)) in the treatment of heart failure in patients with preserved systolic function. For more information, please contact Antonio Reyes, M.D., Assistant Professor of Medicine, Principal Investigator, or Study Coordinator, Lois Rasmussen, R.N., B.S.N., at (402) 280-4618.

The ARISI trial studies the reduction of vascular inflammation and coronary atherosclerosis with AGI-1067, a V-Protectant, in patients with coronary artery disease. For more information, please contact Syed Mohiuddin, M.D., Principal Investigator, or Study Coordinator, Lois Rasmussen, R.N., B.S.N., at (402) 280-4618.

Dermatology
submitted by Tony Romero, M.S., C.C.R.C.
PROGRAM MANAGER, CLINICAL TRIALS OFFICE

Clinical Trials
A Randomized, Double-Blind, Placebo Controlled, Parallel Group Study to Assess the Safety and Efficacy of Rosiglitazone Maleate in the Treatment and Maintenance of Effect in Chronic Plaque Psoriasis. For more information, please contact Christopher Huarter, M.D., Associate continued from page 7
Division News  
continued from page 6

Professor of Dermatology, Principal Investigator, or Tony Romero, M.S., C.C.R.C., at (402) 280-5960.

Endocrinology
submitted by Mark Johnson, Ph.D.
ASSOCIATE PROFESSOR OF MEDICINE, AND OF BIOMEDICAL SCIENCES
Web site: http://osteoporosis.creighton.edu

They're Legen-Dairy
The American Dairy Association honored the Creighton University Research Center at their 2002 annual meeting on February 12, 2003. The clinical research nurses were recognized for their leadership in nutrition education to patients, research participants and members of the community; individual and group patient teaching, public speaking, health fairs, publications in professional journals, biannual newsletters, recipe cards and developing a Healthy Bones Girl Scout Patch. Robert P. Heaney, M.D., Professor of Medicine, was also honored at the luncheon and was appointed as an Admiral in the Great Navy of the State of Nebraska.

Robert P. Heaney, M.D. Receives the Institut Candiá International Award
Frances's Institut Candiá has recognized Dr. Robert Heaney with its annual award for his significant contributions to raising awareness of calcium and its health benefits. Through this prestigious award, Candiá honors Dr. Heaney for being an internationally recognized investigator who has advanced research on milk and its health benefits and widely communicated the information to scientists and the general public. The Institut Candiá, founded in 1990 and comprised of world-renowned scientists, fosters collaboration and information sharing among leading researchers to increase public awareness of how milk and calcium aid health.

General Internal Medicine
submitted by Wendy Taylor
ADMINISTRATIVE ASSISTANT
and Mary Ann Scramstad
ADMINISTRATIVE COORDINATOR OF ACADEMIC AFFAIRS

New Faculty
Erica Cichowski, M.D. will be joining the General Internal Medicine Division on July 1, 2003 as an Instructor of Medicine. Dr. Cichowski is completing her three-year internal medicine residency here after graduation from Creighton University Medical School in May 2000. She is a member of Alpha Omega Alpha Honor Society. She has served as Graduate Medical Education House Staff President this past year.
Dr. Cichowski will have her clinic at 601 North 30th Street in Suite 5800. Appointments can be made at 280-4180.

Professional and Educational Activities
The Society of General Internal Medicine held their 26th Annual Meeting in Vancouver, British Columbia from April 30-May 3, 2003. The following faculty and SGIM members gave poster presentations. Eugene Rich, M.D., Professor of Medicine, gave a poster presentation entitled, “Genetics in Primary Care (GPC) Initiative's Workgroup Products,” and gave another poster presentation with Anna Maio, M.D., Assistant Professor of Medicine, Ronald Markert, Ph.D., Professor, and Henry Sakowski, M.D., Assistant Professor of Medicine, entitled, “Comparative Value of Clinical Information in Making a Diagnosis.” Joann Derby, M.D. gave two poster presentations entitled, “Assessment for a Curriculum in Clinical Genetics for Internal Medicine Residency Programs” and “Locking in the Case for Preventive Immunizations.” Dr. Derby gave another poster presentation with Angela Remington, M.D., second year Medicine resident, entitled, “Secondary Adrenocortical Insufficiency After One Steroid Injection to Shoulder Joint.” Theresa Townley, M.D., Assistant Professor of Medicine, gave one poster presentation entitled, “A Sarcastic Rash in an Immigrant from South Sudan.” Dr. Townley gave another poster presentation with Sudha Raullia, M.D., first year Medicine resident, entitled, “Colchicine-Induced Myopathy.” Anna Maio, M.D., Assistant Professor of Medicine, Henry Sakowski, M.D., Assistant Professor of Medicine and Againdra Bewtra, M.D., Associate Professor of Medicine, gave a poster presentation entitled, “Swollen Head: More than an Ego Problem.”

