

CREIGHTON MEDICINE

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Myocardial Perfusion Imaging Using Myocardial Contrast Echocardiography

by **Monique Kusler, M.D.**

ASSISTANT PROFESSOR OF MEDICINE DIVISION OF CARDIOLOGY



Monique Kusler, M.D.

Billions of dollars are spent each year on coronary artery disease, in addition to “look-alike” chest pain hospital admissions and emergency room presentations. With ever-increasing budgetary concerns, noninvasive cardiac stress testing has become more and more the universal practice. Hundreds of papers in peer-reviewed journals to date have shown fairly uniform strengths and weaknesses to the most

widely used stress testing modalities, namely nuclear perfusion testing and echocardiographic stress testing. For example, nuclear studies may have false negative studies in left main disease and multivessel coronary artery disease, and echocardiographic testing using wall motion assessment alone may miss single vessel coronary disease, or miss all levels of coronary artery disease if the target heart rate is not achieved. Classic stress echocardiographic testing relies on a reduction in blood flow (hypoperfusion) to the myocardial territory causing enough ischemia to achieve what is referred to as the ‘ischemic threshold’, and a new left ventricular wall motion abnormality is therefore observed. While hypoperfusion occurs, due to factors that are not as yet well understood, wall motion may remain completely normal, leading to a false negative test.

The early 1980s began a very exciting period of bench research with a completely new agent, the microbubble. Over the next two decades there has been a rapid expansion in the field of

echocardiographic contrast agents, using tiny spherical gas particles roughly the size of a red blood cell or smaller, able to freely cross the pulmonary vasculature. A major area of clinical use has been that of left ventricular opacification, for marked improvement in visualization of the left ventricular endocardial border, and the Food and Drug Administration has approved the use of several agents to date for this purpose. However, the most exciting and clinically relevant use for these agents is that of myocardial perfusion imaging. By performing a stress echo test with perfusion imaging, one can see earlier on in the test, at lower heart rates, a lack of actual blood flow to the myocardium, before wall motion (i.e. contractility) is affected.

The accompanying figure demonstrates this lack of perfusion as a darkened region, but one should note that all echo perfusion imagery is in color and no longer black-and-white, known as ‘gray-scale’, reproduced here in black-and-white for publishing purposes only. The true images are usually in varying shades of pink to orange, which further assists in computer quantification processes.

Myocardial perfusion echo imagery, also referred to as myocardial contrast echocardiography, can be performed and is quite useful on rest echo images. Studies by various researchers in the field first looked at patients with transmural myocardial infarction using myocardial contrast echo. The finding of a lack of myocardial perfusion in the infarct zone acutely after the infarct was highly prognostic for irreversible cellular damage and subsequent loss of myocardial

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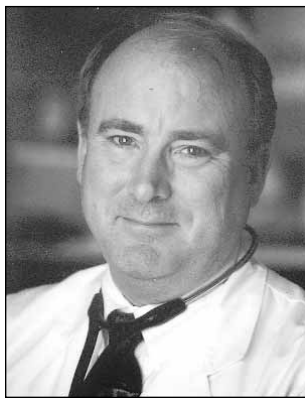
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From the Chair



Eugene Rich, M.D.

I am writing this as we conclude the 2004-05 Academic year, and prepare for new residents and students arriving on our services in July. This is a great time to acknowledge a few of our accomplishments in medical education over the past 12 months. First, I'd like to acknowledge some of the Golden Apple Honorees recognized by the Creighton Medical Students. Dr. Jim Frock won the faculty Golden Apple award from the 2005 graduating class, and one of our

residents, Dr. Jose Garcia, earned the resident Golden Apple from the same class! At our recent banquet honoring our graduating internal medicine residents, the Pulmonary Division won the Teaching Service Award, given by the residents in recognition of consistent excellence in house staff education. The house officers acknowledged Dr. Peter Silberstein with the J.F. Sullivan award for excellence and dedication to resident education. Dr. Dan Schuller earned the Professionalism Award, recognizing him as a superb physician role model for our residents. Each year, over 70 physicians in the Midlands of Nebraska and Iowa aid our Creighton Medicine students and residents as officially appointed "Contributed Services" faculty. This year, the Department of Medicine leadership honored Dr. Frank Mezzacappa with the Contributed Services Faculty Teaching Award recognizing his invaluable services to the clinical education of our future physicians.

Another exciting development in medical education for 2005-06 is the expansion of our "point-of care" computing resources for our residents. Our Department was an early leader in providing all residents portable aides to evidence-based practice using hand-held computers. Through the help of generous grants from the Saint Joseph Hospital Service League as well as from Dialysis Clinics Incorporated, we now will be able to upgrade this program significantly, providing all of our residents with new wireless PDAs. This new technology will allow house staff to get key patient information at the bedside, like current medications, vital signs, and lab results, as well as use pre-loaded software to check for drug interactions, determine optimal treatment regimens, and even search the internet for relevant medical literature. Several of our chief residents and fellows have been key developers of this project, and Dr. Sam Caughron in Pathology did a great job developing the wireless interface to the CUMC hospital information system. Thanks to everybody for making this happen! This is sure to be an important advance in medical education for Creighton Medicine in 2005.



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

The Department of Medicine Announces the Opening of Its New Office At Lakeside

Creighton Medical Associates
and The Cardiac Center
Lakeside Professional Center – North
16909 Lakeside Hills Court – Suite 207

The following providers will be available at this location
on a scheduled basis:

Cardiology

Dr. Amy Arouni
Dr. Michael Del Core
Dr. Dennis Esterbrooks
Dr. M. Jeffrey Holmberg
Dr. Thomas Lanspa
Dr. Mark Woodruff
Appointment Line – 502-2700

Nephrology

Dr. Khalid Bashir
Dr. James Frock
Dr. Richard Lund
Appointment Line – 341-3141

Dermatology

Dr. Chris Huerter
Melissa O'Neill, ARNP
Appointment Line – 280-5600

Rheumatology

Dr. Jay Kenik
Dr. John Hurley
Appointment Line – 280-5600



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Creighton
UNIVERSITY
Medical Center

Pillars, Past and Present



Michael Hugh Sketch, Sr., M.D.,
F.A.C.P., FA.C.C.P., F.A.C.C.

