



Lifetract Foundation

A Commitment to Creating Better Physicians

Brian Gelber has always believed deeply that when you invest in young talent, great things happen. When Gelber and his family needed expert care for a variety of gastroenterological (GI) issues including Crohn's disease and other GI ailments, they turned to NorthShore University HealthSystem (NorthShore) Evanston Hospital's highly regarded GI program and James L. Rosenberg, MD. As a way to express his family's gratitude for the care they received from Dr. Rosenberg and the staff at Evanston Hospital, Gelber established the Lifetract Fellowship in Gastroenterology through Lifetract Foundation, the charitable foundation Gelber established in 2008 to further GI clinical education and research at NorthShore.

Through the Lifetract Fellowship in Gastroenterology, it was envisioned that recurring awards would be made to support and inspire gifted young researchers who are in training. In keeping with his personal philosophy, Gelber believes that rather than just supporting long term research objectives, it is critical to motivate promising GI residents and trainees, and engage NorthShore's best GI physicians as their mentors to assure the development of new, novel and clinically promising research.

This philosophy has always been integral to how Gelber built and currently runs his investment firm, the Gelber Group: "We believe in stimulating youth, in encouraging them to take risks, in surrounding them with experienced mentors and in challenging them to learn by doing. That's the secret of leading a successful and self-renewing organization." Gelber also enlisted Eli Ehrenpreis, MD, GI division member and Director of NorthShore's Center for the Study of Complex Diseases, to develop directed research programs for Lifetract Fellows with the mentorship of key GI faculty such as Michael Goldberg, MD, Eugene Yen, MD, and Laura Bi-

anchi, MD. The current and past Lifetract Fellows have become highly productive young physician-researchers who have produced multiple publications and presentations in the field of gastroenterology. Among them is Amir Patel, MD, whom Gelber describes as doing "a remarkable job" as a beneficiary of the Lifetract investment philosophy of "finding quality people and giving them the freedom to discover – that's how it should work."

Along with the current two Lifetract Fellows, Gelber and Roy F. Kehl Chair of Gastroenterology, Jay L. Goldstein, MD, are working together on the future of GI education at NorthShore. Gelber envisions supporting a program that continues to recruit outstanding young physician-scientists with a goal to grow the program to support four to seven Lifetract Fellows on an ongoing basis. His advice to prospective donors to GI: "Target your donation and see that talent thrives." ■



Brian Gelber with his daughter, Maggie.



Supporting Women's GI Health

Generously supported by the Herbert C. Wenske Foundation, NorthShore's Wenske Women's Health Series has addressed women's health concerns through physician-led presentations on women's healthcare and audience discussion. Many patients and other community members attended "Supporting Women's Gastrointestinal Health," on March 14, moderated by Laura Bianchi, MD, Director for NorthShore's Center for High Risk Colorectal Cancer and Women's Gastrointestinal Cancer Risk and Prevention. Participants learned about women's GI related issues including irritable bowel syndrome (IBS) and colorectal cancer prevention. One appreciative attendee wrote, "My daughter has IBS and we've been to two hospitals and have never received such good information. Thank you, NorthShore." ■

Spotlight on Amir Patel, MD

Lifetract Fellow

After finishing his three-year general internal medicine residency at NorthShore and simultaneously doing research exploring the underlying mechanisms of colon carcinogenesis, this promising young physician-scientist decided to remain at NorthShore and pursue advanced training in gastroenterology for three additional years as a Lifetract Fellow.

Q: What kind of work are you doing as a Lifetract Fellow?

A: My work is split between seeing patients, learning general gastroenterology, hepatology and endoscopy, and performing research. In clinical research, I am working with Eugene Yen,



Amir Patel, MD

MD, on diagnosis and treatment of microscopic colitis, a GI ailment causing diarrhea that is common in older women. This is especially important because those affected have a greatly diminished quality of life. Our goal is to find better treatments for this disease process and in turn, improve their quality of life.

I also am working with Eli Ehrenpreis, MD, evaluating a significant gastrointestinal complication as-

sociated with the use of radiation in the treatment of common cancers such as prostate and cervical cancer. Specifically, we are gaining an understanding of how radiation therapy can injure the small intestine, which may lead to intestinal bleeding, blockages of the bowel and/or diarrhea. These complications may even be so severe as to limit the use of important therapy for these cancers.

Q: What did you find appealing about the Lifetract Fellowship opportunity?

A: The combination of a community training with a very high volume of endoscopy exposure and faculty interaction. Additionally, the fellowship allows for training at the University of Chicago Pritzker School of Medicine studying complicated hepatology and inflammatory bowel diseases. This collaboration is a unique aspect for training that is not found in many other programs.