Hematology/Oncology
submitted by Mary Ann Scramstad
ADMINISTRATIVE COORDINATOR OF ACADEMIC AFFAIRS

Clinical Trials
A randomized trial of Campath vs. Chlorambucil as first line therapy in patients who have progressive B-CLL. For more information, please contact Peter T. Silberstein, M.D., Professor of Medicine, Principal Investigator, or Study Coordinator, Bethany Mills, at (402) 280-4398.

A randomized trial of three different chemotherapy regimens for adjuvant treatment of node positive or high risk node negative women with Breast Cancer under 60 years of age. For more information, please contact Peter T. Silberstein, M.D., Professor of Medicine, Principal Investigator, or Study Coordinator, Bethany Mills, at (402) 280-4398.

A randomized trial of docetaxel vs CT 2103 (an investigational conjugate of paclitaxel) for second line treatment of metastatic Non-small Cell Lung Cancer. For more information, please contact Peter T. Silberstein, M.D., Professor of Medicine, Principal Investigator, or Study Coordinator, Bethany Mills, at (402) 280-4398.

A randomized trial of Irinotecan in combination with three different methods of administration of 5-FU and Celecoxib or placebo as first line treatment for patients with metastatic colorectal cancer. For more information, please contact Peter T. Silberstein, M.D., Professor of Medicine, Principal Investigator, or Study Coordinator, Bethany Mills, at (402) 280-4398.

A study to assess the quality of life in subjects with non-myeloid malignancies receiving chemotherapy and Aranesp (Darbepoetin alfa). For more information, please contact Peter T. Silberstein, M.D., Professor of Medicine, Principal Investigator, or Study Coordinator, Bethany Mills, at (402) 280-4398.

Infectious Diseases/VA Hospital
submitted by Marvin J. Bittner, M.D.
ASSOCIATE PROFESSOR OF MEDICAL MICROBIOLOGY AND IMMUNOLOGY, AND MEDICINE

Professional and Educational Activities
Laurel C. Preheim, M.D., Division Chief, attended the Spring Board of Governors Meeting of the American College of Physicians in San Diego, California, April 1-3. Dr. Preheim, Governor of the

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Nebraska Chapter of the ACP, received the 2002 Chapter Excellence Award at the Awards Luncheon. In addition, he received the Evergreen Award, which is given to a select minority of Chapters in recognition of outstanding and innovative efforts at the local level. This was the first Evergreen Award in the history of the Nebraska Chapter. The Nebraska Chapter was recognized for using novel approaches to attract medical students to Internal Medicine as a career choice, for succeeding in recruiting students to join the ACP, and for increasing student involvement in the Nebraska Chapter.

Martha Gentry-Nielsen, Ph.D. gave a presentation, “A Citizen’s Guide to Bioterrorism,” for the annual School of Dentistry Alumni Advisory Board Meeting on April 10. She also gave a talk on April 9 entitled “Update on the Effects of Ethanol Ingestion and Smoke Exposure on Susceptibility to Pneumococcal Infections” to the pulmonary group at UNMC.

Marvin J. Bittner, M.D., M.Sc. spoke to the Mayo Clinic Infection and Immunity Club in Rochester, Minnesota on “Sepsis” on March 4.

**Meeting Held**


**Immunizations**

The Omaha VA Medical Center received recognition for exemplary performance for the period October 1, 2001-September 30, 2002 in primary care influenza immunizations. Our 84% ratio exceeded results for the VA Midwest Health Care Network (72%), the VA nationally (68%), and 1999 national figures for the elderly (67%). This 84% ratio compares favorably with immunization at the other major VA Midwest Health Care Network teaching hospitals, including Minneapolis (74%) and Iowa City (76%).