Michael Hugh Sketch, Sr., M.D., F.A.C.P., FA.C.C.P., F.A.C.C. Professor Emeritus of Medicine and former Chief of the Division of Cardiology

Dr. Sketch graduated from the Creighton University School of Medicine in 1963 where he subsequently took a Residency in Internal Medicine and a Fellowship in Cardiology. After completing his Fellowship in Cardiology, he joined the Department of Medicine at Creighton. In 1978, he assumed the position of Chief of the Division of

Cardiology at Creighton, a position he held until 1996. Throughout his career, he was actively involved in leadership roles in The American College of Cardiology in which he served on its Board of Governors for three years, and its Board of Trustees for five years.

Why did you become a doctor?

I am not sure that I really know. During my admission interview for medical school, I was asked the same question. My reply was just as I have just stated except that I added that I was absolutely sure that above all else I desired a career in medicine. Where upon, one of the interviewers said that that was the most honest reply to that question he had ever heard.

Subsequent to graduating from Creighton's medical school, you became a cardiologist. What made you choose that field?

Throughout medical school, internship, residency, cardiology fellowship, and in fact, throughout my career, there has not been a single aspect of medicine that I have found to be uninteresting. I honestly believe that I could have entered any one of the sub-specialties. At one time, I seriously considered entering the field of obstetrics & gynecology. However to answer your question, I believe it was because an opportunity to enter a cardiology fellowship program presented itself at a time when I was ready to make a commitment.

Did you find your chosen field to be exciting, stimulating and rewarding?

When I entered medical school, for all intents and purposes, there were only four drugs with which to treat heart disease, digitalis, diuril, mercurhydrin and nitroglycerine. Heart catheterization and heart surgery were in their infancy. Heart attacks were treated with total bed-rest for three weeks – patients were not even allowed to feed themselves. A nurse's aid would be assigned to spoon feed them. During my career, I was privileged to experience and play a role in the development so many changes with respect to the treatment of cardiovascular disease that there was never a day that was not exciting, rewarding and stimulating.

Could you mention a few of the most changes in the diagnosis and treatment of heart disease that you played a role in developing?

Like so many other diagnostic studies, in the 1960's and early 1970's exercise testing was in its infancy and poorly understood. A study I reported at the time was the first to identify that the results of exercise testing differed with respect to the sex of the individual being tested. The paper is still referenced in articles today. Because of my interest in exercise testing, I was privileged to be part of a team nationally renowned cardiologists that traveled

throughout the United States and internationally to Europe, Africa, Japan and other Far East countries teaching doctors how to perform and interpret exercise tests. Today, digital photography and angiography are commonplace. During 1970's and 1980's, I worked closely with General Electric's engineers developing the first clinical, digital angiographic unit.

Would you encourage young men and women to enter the medical profession today?

Unequivocally, my answer is yes, because the challenges and opportunities it offers the student are infinite. One might think that the tremendous advances that have taken place in recent years negate excitement and challenge for future generations of doctors. This is not so. For instance, the introduction of coronary artery bypass surgery, coronary artery angioplasty and stenting are dramatic therapeutic measures introduced during the past 50 years that have dramatically altered the treatment of atherosclerosis. However, they all treat atherosclerosis when it is far advanced and because they postpone death, they permit other disease states to become manifest, for instance congestive heart failure. Ways to slow and prevent the progression of atherosclerosis need to be discovered. Challenges such as this are the inheritance for the doctors of future generations.

Apart from caring for patients with psychological and physical ailments, are there other opportunities for young physicians?

Absolutely, for instance, a life dedicated to non-clinical research. Some medical graduates that I have known have made a career developing great pharmacologic and technologic advances. Others have entered the field of medical literature. A brilliant young resident I knew many years ago never entered clinical practice. After completing his residency, he entered the fledgling computer field and made a career of developing medical computer software.

During your career, have you seen a change in the prerogatives faced by and challenged by young physicians?

Yes, the prerogatives faced by physicians have been indelibly challenged and changed by greed, governments, and the legal profession. The cost of health care has progressively increased at an alarming, unacceptable rate in spite of numerous approaches to control it. This has also markedly altered the prerogatives faced by physicians. Further, I believe that today's culture has and is playing a significant role in changes we see in the prerogatives faced by all health care providers. This was first brought to my attention when I interviewed a young physician seeking employment. He voiced no questions of me *except*: (1) What would be his salary and by how much and how often would it be increased? (2) How often would he be on night call? (3) Would he be required to work on weekends more than once every six weeks? And (4) How much paid vacation would he be permitted, and how many meetings would he be able to attend and would his expenses be paid? He had no medically related question. This young physician's questions were not inappropriate per se, but as the interview progressed, it became apparent that the answers to these questions were paramount to the decision he would make with respect to any job he would consider.

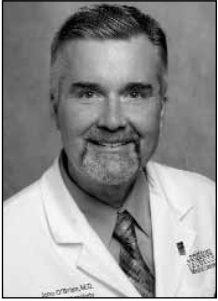
Finally, if you could live your life again, would you again become a physician and cardiologist and spend your career at Creighton?

Unequivocally, yes.

Update and Future Trends of The Division of Gastroenterology At Creighton University

by **John J. O'Brien, M.D.**

CHIEF, GASTROENTEROLOGY DIVISION AND PROFESSOR OF MEDICINE



John J. O'Brien, M.D.

The Division of Gastroenterology at Creighton University was very fortunate to have a strong foundation laid under the leadership of the late Dr. Harry Jenkins and more recently by Drs. Holthaus, Woodbury, Lanspa, and others. The Division established a strong reputation for excellent clinical service and an in depth educational component that received accolades from residents and medical students as well.

To meet the new challenges that now face gastroenterology units across the country, the Division of Gastroenterology is developing a focus on subspecialization. This subspecialization will cover all components of academic gastroenterology (i.e. educational, clinical and research activities). These areas of subspecialization will include inflammatory bowel disease, expansive therapeutic endoscopy capabilities (including sophisticated endoscopic retrograde cholangiopancreatography and endoscopic ultrasonography), nutrition, hepatology, and eventually gastrointestinal (GI) motility. To accomplish this objective, faculty have been and will continue to be recruited in each of these subspecialization areas.