Q: How has the fellowship benefitted your education and career?

A: Even though I am only one year into the three-year program, I have already learned so much. I know that this training program will serve as a strong foundation and allow me to plan for my career direction as a gastroenterologist. When my fellowship is over, I will not only be comfortable treating the common gastrointestinal disorders seen daily, I also will feel equally confident in the treatment of complicated diseases. The clinical and research training I have, and will be receiving, will give me the opportunity to help innovate medicine and deliver the best care possible to the patients I serve. ■

Lifesaving Treatment **Inspires** Annual Gifts

Katherine Haase has literally been a life-long North-Shore patient – having been born at Evanston Hospital and always seeking care there for herself and her family. She says that it is a comfort to have the hospital close to her, and that was especially important one night when persistent and severe flu-like symptoms caused her to visit the emergency room.

The emergency room physicians quickly realized that Haase was experiencing internal bleeding and immediately administered a blood transfusion while trying to diagnose the source of the problem. "I was so weak," said Haase, "I thought I was going to die." When the diagnosis proved to be difficult, Haase's primary gastroenterologist, Yolandra L. Johnson, MD, was called to help with Haase's treatment.

Dr. Johnson identified that Haase was suffering from a rare condition known as Dieulafoy's lesion, a sort of aneurysm of the

gastric vessels. Dr. Johnson provided truly life-saving treatment with an endoscopic procedure to repair Haase's stomach and stop the bleeding.

For Haase, the experience was a wake-up call for how quickly one's life could end. She is grateful that Dr. Johnson and NorthShore were there to diagnose and treat her life-threatening condition.

Today, Haase continues to be a loyal patient of Dr. Johnson. "I still see her. I need her and would be lost without her," Haase said. Furthermore, Haase made the decision to honor Dr. Johnson and her life-saving care through annual philanthropic donations to NorthShore. It is an important way for Haase to give back to a hospital that has taken care of her throughout her life and the doctor who truly saved her. ■

Celebrating an **Esteemed** Physician and Leader

On Tuesday, June 11, NorthShore Foundation hosted an Investiture Ceremony recognizing Jay L. Goldstein, MD, Vice Chairman of Medicine and Division Head of Gastroenterology as the Roy F. Kehl Chair of Gastroenterology. An endowed chair represents the highest level of prestige at academic medical institutions and chair holders are honored for their excellence in care, research and medical education. Dr. Goldstein was lauded by donors, physicians, care providers and administrative leaders during the Ceremony, which celebrated his work and recognized the generous estate donation of Mr. Roy Kehl, which made the endowed chair possible.

"Dr. Goldstein joins an elite group of the finest physicians-scientists in the nation," said Mark R. Neaman, NorthShore President and Chief Executive Officer. "We are extremely grateful for the generosity and vision of our donors who have made this recognition possible. Their support enables NorthShore to continue to be successful in our mission to preserve and improve human life."

Prior to joining NorthShore, Dr. Goldstein was Professor of Medicine and Vice Head for Clinical Affairs in the Department of Medicine, Section of Digestive Diseases and Nutrition at the University of Illinois at Chicago. His professional accolades include being elected Governor of the American College of Gastroenterology for three consecutive terms, serving on the Educational Committee of the American Gas-

troenterological Association and as an elected Councillor for the Gastroenterology Research Group. He also initiated and developed "Outcomes Research for Gastroenterologists," a national educational course that develops clinical research competencies for young investigators, which has been attended by more than 1,000 trainees over the past 15 years.



From left, Mark R. Neaman, NorthShore President and CEO, and Theodore Mazzone, MD, Chairman of the Department of Medicine, Louise W. Coon Chair of Medicine, congratulate Dr. Goldstein on his Investiture.

Eugene Yen, MD

Patient-Centered Research, Patient-Focused Medicine

When Eugene Yen, MD, chose to enter the field of gastroenterology, he was swayed by the academic passion, optimism and personal warmth of his mentors both here and in medical school at Boston's Tufts University. His passion for inquiry and his focus on others throughout his career at NorthShore have led him to thrive both as a clinical researcher and supportive physician.

Dr. Yen credits NorthShore's commitment to translational research for encouraging him to develop treatments for two nationally under-examined GI disorders that have emerged from a study of his own patient population: microscopic colitis (MC) and Clostridium difficile infection (CDI).

In Dr. Yen's clinical practice, NorthShore patients exhibited both high rates of microscopic colitis, a form of inflammatory bowel disease (IBD), and of CDI, a difficult to manage bacterial infection. Reviewing his practice utilizing NorthShore's award-winning electronic medical record system, he found

widespread increased incidences of microscopic colitis within a concentrated patient population, a disorder with limited research and clinical literature, as well as limited clinical trials. It was an *Eureka* moment for him.