Our VA also was a leader in smallpox immunization this winter. We immunized 81 employees, more than double our initial allocation, based on hospital size measured in discharges. The other major teaching hospitals in Omaha did not exceed their initial allocation, and a much larger private hospital in Omaha immunized only 26 employees.

**Other News**

The Omaha VA Medical Center is part of Veterans Integrated Service Network 23. VISN 23 generally includes Minnesota, Iowa, Nebraska, the Dakotas, and some parts of Wisconsin and Illinois. VISN 23 recently adopted the name “VA Midwest Health Care Network.”
Pulmonary and Critical Care: Strategic Remodeling

continued from page 1

Omaha Metro area) to accommodate patients in wheelchairs, casts, or other limitations. The I.O.S. complements conventional function diagnostics providing quick (30 seconds recording time), noninvasive objective and differentiated (upper vs. lower airway) determination of respiratory impedance. This technique is especially suited for pediatric applications, uncooperative patients, and for determination of bronchial hyperreactivity. Pulmonary function tests can be directly scheduled by calling (402) 449-4484 or by referring patients for a formal outpatient pulmonary consultation by calling (402) 449-4486.

Since January 1, 2003, the staffing of inpatient activities (with some exceptions) are now divided between two separate services and attending physicians. One attending physician is assigned exclusively to oversee the care of patients in the intensive care unit (CUMC Unit 3100). A multidisciplinary critical care task force, chaired by Dr. Schuller, is working to implement an intensivist program at CUMC by July 1, 2003, to improve the delivery of critical care and meet higher standards as outlined by the Institute of Medicine, the Leapfrog Group, and the Society of Critical Care Medicine.

Over the next few weeks, Respiratory Therapy will be responsible for assisting with bronchoscopic procedures in the intensive care units. Three respiratory therapists have been identified, trained and will assume this task previously performed by the gastroenterology laboratory nurses. Outpatient and inpatient bronchoscopies outside of the intensive care units or requiring fluoroscopy will continue to be performed in the endoscopy suite.

On the educational front, we are pleased to welcome Margie Galkowski as a Senior Specialist in our Division. Margie comes to us from Washington University in St. Louis with vast experience in the management and administration of Graduate Medical Education, academic offices, and coordination of divisional activities.

Division of Allergy and Immunology Update

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the recently held American Academy of Allergy, Asthma & Immunology meeting. Dr. Agrawal has been very productive in the laboratory studying novel molecules in animal models for the therapy of allergic respiratory disorders, and has a number of first-rate scientific publications on the findings from these studies. Robert Townley, M.D. continues to do basic research, teach and see patients. Dr. Townley's research efforts have led to some very interesting and novel findings on the pathogenesis of airway hyperresponsiveness. Dr. Jeffrey Stokes has helped the Division tremendously in developing new outreach clinics and in taking a leadership role in training allergy/immunology fellows at the bedside. Againdra Bewtra, M.D. continues to be the primary clinician involved in caring for patients at Creighton University Medical Center. Dr. Bewtra's leadership and teaching roles have been appreciated by residents, students and fellows alike. Russell Hopp, D.O., although having a primary appointment in the Department of Pediatrics, is an integral part of the Division. Dr. Hopp's contributions to teaching and in carrying out research within the Division have been instrumental in assuring that our trainees get the best experience in the care of both pediatric and adult patients with allergic and immunologic disorders. Finally, Thomas Casale, M.D. serves on the American Academy of Allergy, Asthma and Immunology Board of Directors. Dr. Casale is also in the middle of a nine-year term on the American Board of Allergy and Immunology and will be chair of that board in two years. His translational research efforts resulted in a number of recent publications.

In summary, the Division of Allergy & Immunology is flourishing. The Division continually aspires to provide a leadership role in the use of immunomodulators for inflammatory diseases at Creighton University Medical Center. Indeed, the Division is interested in formulating a Center for Immunomodulation of Inflammatory Disorders. This endeavor would be a true bench to bedside research program involving translational studies aimed at treating immune-based diseases. This exciting new avenue of research should provide many opportunities for trainees, staff and physicians in the Creighton Community.

