Patient’s Life Saved by Colonoscopy, Urges Others to ‘Make The Time’
Surgical Technologist Mary Williams-Johnson Says Taking Care of Yourself First Might Be the Best Way to Care for Others

By Amanda Harper
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It’s obvious when you meet Mary Williams-Johnson that she thrives on taking care of other people, whether it’s in her professional life as a surgical technologist or her personal life as a wife, mother, daughter and sister.

But it was her UC Health primary care doctor, Kelcie Boyd, MD, who persuaded Williams-Johnson to make the time to take care of herself by getting a colonoscopy in 2008.

She had avoided getting a colonoscopy for two years. Life just kept getting in the way.

“I was working two jobs and serving as a caregiver for my 85-year-old mother—I was so exhausted I had to pull over to take a nap on the drive from my job to my home in Maineville. I just thought I was tired because of life stress and menopause coming on,” Williams-Johnson recalls.

During a physical exam required by work, Boyd encouraged her to get a colonoscopy.

“Dr. Boyd was adamant,” says Williams-Johnson, 56, who manages the anesthesia techs, health unit coordinators and other support staff in the operating room at UC Health University Hospital.

She scheduled a colonoscopy for September, but her mother became ill after cataract surgery and Williams-Johnson had to cancel the appointment.

Once again, she put off her own health needs to care for others.

In November 2008, she finally had a colonoscopy—two years after the initial referral. The test revealed a polyp the size of a half-dollar. The doctor recommended surgery.

“It was a given who would do my surgery. I had worked with Dr. Janice Rafferty [colorectal surgeon] for years,” recalls Williams-Johnson.

“Dr. Rafferty sketched what she was going to do in the operation, and it still hangs on my refrigerator. Some people have kids’ drawings on their fridge… I have a sketch of my ileocecal resection.”

On Dec. 19, 2008, she had a laparoscopic ileocolic resection, where a portion of the intestine is removed and two healthy ends are reattached. The day after Christmas at 11 a.m., Rafferty called her to report it was stage 1 colon cancer.

“I took it very clearly. She told me that I didn’t need chemo or radiation, but I’d have to stick with her for a while,” Williams-Johnson says. “All I could say in response was, ‘Thank you for saving my life.’ And she said, ‘No—you saved your life by getting that colonoscopy!’ By taking care of herself that one day, she is able to continue doing what she loves most: Taking care of her family and patients.

Williams-Johnson is looking forward to seeing her son, Jason, inducted into the Youngstown Ursuline High School Hall of Fame this May and celebrating her 10th wedding anniversary with her husband, Les, the same month.

“I give all the credit to God for guiding my life. Instead of taking that day off to do something else or take care of someone else, take a day off to go see a doctor. We can’t continue to neglect ourselves while caring for others. Instead of a date night, take a date day and go to the doctor,” she says.

Gearing Up for Match Day

By Angela Koenig
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Each year, graduating medical students at UC and across the country gather to learn where they will be completing their residency training.

Students have applied for residency training in their programs of choice, hoping to “match” with their preferred hospital and specialty and when the results are announced on Match Day, Thursday, March 17, 2011.

Fourth-year medical student Eleanor Glass, who hopes to match in family medicine, gives us her thoughts on the upcoming event.

What does Match Day mean to you and to your medical students in general?

“Match Day is the culmination of many years of hard work, and it’s finally a time to not just get through school but also to express what we want to do with our lives and what our goals are for our future careers. It’s a glimpse into both exciting and challenging years to come.”

What would you say to someone who doesn’t match where they want to go?

“I’m sure it would feel disappointing, but there are great opportunities available, or a year off in research or a master’s in public health can be an excellent option, maybe even advantageous in the long run.”

Does location come into play?

“Location is a big factor. Lots of us have partners who need to look for jobs or who have families and friends somewhere we could see.”

Procter Hall Renovation Includes ‘Green Roof’ and New Entry

Procter Hall—a home of the College of Nursing—is undergoing a face-lift. The renovation includes the removal of asbestos-containing materials, replacement of the weather envelope (outer shell) for all floors, replacement of the penthouse skin, development of a new main entry at the second floor (landing, right) and a “green” second-floor roof with vegetation. (The penthouse contains heating, ventilating and air-conditioning equipment.) Procter Hall will remain occupied during the renovation.