Both disorders were devastating issues for his older patients who felt housebound and hampered by bowel dysfunctions that were eroding their independence and quality of life. Microscopic colitis (MC) is inflammation of the bowel that is only visible using a microscope. A type of (IBD), MC refers to a group of conditions that causes inflammation in the bowel due to an excessive build-up of white blood cells in the bowel lining. Like the other forms of IBD, such as Crohn's disease and ulcerative colitis, MC can cause considerable pain and discomfort as well as chronic diarrhea. Through his research, he recently published a paper with the largest population of MC patients ever described, and currently, international societies on microscopic

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Introducing **Claus Fimmel, MD**

The Institute of Medicine reports that 3.5 to 5.3 million people have chronic hepatitis B virus (HBV) or hepatitis C virus (HCV). More than twice that number have HCV-related morbidities such as cirrhosis, liver cancer, and the need for liver transplantation.

Liver cancer is now the fastest growing solid organ cancer in the western world. Even worse, 65 percent to 75 percent of the affected population is unaware of their condition. Similarly, low awareness of this epidemic exists among healthcare providers and there is a lack of effective screening protocols, all compounding HCV's role in liver diseases, from which 15,000 people a year now die.

Claus Fimmel, MD, wants to change this reality. Dr. Fimmel sees a potential liver cancer epidemic implicit in our lack of knowledge about the prevalence of HCV and in our lack of a plan to screen for it before it develops into a major threat to public health. Several new studies show that baby boomers are facing full blown late life HCV for a variety of reasons including unsafe blood transfusions, youthful IV drug use and promiscuity, exposure to chemicals and other toxins during military service, or sustained alcohol use. There are many symptoms for many people, but new research shows that screening by an age cohort is much easier and more effective than attempting to secure and test individual risk exposures.

This under-diagnosed epidemic of HCV is threatening to drive an epidemic of liver cancer and other liver diseases and a spike in the need for liver transplants. This risk requires that we improve our educational outreach to the general public and the physician community and also develop effective screening techniques for those populations at highest risk. In addition,

colitis have developed guidelines for treatment based on his research findings.

Clostridium difficile infection (CDI) is a common problem in patients both hospitalized and in the community. While this problem is conventionally treated with antibiotics, recurrence rates and resistance to antibiotics are increasing. Through his clinical investigation, he joined a network of physicians internationally, who can treat CDI by a simple, yet unusual, procedure involving the transplant of small, specifically prepared, amounts of donor feces to the patient's bowel. This novel procedure, called fecal microbiota transplantation, reactivates the GI tract's natural defenses against C. Difficile infection. Through implantation



Eugene Yen, MD

now there is a new generation of liver disease drugs with which we can effectively manage this increase in HCV and its complications while avoiding the uneven benefits of Interferon, a cancer drug currently in use that is known already to be ineffective with many HCV patients.

Dr. Fimmel plans to build on current research to screen NorthShore patients for HBV and HCV as well as educate referring physicians to the risks many of their 50- to 60-year-old patients are facing for hepatocellular or liver cancer. He also hopes to evaluate the 70 new anti-HCV drugs to monitor the best therapeutic combinations through clinical trials. These educational programs and clinical research initiatives will require philanthropic support to be pursued as aggressively as possible. The ability to conduct groundbreaking and life-saving studies such as this is one of the many reasons NorthShore Foundation is committed to raising \$30 million for medical research by 2015. It is our hope that you and others will join us in including Dr. Fimmel's work among your charitable priorities for the coming year. ■



Claus Fimmel, MD

by colonoscopy of a donor's fecal matter, Dr. Yen and physicians from NorthShore's Department of Infectious Diseases have been able to successfully cure patients with this debilitating infection where antibiotics have failed.

As he pursues other interests including IBD and colorectal cancer, Dr. Yen credits much of his success to NorthShore's institutional culture, one that fosters patient-based research and encourages young physicians like him "to explore your own curiosity" and originate clinically applied solutions to patients' needs. As he looks to the future, Dr. Yen hopes that grateful patients will consider supporting his research – donating funds that will enable him to continue to employ a research coordinator, develop a registry to learn more about the natural history of microscopic colitis and eventually build a biobank of critical tissue samples to study the genetics of two GI diseases, MC and recurrent C. difficile infection, to which he has now drawn well-deserved international attention. ■

For more information on supporting Gastroenterology at NorthShore, please call NorthShore Foundation at (224) 364-7200 or visit us online at foundation.northshore.org.

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