Everyone is invited to attend our weekly Pulmonary and Critical Care Conference held on Fridays at 11:00 a.m. in the CUMC Morrison Seminar Room. We are planning to apply for CME accreditation of these conferences. For more information or to receive a copy of the conference schedule, contact Margie at (402) 449-4487 or via e-mail (margie@creighton.edu).

The pulmonary faculty at Creighton University has begun a city-wide biannual conference for all pulmonologists in the Omaha Metro area. The first conference took place on May 8, 2003, with great success. We are looking forward to the next meeting in the Fall of 2003.

Research activities in the preliminary stages include participation in a multicenter randomized clinical trial to evaluate the effectiveness of drotrecogin alfa in adults with early stage severe sepsis. For more information, please contact Naresh A. Dewan, M.D., Professor of Medicine, Principal Investigator, or Study Coordinator, Tony Romero, M.S., C.C.R.C. at (402) 280-5960.

We congratulate Dr. Lee Morrow for completing his Master in Science Program (Clinical Research Design and Statistical Analysis) at the University of Michigan. Dr. Morrow is the Principal Investigator of a pilot study evaluating the role of lactobacillus GG in the prophylaxis of ventilator-associated pneumonia (VAP), and a multicenter national surveillance study regarding isolates and resistance patterns in VAP.

Closing Remarks

The Pulmonary and Critical Care Division at Creighton University is committed to its mission: To provide outstanding medical care for patients with pulmonary diseases and patients in the intensive care unit, in the most efficient, compassionate and cost-effective way. We strive to accomplish this in a pleasant environment enriched by teaching and research.
Concerned About Osteoporosis?
This study is a head to head trial of alendronate (Fosamax) and raloxifene (Evista) using the clinically relevant endpoint of fracture reduction. Study participants will have periodic bone mineral density measurements, lateral thoracic and lumbar spine x-rays, annual mammograms, blood tests, and optional genetic studies. In addition, participants will receive calcium plus Vitamin D, treatment with either alendronate or raloxifene (no placebo), and stipend. Limited transportation is available for participants.

Healthy Kids Can Help
The purpose of this study is to obtain standard reference data for bone mineral density (BMD) which will serve as a standard pediatric BMD database for the diagnosis and treatment of pediatric osteopenia and osteoporosis. Study participants will have painless, annual BMD measurement and will receive stipend.

Steroids and Bone Strength
The purpose of this study is to evaluate the effect of providing patients on corticosteroid therapy with information about the prevalence of vertebral fractures and the status on their bone turnover markers on compliance with Actonel. One year study participants will have BMD measurements, and will receive Actonel and calcium plus vitamin D.

Genetic Family Study
The purpose of the study is to assess the importance of candidate genes and the interaction with smoking that are associated with differential fracture risks and bone mass variations. Study participants will visit the center once, will have a BMD measurement and blood sample for genetic study, and will receive stipend.

Sister-Sister
The purpose of this study is to genotype sisters with Colles fractures in order to develop preventive interventions and/or cures for fractures that may be based on individuals’ specific genotype. Study participants will visit the center once, will have a BMD only at the ORC site and blood sample for genetic study, and will receive stipend.

If interested in any of these studies, please call 280-BONE (280-2663) or visit the osteoporosis web site at http://osteoporosis.creighton.edu and click on participation opportunities.

Mohs Surgery
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However, Mohs surgery works well in areas where tissue conservation is important, such as the nose, ears, lips, eyelids, digits and genital skin.

Mohs surgery should be considered for the following:
• Lesions with aggressive histology, such as morpheaform, basosquamous or deeply infiltrating basal cell carcinoma
• Poorly differentiated tumors or deeply invasive squamous cell carcinoma
• Perineural involvement with either BCC or SCC

In addition, the following lesions have a risk of recurrence and should be considered for Mohs surgery:
• Recent tumors
• Tumors arising in scars
• Larger tumors (> 1 cm face and > 2 cm body)
• Tumors with poorly defined borders
• Central facing including the nose, the temples, preauricular skin and the ears

Postsurgical Reconstruction
One of the benefits of the fresh frozen technique is the ability to reconstruct surgical defects immediately. Not infrequently with standard excisions sent to the lab for permanent sections, the margins are noted to be positive and re-excision becomes necessary. Mohs surgery eliminates guess work with surgical margins.