First to be considered, is an upgrade in the capabilities of both diagnostic and therapeutic endoscopy. Although the Division of Gastroenterology has provided excellent "bread and butter" endoscopic evaluation and treatment, a focus in the future will be to perform the latest techniques in biliary and pancreatic drainage procedures and other sophisticated ERCP therapeutic measures. With this in mind, Dr. Syed Tariq Bin-Sagheer has been recruited to join our faculty in August 2005. In addition, and perhaps more importantly, he will be the only formally trained specialist in both the diagnostic and therapeutic aspects of endoscopic ultrasonography (EUS) in a multi-state area. EUS scanning has become an integral component of modern gastrointestinal endoscopy. It is now possible to image, with the aid of high frequency ultrasonic transducers, a wide range of different disorders located inside and adjacent to the gastrointestinal tract. Not only does EUS have diagnostic implications, but also therapeutic interventions can occur with simultaneous endoscopic monitoring or as a EUS assisted procedure in which the endoscopic therapeutic procedure follows the EUS examination. Radial scanning transducers, longitudinally scanning transducers, or miniprbes can be used for EUS assisted therapy. Dr. Bin-Sagheer is capable of utilizing each of these techniques including miniprbes. Although the hospital currently only has linear scanning transducers, plans are underway to obtain radial scanning transducers, and potentially miniprbes in the future.

Current diagnostic indications for EUS include not only staging mediastinal and pulmonary tumors, but also a host of GI pathological processes as well. From a GI diagnostic capability, EUS can be very

important for evaluation of large gastric folds, pancreatic cancer, gastric cancer (local and regional staging), ampullary cancer, chronic pancreatitis, choledocholithiasis, esophageal cancer, and other abdominal masses (adrenal, lymphoma, etc).

Dr. Bin-Sagheer has the background and will soon have the equipment capabilities to be involved in many interventional aspects of endoscopic ultrasound, which include submucosal tumor resection, mucosectomy, treatment of vascular lesions, transmural pseudocyst drainage, steroid injection into resistant esophageal strictures, abscess drainage celiac plexus nerve block (in patients with pain due to chronic pancreatitis or pancreatic cancer), and cytoimplant placement in patients with advanced pancreatic cancer.

EUS is a relatively new technique and is still evolving. Relatively few university medical centers are participating in EUS research such as Indiana University or the Medical College of South Carolina (Charleston, South Carolina). Future trends in EUS include the development of biplane and three-dimensional transducers, which will allow an ultrasound examination in multiple planes. This should increase the diagnostic benefit and therapeutic potential beyond what it is today. New developments in EUS will include improved working channels with new applications such as transintestinal placement of large drainage catheters for pseudocysts or abscesses.

Another subspecialty area within the Division of Gastroenterology undergoing program development is the management and therapy of patients with inflammatory bowel disease (IBD). New diagnostic and therapeutic modalities will become available at Creighton University Medical Center for the management of patients with IBD. Newer diagnostic modalities to be included in the workup of IBD patients include serologic IBD markers (including ANCA, ASCA, and OMPC, as well as other newer ones such as anti-CBirl), endoscopic techniques, and radiographic imaging (unique contrast radiology, computed tomography and MRI techniques).

From an endoscopic standpoint, plans are currently being made in conjunction with the hospital to add wireless capsule endoscopy to our armamentarium of endoscopic procedures offered by the GI endoscopy laboratory.

The Division of Gastroenterology plans to use the expertise of the current faculty to promote new options in the clinical management of IBD, which will include nutraceuticals, newer immunomodulators (mycophenolate mofetil, tacrolimus, etc) and other "small molecule therapies" as well as "biological" therapies. Dr. O'Brien has considerable experience in most of these modalities.

Furthermore, plans are being made to introduce new biological therapies in conjunction with pharmaceutical trials such as IL-12 modulators. Dr. O'Brien's past bench lab work has included the investigation of a tyrosine kinase inhibitor (Genistein), which has

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Update and Future Trends of The Division of Gastroenterology At Creighton University

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demonstrated inhibitory effects on proinflammatory cytokine expression (manifested by inhibiting cytokine protein, messenger RNA, and NF κ B transcription expression) in the mediation of inflammation. In vitro studies (cell cultures) have demonstrated inhibition of proinflammatory cytokine production comparable to dexamethasone. This natural isoflavin (Genistein), will be investigated in translational studies. In past human studies with other diseases, Genistein has had a relatively low side effect profile.

In addition, Dr. O'Brien's past laboratory experience has demonstrated that Genistein inhibits COX-II expression in colon cancer cell lines. COX-II expression is elevated in dysplastic and neoplastic conditions such as colorectal polyps, Barrett's esophagus, colorectal cancer, and esophageal cancer. Certainly, with recent concerns about the safety of COX-II selective inhibitors, Genistein may prove to be a much safer agent in chemoprevention of neoplasia.

Future areas of growth within the Division of Gastroenterology will include enhancing our expertise in hepatology and developing a subspecialty unit in GI motility. This will require a commitment of not only dedicated faculty, but also accrual of motility equipment in conjunction with the hospital. Areas of interest with GI motility include developing a program involving gastric pacemakers for gastroparesis and small bowel motility instrumentation. Another important area of growth within the Division of Gastroenterology will be the development of a GI Fellowship, and finally, a greater interplay between gastrointestinal basic lab projects and transitional research. This is a challenging but quite satisfying time to work in the field of gastroenterology at Creighton University.

For more information, please call Dr. O'Brien at (402) 449-5992.

Myocardial Perfusion Imaging Using Myocardial Contrast Echocardiography

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contractile function of that area (reference one study: Porter et al, American Journal of Cardiology, 1998; 82: 1173-1177). A recent study in the American Journal of Cardiology (G. Korousglou, M.D., et al, May 1, 2005) showed that patients with non-ST-elevation myocardial infarction who undergo emergent percutaneous intervention, who are found by myocardial perfusion imaging to have rapidly improving perfusion in the infarct zone, even in the presence of abnormal wall motion, i.e. hypokinesis, will have recovery of wall motion over time. The finding of normal blood flow and perfusion on the echo images demonstrates microvascular integrity, which is key to recovery as opposed to loss of myocardial cells and scarring.

Our understanding of the complex cardiac microvasculature, coronary no-reflow phenomena, the prime important role that coronary collateralization plays in maintaining capillary integrity during acute myocardial infarctions has largely come about because of the research done in myocardial contrast echocardiography. This technology has rapidly expanded beyond the boundaries of cardiology into such fields as neurology and oncology. The Cardiac Center of Creighton University plans to offer these new advances to our referring physicians and their patients, allowing the diagnosis and management of coronary heart disease to be more precise and successful.

For more information, please contact Dr. Monique Kusler at (402) 280-4146 or via email at Monique.Kusler@cardiac.creighton.edu.

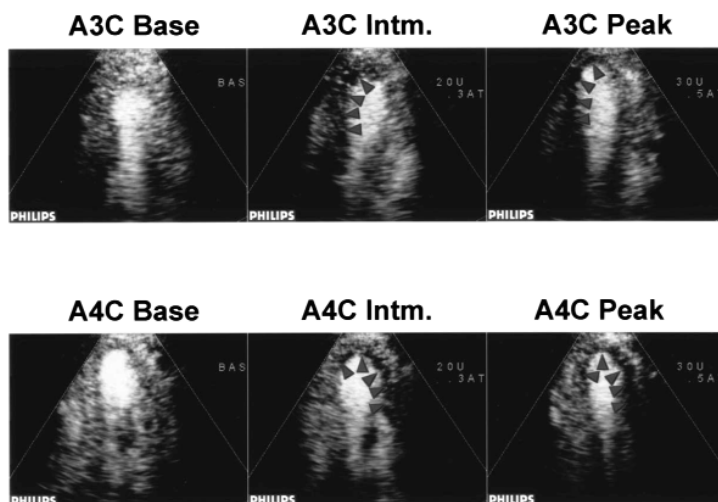


Figure 1: Echocardiographic images from the apical four-chamber and three-chamber views, at rest, intermediate stage (Intm), and peak stage of dobutamine stress in a patient with left anterior descending (LAD) and left circumflex (LCx) coronary artery disease (CAD). Perfusion abnormalities were evident in the lateral, posterior, and apical segments at intermediate phase with extension of these abnormalities at peak stress (arrows). The patient had inducible wall motion abnormalities confined to the apex at peak stress.

Division News

Administration News

Submitted by Joann Reynolds

Eugene Rich, M.D. was selected from a strong field of candidates to be an AAMC Council of Deans Fellow for the 2005-2006 fellowship year. The fellowship program involves exposure to a "Dean Mentor," initiation and completion of a research project that addresses a question of national interest and concern to medical schools, and introduction to the strategic goals and activities of the Council of Deans.

Allergy/Immunology

Submitted by Thomas B. Casale, M.D.

Faculty Activities

Thomas B. Casale, M.D. has been elected the Vice President of the American Academy of Allergy, Asthma & Immunology. His term began following the close of the AAAA&I Annual Meeting in San Antonio, Texas in March, 2005.

While at the Annual Meeting, Dr. Casale presented at one of the symposiums entitled "Rush Immunotherapy: Novel Premedication Strategies to Prevent Adverse Events."

Dr. Casale presented "Asthma in the Inner City and Suburbia", as part of the Visiting Professor series at Washington University on May 7, 2005.

Russell Hopp, D.O. presented the following talks:

The Body and Brain: A Clinical Perspective (Creighton University Medical Center). Allergic Disease and Neuro-Psychiatric Issues. April 30, 2005.

25th Annual Otolaryngology Late Winter Symposium (University of Nebraska Medical Center), March 7th, 2005, Silverthorne, CO., Allergic Rhinitis in Children.

The Second Annual Regional Pediatric Symposium of the Black Hills. Rapid City, SD, Allergy and Asthma Potpourri: Update for the Primary Care Provider, June 24, 2005.

Jeffrey Stokes, M.D. has assumed the position of Training Program Director for the Division of Allergy.

Robert Townley, M.D. visited Okayama University, Okayama, Japan on a lecturing venue in June 2005 where he presented several talks, including:

Bronchial Hypersensitivity, *Past, Present and Future*

Beta-Agonists Receptor Therapy for Bronchial Asthma

Selection of Inhaled Corticosteroids Based on Scientific Evidence

Faculty Publications

Lai, L., Casale, T., Stokes, J.: Pediatric Allergic Rhinitis: Treatment. In *Pediatric Allergy Immunology and Allergy Clinics of North America*. 2005, 25(2):283-299.

Holgate ST, Djukanovic R, Casale T, Bousquet J. Anti-immunoglobulin E treatment with omalizumab in allergic diseases: an update on anti-inflammatory activity and clinical efficacy. *Clin Exp Allergy*. 2005 Apr;35(4):408-16.

Holgate S, Casale T, Wenzel S, Bousquet J, Deniz Y, Reisner C. The anti-inflammatory effects of omalizumab confirm the central role of IgE in allergic inflammation. *J Allergy Clin Immunol*. 2005 Mar;115(3):459-65. Review.

Clinical Trials

Capnia – Feasibility Study to Evaluate the Efficacy of Carbon Dioxide Gas (CO₂) For the Relief of Symptoms Associated with Seasonal Allergic Rhinitis. For more information, contact **Thomas Casale, M.D.**, Principal Investigator, or **Jean Kessler, R.N.**, Study Coordinator, at (402) 280-5965.

Medicinova – A Randomized Double-Blind Placebo-Controlled Study Evaluating the Effects of MN-001 in Subjects with Mild to Moderate Asthma. For more information, contact **Thomas Casale, M.D.**, Principal Investigator, or **Jean Kessler, R.N.**, Study Coordinator, at (402) 280-5965.

Dynavax – A phase III, Non-Pivotal, Double-Blind Randomized Study of the Efficacy, Safety and Tolerability of Subcutaneously Administered *Dynavax Amb a 1* Immunostimulatory Oligodeoxyribonucleotide Conjugate (AIC) Plus Antihistamine and Decongestant Versus Antihistamine and Decongestant Alone in Ragweed Allergic Children. For more information, contact **Jeffrey Stokes, M.D.**, Principal Investigator, or **Jean Kessler, R.N.**, Study Coordinator, at (402) 280-5965.

Astellas* – A Phase II, Multi-Center, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study of the Safety and Efficacy of Tacrolimus Inhalation Aerosol in Subjects with Persistent Asthma. For more information, contact **Thomas Casale, M.D.**, Principal Investigator, or **Jean Kessler, R.N.**, Study Coordinator, at (402) 280-5965.

ScheringPlough* – Effects of Mometasone DPT on Markers of Airway Inflammation. For more information, contact **Thomas Casale, M.D.**, Principal Investigator, or **Jean Kessler, R.N.**, Study Coordinator, at (402) 280-5965.

*Actively enrolling patients with asthma and patients with peanut allergy (Genentech ongoing study with omalizumab, anti-IgE MAb).

Cardiology

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

Submitted by Syed Mohiuddin, M.D.

Cardiology Events

The Cardiac Center, along with CUMC, sponsored the 20th annual UNO Women's Walk on April 16th. The UNO Women's Walk is the primary means of financial support for UNOmaha's women's athletics programs. Representatives from The Cardiac Center distributed heart health information and logo items to the more than 1,300 walkers, and a Cardiac Center patient shared her survival story with the crowd during the post-walk ceremony.