Most wounds can be repaired immediately with side to side closure, skin flap or full thickness skin graft. In sites where the defect is down to the cartilage, grafts may be delayed for a week to allow for the granulation tissue to form. This increases the chance for graft survival.

Second intention healing is also a viable option for wound closure. This works especially well at sites of lax skin or defects over-lying a concave surface such as near the medial canthus.

Summary
As a technique to treat skin cancers that grow contiguously, Mohs surgery offers many advantages. This outpatient surgery is cost effective because tumors can be removed and reconstructed at the same time. It also offers a high cure rate with maximum preservation of tissue. Performed with local anesthesia, it is a very safe procedure. Mohs surgery should be considered for BCC and SCC on the central face, nose, and ears; recurrent tumors; and anatomic sites where tissue preservation is paramount.
## Preliminary Residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Dr. Curt L. Behrns</td>
<td>Diagnostic Radiology</td>
<td>Mayo Clinic in Rochester, New York</td>
</tr>
<tr>
<td>Dr. Chris Cox</td>
<td>Radiology</td>
<td>CUMC</td>
</tr>
<tr>
<td>Dr. Chris Cuciti</td>
<td>Anesthesiology</td>
<td>University of North Carolina</td>
</tr>
<tr>
<td>Dr. Brad Hay</td>
<td>Anesthesiology</td>
<td>University of California, San Diego, California</td>
</tr>
<tr>
<td>Dr. Sean Karre</td>
<td>Anesthesiology</td>
<td>University of Colorado Health Sciences Center</td>
</tr>
<tr>
<td>Dr. Katie Mendlick</td>
<td>Radiology</td>
<td>University of Arizona</td>
</tr>
<tr>
<td>Dr. Chris Washtok</td>
<td>Anesthesiology</td>
<td>Oregon Health Sciences University in Portland</td>
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## Categorical Residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Dr. Naeem Ahmed</td>
<td>Pulmonary Critical Care</td>
<td>CUMC</td>
</tr>
<tr>
<td>Dr. Arash Aryana</td>
<td>Chief Resident</td>
<td></td>
</tr>
<tr>
<td>Dr. Julie Chang</td>
<td>Continuing on until February</td>
<td></td>
</tr>
<tr>
<td>Dr. Erica Cichowski</td>
<td>General Medicine Faculty</td>
<td>Full Time, CUMC</td>
</tr>
<tr>
<td>Dr. Randy Plambeck</td>
<td>Hospitalist</td>
<td>BryanLGH Medical Center, Lincoln, Nebraska</td>
</tr>
<tr>
<td>Dr. Vikrant Salaria</td>
<td>Hospital based practice</td>
<td>Missouri</td>
</tr>
<tr>
<td>Dr. Pankaj Shah</td>
<td>Endocrinology Fellowship</td>
<td>Mayo Clinic, Rochester, Minnesota</td>
</tr>
<tr>
<td>Dr. Terry Slattery</td>
<td>Chief Resident</td>
<td></td>
</tr>
<tr>
<td>Dr. Jim Sullivan</td>
<td>Anesthesiology</td>
<td>UNMC</td>
</tr>
<tr>
<td>Dr. Trip Wear</td>
<td>Chief Resident</td>
<td></td>
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<tr>
<td>Dr. Dan Young</td>
<td>Chief Resident</td>
<td></td>
</tr>
<tr>
<td>Dr. Kristee Zoloty</td>
<td>Private Practice</td>
<td>Omaha</td>
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## Med/Peds Residents

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Dr. Rachel McCann</td>
<td>Pediatrics</td>
<td>CUMC</td>
</tr>
<tr>
<td>Dr. Dale Dubois</td>
<td>Pediatric Emergency Medical Fellowship, University of Alabama, Birmingham</td>
<td></td>
</tr>
<tr>
<td>Dr. Jason Mohror</td>
<td>Medicine/Pediatrics, Private Practice, Marshfield Clinic, Wisconsin</td>
<td></td>
</tr>
<tr>
<td>Dr. Mike Sherman</td>
<td>Private Practice with group, Lebanon, Oregon</td>
<td></td>
</tr>
<tr>
<td>Dr. Matt Zollinger</td>
<td>Medicine/Pediatrics, Private Practice, Albany, Oregon</td>
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## Chiefs Residents