The Cardiac Center and CUMC also sponsored the 2005 American Heart Association Heart Walk on May 7th at Chalco Hills.

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Division News

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Representatives from The Cardiac Center distributed heart health information to the 3,000+ walkers who participated in this year's event. A Cardiac Center patient addressed the crowd and shared her story, and an exercise specialist from The Cardiac Center lead a group warm-up before the walk.

The Fifth Annual Vincent Runco, Jr., M.D. Visiting Scholar Program was held at The Cardiac Center on Wednesday, April 6th. The event featured a grand rounds presentation titled "Aortic Stenosis in the Older Patient" and an evening lecture titled "Metabolic Syndrome: Time for Women to Take Control" by Shahbudin H. Rahimtoola, Distinguished Professor, University of Southern California, Los Angeles.

Education News

The Cardiovascular Fellowship program welcomes four new fellows in July 2005: Drs. Fayak Kamili, Hema Korlakunta, W. Michael Kutayli, and Susan Schima. All four graduated from the Creighton University School of Medicine Internal Medicine Residency Program in June 2005.

The Interventional Cardiology Fellowship Program welcomes Dr. Joseph Tuma in July 2005. Dr. Tuma completed his Cardiovascular Fellowship from Creighton University School of Medicine in June 2005. Dr. Michael Del Core will serve as the Program Director.

Faculty News

Amy J. Arouni, M.D. has been installed as the next President of the Greater Metro Omaha American Heart Association division board of directors. This is a 2-year term. Dr. Arouni will be charged with oversight of the local American Heart Association's operations and projects. She will be involved in overseeing revenue generation, board involvement in local activities, educational projects, board development, advocacy at a local and state level, and will act as a spokesperson as needed.

Michael G. Del Core, M.D. was nominated for the Creighton University School of Medicine 2005 Golden Apple Award.

Xuedong Shen, Syed M. Mohiuddin, et al. received the Health Future Foundation Faculty Development Grant for 2005 in the amount of \$19,794.00. "Effects of Insulin On Myocardial Microangiopathy In Diabetics."

Publications

Hunter CB, Ndemo F, Lenz TL, Maciejewski S, Hilleman D. Nesiritide for heart failure: impact on costs and complications. *Expert Review Pharmacoeconomics Outcomes Research*, January 2005;5(1):15-21.

Lanspa TJ, Esterbrooks DE, Williams MA. Stenting of the left carotid artery to relieve anginal symptoms. *Catheter Cardiovasc Interv*, 2005; 64:223-226.

Salaria V, Mehta NJ, Abdul-Aziz S, Mohiuddin SM, Khan IA. Role of postoperative vasopressor use in occurrence of atrial fibrillation after coronary artery bypass grafting. *Am J Cardiol*, 2005;95:247-249.

Salaria V, Mehta NJ, Abdul-Aziz S, Mohiuddin SM, Khan IA. Role of postoperative use of adrenergic drugs in occurrence of atrial fibrillation after cardiac surgery. *Clin Cardiol*. 2005 Mar;28(3):131-5.

Nair CK. Treatment of refractory angina pectoris, *Int J Cardiol*, May 2005;Vol. 101(1):1-7.

Shen X, Holmberg MJ, Sype J, Hunter CB, Mooss AN, Mohiuddin SM. Real-time three-dimensional echocardiography in diagnosis of right ventricular pseudoaneurysm after pacemaker implantation. *Echocardiography*, February 2005.

Leon AS, Franklin BA, Costa F, Balady GJ, Berra KA, Stewart KJ, Thompson PD, Williams MA, Lauer MS. Cardiac rehabilitation and secondary prevention of coronary heart disease. *Circulation* 2005;111:369-376.

Presentations

Arouni AJ – "Physician Gender and Patient Care" — Physician Workforce Research Conference "Expanding the Science, Enhancing the Impact." Washington DC, May 2005.

Clark RA – CAD-Diagnosis Treatment and Prevention — Columbus Community Hospital, Columbus NE, February 8, 2005.

Hee TT – Atrial Fibrillation. Clinical Update in Internal Medicine Conference. The Cardiac Center. Omaha NE, May 6, 2005.

Lynch JD – Preferential Option for the Poor — Seventh Annual Health Care Missions Symposium: The Value of Medical Mission in the Medical Education, College of Ohio, Toledo, OH, February 12, 2005.

Mohiuddin SM – Hypertension: New Guidelines – Program Chair and Session Chair. ACC First Annual Great Plains Cardiovascular Symposium. Omaha, NE, April 22, 2005.

Mohiuddin SM – Lipid Therapy: An Update – Charles Drew Health Center. Omaha NE, April 25, 2005.

Mohiuddin SM – Broken Hearts: Cardiac Evaluation in Psychiatric Illness, When and How. The Body and Its Brain: Clinical Perspectives. Program Co-Director. The Cardiac Center. Omaha NE, April 30, 2005.

Mohiuddin SM – Cultural Diversity in Cardiac Disease. Clinical Update in Internal Medicine Conference. The Cardiac Center. Omaha NE, May 7, 2005.

Mooss A – Acute Coronary Syndrome – Session Chair. ACC First Annual Great Plains Cardiovascular Symposium. Omaha, NE, April 22, 2005.

Shen X, Li H, Holmberg MJ, Lakkireddy D, Cloutier D, Rovang K, Hee T, Mooss AN, Mohiuddin SM. Left atrial thrombus in patients with atrial fibrillation: the benefit of anticoagulation and the implication of clot persistence. *JACC*, Orlando, FL, March 2005.

Shen X, Li H, Holmberg MJ, Lakkireddy D, Cloutier D, Rovang K, Hee TT, Mooss AN, Mohiuddin SM. The impact of anticoagulation on cerebrovascular accidents in patients with atrial fibrillation and left atrial thrombi documented by transesophageal echocardiography. Scientific Session of American Society of Echocardiography. Boston, MA, June 15-18, 2005.

Thambidorai S, Shen X, Li H, Lakkireddy D, Cloutier D, Holmberg MJ, Nair CK, Mooss AN, Mohiuddin SM. The incidence of embolic stroke in patients with left atrial thrombus and/or thoracic aortic plaques assessed by transesophageal echocardiography. 16th Annual Scientific Sessions of the American Society of Echocardiography. Boston, MA, June 15-18, 2005.

Woodruff M – Lipid Update in Cardiology. Clinical Update in Internal Medicine Conference. The Cardiac Center. Omaha NE, May 6, 2005.

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Division News

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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 the Study Coordinator, **Sandy Byers, R.N., B.S.N.**, at (402) 280-4961.

The Division of Cardiology is conducting a study to assess the relationship between lipoproteins and the function of blood vessels in both smokers and non-smokers of African American descent. Non-smokers are provided a stipend for time and travel, while smokers are provided smoking cessation courses at no cost. For more information, please contact the Study Coordinator, **Stephanie Maciejewski, Pharm.D.**, at (402) 280-4292.

The Division is also studying the use of approved medications to assist in the treatment of metabolic syndrome, defined as elevated blood pressure, a waistline greater than 35 inches for women or 40 inches for men, and one of the following: elevated triglycerides, elevated blood sugar, or low HDL. Participants will receive all study-related care, including physical exams, lab tests and study medication, free of charge. For more information, please call **Eddy Butkus, R.N., B.S.N.**, at (402) 280-4665.

Dermatology

Submitted by **James M. Shehan, M.D.**

Vbeam® Pulsed Dye Laser for Skin Disorders

In addition to treatments with CO₂ and hair removal lasers, the Division of Dermatology is now proud to announce the addition of a Vbeam® pulsed dye laser. Uses for the Vbeam® Pulsed Dye Laser include:

- Congenital and Acquired Vascular Lesions
- Hypertrophic Scars, Striae (stretch marks), Wrinkles, and Sun Damage
- Inflammatory Acne Vulgaris
- Psoriasis
- Rosacea
- Verrucae Vulgares

For questions or to schedule a consultation, please call (402) 280-5600 or email Dr. Shehan at james.shehan@creighton.edu.

Hand and Foot Phototherapy

The Division of Dermatology would like to announce the upcoming addition of a hand/foot phototherapy device to the office. This unit will allow the localized delivery of light therapy to the hands, feet, or other limited body areas such as the face. It is capable of delivering both ultraviolet A (UVA) and narrow band ultraviolet B light (NBUVB). The UVA component will be used with topical psoralen medications for PUVA treatments. The use of the NBUVB lights requires no additional medications.

We anticipate many potential uses for this machine, including: refractory hand or foot dermatitis, localized psoriasis, palmoplantar pustular psoriasis, vitiligo, dyshidrotic eczema, and other conditions. This treatment will allow us to avoid or at least minimize the use of systemic agents in some patients who might otherwise require them.

For questions about the new hand and foot phototherapy device or to schedule a consultation, please call (402) 280-5600.

Gastroenterology

Submitted by **Rhonda Purdy, MSN, APRN, CCRN** and **Mary Ann Scramstad**

New Faculty

Syed Tariq Bin-Sigheer, M.B.B.S. will be joining the Gastroenterology Division in the middle of August. He will be an addition to the expanding division of **John O'Brien, M.D.** as Chief, **Stephen Lanspa, M.D.**, and **James Woodbury, M.D.**

Dr. Bin-Sagheer is a 1990 graduate of the Dow Medical College in Karachi, Pakistan with an MBBS. He completed a one year general surgery/internal medicine internship at Civil Hospital in Karachi. He completed a three year internal medicine residency at Texas Tech University Health Science Center in El Paso, Texas. He then completed a two year Infectious Diseases Fellowship at East Tennessee State University in Johnson City. Dr. Bin-Sigheer worked as an Infectious Diseases Consultant in Okeechobee, Florida for three years. In July 1999, he became a Gastroenterology Fellow at the University of South Florida in Tampa, Florida. Since June 2002, he has been the attending gastroenterologist at Bassett Health Care in Cooperstown, New York.

Dr. Bin-Sagheer was certified by the American Board of Internal Medicine in 1995, in Infectious Diseases in 1996 and in Gastroenterology in 2002.

We are pleased to have Dr. Bin-Sagheer join the Gastroenterology Division, the Department of Medicine and Creighton University.



Syed Tariq Bin-Sigheer, M.B.B.S.



Ed Burkhalter, M.D.

Ed Burkhalter, M.D. joins the Division of Gastroenterology as a 0.2 FTE who will be doing endoscopies once a week. He has been in private practice in Cherokee, Iowa since 1998 after many years in the US Army Medical Corps.

Dr. Burkhalter received a 1966 Masters in Biology from Creighton University before receiving his M.D. in 1970 from the University of Iowa in Iowa City. He completed a straight medicine internship at Fitzsimons Army Medical Center in Aurora, Colorado and then a three internal medicine residency at Madigan Army Medical Center in Tacoma, Washington in 1974. He entered a GI Fellowship program at Walter Reed Army Medical Center in Washington, DC in 1977 and completed in 1979. In 1990, he completed a year Hepatic Transplant Fellowship at the University of Pittsburgh School of Medicine. During this time, Dr. Burkhalter served in the US Army Medical Corps from 1969 and retired from the Medical Corps in 1998. He was certified by the American Board of Internal Medicine in 1975, in Gastroenterology in 1979 and by the American Board of Medical Management in 1989.

We are pleased to have Dr. Burkhalter join the Division and even though he will not be moving from Cherokee, Iowa, he will participate in the various activities as his schedule allows.

To schedule an appointment with Drs. Bin-Sigheer or Burkhalter, please call the Gastroenterology Division at (402) 449-4692.

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New Staff

Rhonda Purdy, MSN, APRN, CCRN was recently hired as a mid-level provider. She conducts hepatitis clinics weekly, as well as general gastroenterology clinics, and serves as a research coordinator. Rhonda graduated with her MSN from University of Nebraska Medical Center and is board certified by the American Nurses Credentialing Center and the American Academy of Nurse Practitioners.

Presentations

Robert Kizer, M.D., a Creighton Medicine/Pediatrics Resident, has been very involved with the presentation of our gastroenterology research. Dr. Kizer presented the poster entitled, "Genistien as a Chemopreventive Agent for Colon Cancer" at the Nebraska Expo and the 2005 DDW meeting in Chicago, Illinois.

General Internal Medicine

Submitted by **Mary Ann Scramstad**

New Faculty



Brooke Sweeney, M.D.

Brooke Sweeney, M.D. will join the Division of General Internal Medicine in the middle of November. She will be joining her husband, Christopher, at the South Clinic.