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Dr. Sean Denney</td>
<td>Cardiology Fellowship</td>
<td>Creighton</td>
</tr>
<tr>
<td>Dr. Nancy Koster</td>
<td>Cardiology Fellowship</td>
<td>Creighton</td>
</tr>
<tr>
<td>Dr. Randy Reister</td>
<td>Private Practice, Mobridge, South Dakota</td>
<td></td>
</tr>
<tr>
<td>Dr. John Sype</td>
<td>Cardiology Fellowship</td>
<td>Creighton</td>
</tr>
<tr>
<td>Dr. Matt Zollinger</td>
<td>Medicine/Pediatrics, Private Practice, Albany, Oregon</td>
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## Allergy/Immunology Fellows

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Dr. Daniel Griffith</td>
<td>Private Practice</td>
<td>Tampa, Florida</td>
</tr>
<tr>
<td>Dr. Chris Clark</td>
<td>Multi-Speciality Group</td>
<td>Holzer Clinic, Gallipolis, Ohio</td>
</tr>
<tr>
<td>Dr. Kevin Boesel</td>
<td>Private Practice</td>
<td>Glendale, Arizona</td>
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## Cardiovascular Disease Fellow

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<tr>
<th>Name</th>
<th>Specialty</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Dr. Syed Abdul-Aziz</td>
<td>Private Practice</td>
<td>Memorial Hospital, Belleville, Illinois</td>
</tr>
<tr>
<td>Dr. Brad Oldemeyer</td>
<td>Interventional Fellowship</td>
<td>Good Samaritan Regional Medical Center, Phoenix, Arizona</td>
</tr>
<tr>
<td>Dr. Roger Riedel</td>
<td>Private Practice</td>
<td>Knoxville, Tennessee</td>
</tr>
</tbody>
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## Infectious Diseases Fellow

<table>
<thead>
<tr>
<th>Name</th>
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<th>Institution</th>
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<tbody>
<tr>
<td>Dr. Mehmood Nawab</td>
<td>Private Practice</td>
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## Pulmonary/Critical Care Fellow

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Dr. Sylvia Rael</td>
<td>Private Practice</td>
<td>Bergan Mercy Medical Center</td>
</tr>
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</table>

We congratulate all the departing members of the Residency and Fellows Programs and wish them every success in their future endeavors!
June 2003 Faculty and Service Awards

### School of Medicine

#### Golden Apple / Aesculapian Awards

**Class of 2003**

- **Faculty:**
  - John A. Hurley, M.D. (nominee)
  - Robert W. Dunlay, M.D. (nominee)
- **Resident:**
  - James Sullivan, M.D. (winner)

**Class of 2004**

- **Faculty:**
  - Hank Sakowski, M.D. (nominee)
  - James Frock, M.D. (nominee)

**Class of 2005**

- **Faculty:**
  - Marvin Bittner, M.D., M.Sc. (nominee)
  - Anna Maio, M.D. (nominee)

#### Department of Medicine Awards

**Outstanding Resident Award**

Erin Cichowski, M.D.

*for outstanding quality exemplifying an internist as a senior medical resident*

**Teaching Service**

Pulmonary/Critical Care

*given by the residents in recognition of consistent excellence in house staff education*

**James F. Sullivan Award**

J. Clayton Campbell, M.D.

*given by the house officers for excellence and dedication to resident education*

**ABIM High Score Award**

Rheumatology Division

*for the highest score attained by our residents on the ABIM certifying exam*

**Professionalism Role Model Award**

Bruce Houghton, M.D.

*selected by the residents as an excellent professional role model for his fundamental principles and professional responsibility*

#### Contributed Services Awards

- **Robert Drvol, M.D.**
  
  *for excellence in student education*
  
  The Department of Medicine is indebted to you for your outstanding contribution to education.

- **Stewart Schlanger, M.D.**
  
  *for excellence in resident education*
  
  The Department of Medicine is indebted to you for your outstanding contribution to education.

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Attn: Joann Reynolds

3006 Webster Street • Omaha, NE  68131-2044