Dr. Sweeney received her BS in Biology from Creighton University in 1996, followed by her M.D. in 2001 from Michigan State University College of Human Medicine at Lansing. She has just completed her four year Medicine/Pediatrics residency at Michigan State, Kalamazoo Center for Medical Students, and is board eligible for the American Board of

Internal Medicine and the American Board of Pediatrics. We are pleased to welcome back Brooke to Creighton University and to Omaha and we are happy to have her join the General Internal Medicine Division. Dr. Sweeney, who will graduate with Certification in Women's Health, will see both Internal Medicine and Pediatric patients at the South Clinic.

Christopher Sweeney, M.D. will be joining the General Internal Medicine Division in the middle of August. He will be at the South Clinic as a Medicine/Pediatrics Physician and Associate Program Director for Medicine/Pediatrics. His wife Brooke will begin her practice at the South Clinic in November.

Dr. Sweeney is a 1995 graduate of Southern Illinois University School of Medicine in Springfield, Illinois. He then completed a four year Internal Medicine/Pediatrics Residency at Southern Illinois. He was a Chief Resident and Clinical Instructor at Southern Illinois before becoming an Assistant Professor at Michigan State University in Kalamazoo in August 2000. He was an Assistant Professor of Medicine and of Pediatrics. He was certified by the American Board of Internal Medicine in 1999 and by the American Board of Pediatrics in 2001.

We are pleased to have both Drs. Christopher and Brooke Sweeney join the General Internal Medicine Division and expand the



Christopher Sweeney, M.D.

South Clinic capabilities, where they will see both Internal Medicine and pediatric patients.

Hematology/Oncology

Submitted by **Erin Smith, Research Specialist**

Faculty Activities

Peter Silberstein, M.D. has been selected as one of 20 Tour of Hope cross-country cyclists by a committee comprised of representatives from the cancer and cycling communities. For more information about his honor, please visit www.tourofhope.org.

Staff Activities

Holly Adams CMSW, LCSW of Hematology/Oncology has been elected Regional Director of the Association of Oncology Social Work. The three-year term will begin in July 2005.

Holly Adams CMSW, LCSW and **Dorothy Sonksen, RN, MSN, OCN** of Hematology/Oncology presented "Why We Do The Work We Do" at the Annual MOC-ONS and GOOSWA conference New Age of Oncology Care at Mahoney State Park on Friday, April 15, 2005

Clinical Trials

AZ 1839US/0713: Phase II Multicenter, Double-blind, Randomized Trial Comparing Anastrozole (ZD1033, Arimidex™)-Placebo to the Combination Anastrozole-ZD1839 (gefitinib, Iressa™) in Postmenopausal Patients with Estrogen Receptor (ER) and/or Progesterone Receptor (PgR) Metastatic Breast Cancer. For more information, contact **Peter T. Silberstein, M.D.**, Principal Investigator, or **Erin Smith**, Study Coordinator, at (402) 280-4524.

CA163-046-024: A Phase III Trial of Novel Etoposide BMS-247550 Plus Capecitabine Versus Capecitabine Alone in Patients with Advanced Breast Cancer Previously Treated with or Resistant to an Anthracycline and Who are Taxane Resistant. For more information, contact **Peter T. Silberstein, M.D.**, Principal Investigator, or **Erin Smith**, Study Coordinator, at (402) 280-4524.

Phase III Study of Taxoprexin® Injection vs. Dacarbazine in Patients with Metastatic Malignant Melanoma. For more information, contact **Peter T. Silberstein, M.D.**, Principal Investigator, or **Erin Smith**, Study Coordinator, at (402) 280-4524.

Flexibility: A study to assess the impact of once per cycle correction and maintenance dosing of darbepoetin alfa in subjects with non-myeloid malignancies with anemia due to chemotherapy. For more information, contact **Peter T. Silberstein, M.D.**, Principal Investigator, or **Erin Smith**, Study Coordinator, at (402) 280-4524.

Infectious Diseases and Omaha VAMC

Submitted by **Marvin Bittner, M.D.**

Faculty Activities

Gary Gorby, M.D., Chief of the Infectious Diseases Division, moderated a two-day bioterrorism conference May 24-25 in Kearney. Among the featured speakers was Michael G. Anderson, JD, MD, FAAP who spoke about professionalism and medical issues he encountered regarding a case of monkeypox. Dr. Gorby is the co-director of The Center for Biopreparedness Education.

Marvin Bittner, M.D. gave an update in HIV therapy at the department's internal medicine update course May 7 in Omaha. He

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lectured on bioterrorism and on practical issues in zoonoses at the American College of Physicians Midwest Internal Medicine Board Review course in Lisle, Illinois on May 27. Another invitation to speak at a continuing medical education course involved travel immunizations at Creighton's Immunize Nebraska symposium in Omaha on June 16. This reflected his involvement in the Douglas County Health Department Travel Clinic, which observed its 20th anniversary with infectious diseases faculty staffing in July.

David Dworzack, M.D. retired on July 1st, culminating a quarter-century of service to Creighton. He intends to maintain some involvement with Creighton's Institutional Review Board, which he has chaired.

Mary Ricardo-Dukelow, M.D. completed her clinical infectious diseases fellowship on June 30. She plans to complete an additional two years of research fellowship at the University of Nebraska Medical Center with Howard Gendelman, M.D.

Working in the laboratory of **Martha Gentry-Nielsen, Ph.D.**, Elizabeth Vander Top received her Ph.D. in May. Her dissertation was concerned with the effect of smoke exposure and ethanol ingestion on anti-pneumococcal host defenses, with a particular emphasis on the detrimental effects of concurrent ethanol and smoke exposure on neutrophil function. On June 15th, her manuscript entitled "Smoke Exposure Exacerbates an Ethanol-induced Defect in Mucociliary Clearance of *Streptococcus pneumoniae*" was chosen as a highlighted article in the June 15, 2005 issue of *Alcoholism: Clinical and Experimental Research*. The same article was chosen for recognition in *EurekAlert!*, an online science news service sponsored by the American Association for the Advancement of Science.

VA News

The Omaha VA Medical Center hosted the first face-to-face meeting of the VA's national public health education group June 9-10. This group had its origin two years ago when the SARS epidemic highlighted the need for educational materials with public health messages. Up to this year, the group had met by telephone conference, supplemented by e-mail. Omaha infection control practitioner Kathleen De Roos, A.R.N.P. had been a member of the group since its onset. She had submitted the group's first poster, a respiratory etiquette reminder developed by Omaha VA staff. The VA Public Health advisory group initiated a nationwide campaign called, "Infection, Don't Pass It On! (IDPIO). A series of posters on hand hygiene were developed, which can be downloaded from the Web site: www.publichealth.va.gov/infectiondontpassiton. At its strategic planning meeting in Omaha, the group completed strategic planning for the next 18 months concerning public health messages and materials for the entire VA.

Pulmonary / Critical Care Medicine

Submitted by **Dan Schuller, M.D.** and **Mary Ann Scramstad**

New Faculty

Saiprakash Venkateshiah, M.D. joined the Pulmonary/Critical Care Division on July 1, 2005. He will be spending 5/8ths of his time at the Omaha VA Medical Center as one of two Intensivists for the Intensive Care Unit and will represent Creighton's portion of that

position. He was certified by the American Board in Internal Medicine in 2000, in Pulmonary Diseases in 2003, in Critical Care Medicine in 2004 and by the American Board of Sleep Medicine in 2005.

Dr. Venkateshiah is a graduate with an MBBS of the Bangalore Medical College in Bangalore, India. He completed a postgraduate year in internal medicine before he completed a three year internal medicine residency at the Postgraduate Institute of Medical Education and Research in Chandigarh, India where he received his M.D. He then completed three years of internal medicine at Cook County Hospital in Chicago, Illinois before he went to Cleveland Clinic for his Pulmonary/Critical Care/Sleep Medicine Fellowship. Since July 2004, he has been in private practice in Eugene, Oregon.



Saiprakash Venkateshiah, M.D.

We are pleased to have Dr. Venkateshiah join the Division of Pulmonary/Critical Care, the Department of Medicine, Creighton University and the Omaha VA Medical Center. He will help the division in caring for patients at both institutions and allow the Division to expand their Sleep Medicine interests.

Clinical Activities

The Sleep Disorders Center expanded to four beds and moved to the Cardiac Center on August 1, 2005. To schedule sleep studies or consultations, please call (402) 449-4486.

Lee Morrow, M.D. and **Dan Schuller, M.D.** see patients on the first and third Thursdays every month at Myrtue Memorial Hospital in Harlan, Iowa.

Faculty Activities

Lee Morrow, M.D. and Pat Haines, RRT co-chaired a CME course entitled "Integrating Evidence-Based Pulmonary and Critical Care Medicine into Clinical Practice" on March 4, 2005. The conference was attended by more than 120 attendants and received great reviews.

The Pulmonary and Critical Care Division sponsored the third "City-wide Pulmonary Case Conference Meeting" on May 5, 2005 attended by Pulmonary specialist in metropolitan Omaha.

Clinical Trials

Randomized, double-blind 52-week study comparing the effect of fluticasone/salmeterol vs. salmeterol on the rate of exacerbations in COPD. For more information, please contact **Dan Schuller, M.D.**, Principal Investigator, or **Kathy Sindelar, R.N.**, Study Coordinator, at (402) 449-4645.

We Need Your Help!

In January 2000, the Department of Medicine at Creighton University printed the first issue of the Creighton Medicine newsletter. We are interested in your ideas and comments about the overall appearance and topics within the newsletter.

Please visit <http://medicine.creighton.edu/medschool/medicine> and click on Department Newsletter to complete a short survey.

Thank you for your interest in Creighton Medicine!

Residency Program News

Residents and Fellows Departing June 30, 2005

Preliminary Residents	
Brian Bell	Diagnostic Radiology, U of MN, Minneapolis
Ryan Dvorak	Radiology, U of Michigan, Ann Arbor
Jason Eldrige	Anesthesiology, Mayo Clinic
Yian Jin-Jones	Ophthalmology, U of IA
Caroline Lin	Anesthesiology, UC Davis
Christopher Lindsay	Radiology, Wayne State, Detroit, MI
Janine Morris	Radiology, CUMC
DeEtte Duke Zahn	Anesthesiology, UCLA, CA
Third Year Residents	
Mahesh Bandara	Cardiology Fellowship, CUMC
Saritha Dodla	Department of Geriatrics, UNMC
Aaron Ford	Chief Resident, CUMC
Marium Ilahi	Hospitalist, Atlanta, GA
Jeffrey Jarrett	Chief Resident, CUMC
Fayak Kamili	Cardiology Fellowship, CUMC
Richard Le	Pulmonary/CC Fellowship, CUMC
Dharmendra Patel	Hospitalist, Sacramento, CA
Sudha Ravilla	Endocrinology Fellowship, UNMC
Balamurugan Sankarapandian	Nephrology Fellowship, Wash US, St. Louis
Ekaterina Soforo	Internal Medicine Private Practice, Dallas, TX
David Stern	Anesthesiology, UNMC
Aleeta Somers-DeHaney	Unknown
Medicine/Pediatrics Residents	
Prashanthi Ganathi	IM Residency, Spokane Medical Center, WA
Sireesha Koppula	Chicago Medical College, Chicago, IL
Melissa Barry	Med/Peds Hospitalist, Allina Health System, St. Cloud, MN
Nicole Ewing	Emergency Room Physician, Christus Spohn Hospital, Alice, TX
Robert Kizer	1 year research fellowship in GI at CUMC
Chief Residents	
Melissa Barry	Med/Peds Hospitalist, Allina Health System, St. Cloud, MN
Traci Jurens	Cardiology Fellowship, Mayo Clinic
Hema Korlakunta	Cardiology Fellowship, CUMC
W. Kutayli	Cardiology Fellowship, CUMC
Carolyn Manhart	IM Full-Time Faculty, CUMC
Susan Schima	Cardiology Fellowship, CUMC
Allergy Fellows	
Justin Clark	Florida
Dean Chiang	California
Cardiology Fellows	
Joseph Tuma	Interventional Cardiology Fellowship, CUMC
Rick Heirigs	Great Plains Regional Medical Center, North Platte, NE
Infectious Diseases Fellows	
Mary Lynn Ricardo-Dukelow	2 years research at UNMC then Hawaii
Pulmonary Critical Care Fellows	
James Bowers	Bergan Mercy, Omaha
Sugata Sensarma	Private Practice CentraCare Clinic, St. Cloud, MN

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

Newly Renovated Department of Medicine Space

Among our many departmental accomplishments in medical education this past year, we recently completed a major renovation of our educational program space on the fifth floor of Creighton University Medical Center. This renovation included larger conference room capabilities (which can now accommodate almost 100 participants), as well as more small group teaching space, an improved computer lab, and greatly enhanced audio-visual and internet instruction technology in three classrooms. Many thanks to Julie Nelson and her staff for their great work planning this space and to Dale Davenport, department administrator, and Rus Biven, head of information technology for our department, for overseeing this project.



Before



After



Attn: Joann Reynolds

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