UC Cancer Institute oncologists are testing whether a widely used cholesterol-reducing drug can help prevent the recurrence of colorectal cancer in patients who have been surgically treated for the disease previously.

This seven-year trial, sponsored by the National Surgical and Adjuvant Bowel and Breast Project (NSABP) will assess whether taking statins—a class of cholesterol-lowering drugs that target enzymes in the liver—can prevent the formation of polyps and, therefore, prevent colorectal cancer recurrence in people with previous colorectal cancers that have been removed surgically.

“Statins help regulate enzymes in the body that govern inflammation, and preliminary studies suggest they may also be helpful in the reduction of colorectal and bowel cancer,” explains Elizabeth Shaughnessy, MD, PhD, an associate professor at the UC College of Medicine and surgical oncologist with UC Health. Shaughnessy serves as principal investigator for all NSABP research protocols conducted at UC.

Study participants will be randomized into one of two groups: The first group will receive a daily placebo (non-medicated pill); the second will take a statin medication called rosuvastatin (marketed as Crestor) for five years. The drug is approved by the Food and Drug Administration to slow the production of cholesterol—a fatty substance in the blood linked to heart disease—in the body.

For more information on clinical trial enrollment, call the UC Cancer Institute clinical trials office at (513) 584-7699.
Students meet with representatives of local nonprofit organizations at the College of Allied Health Sciences Service-Learning Fair.

"Our fellowship program is gaining traction nationally; we are attracting truly excellent candidates. Many have both MD and PhD training and come with significant research experience as well as an already defined oncology focus," says Chaudhary, who currently serves as associate director of the fellowship program and will become director in July 2011. Frank Smith, MD, professor of pediatrics at the College of Medicine with a medical oncologist with Cincinnati Children’s Hospital Medical Center, will assume directorship at that time. The hope, says Chaudhary, is to retain some of the bright minds in Greater Cincinnati, where the cancer research and patient care initiative continues to grow through the UC Cancer Institute. Mahmoud Churf, MD, completed his hematology oncology fellowship at UC in 2010 and joined faculty afterward.

"The next generation of academic oncologists must straddle the line between clinical care and research. We need people who can communicate with patients in a way that is understandable but also go back to their colleagues in basic science and solve the clinical problem so that it can be investigated and, eventually, addressed in patient care setting," adds Chaudhary. In the refocused fellowship program, trainees hear from guest speakers—both local and national leaders—every Friday during grand rounds. Once a week, UC Academic Health Center faculty from various departments give lectures on topics ranging from developing a clinical trial protocol and understanding patient survivorship issues and palliative care. Twice a week, fellows present on a topic of their choice to peers and faculty.

"For the past two years, we have made an aggressive effort to recruit additional hematology oncology faculty—particularly senior-level people like Olivier Rixe, MD, PhD, and John Morris, MD—who can serve as mentors to our fellows," says Atweh, hematology oncology division chief and director of the UC Cancer Institute. Fellows also get extensive hands-on experience by coordinating care for patients seeking treatment at weekly continuity of care clinics at the UC Health Barrett Cancer Center and Cincinnati Veterans Affairs Medical Center. "This experience is a really important part of their education because it allows them to see the full spectrum of the disease: diagnosis, treatment, relapse and second-line treatment and, eventually, palliative care. If you don’t see the entire spectrum with a single patient, then it is very hard to learn," says Chaudhary.
Palliative Care Program Serves as Voice for Patient

By Katie Pence
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In recent years, end-of-life care—often identified as palliative care—is gaining both positive and negative media attention and is causing many discussions within health care organizations, as standardized protocol is established and practices are put into place to create the best solutions for patients and their families. It’s no different at UC Health University Hospital.

Since July, Kelly Rabah, director of palliative care services at University Hospital and the Barrett Cancer Center, and her team, comprising Elizabeth Rabkin, MD, Karla Shearer, Darlene Neal and Mary Bogan, have been providing palliative care services on a referral basis. They are the Patient Support Services Team.

“We have been delighted with the progress, and since our start, we have had around 210 referrals from physicians and nurses, all ending with satisfied patients and families,” Rabah says.

Rabah says her team is often called in when the health care team has done its best to help patients and families with the difficult choices for their goals of care. Sometimes, she adds, teams need additional support for the family and assistance with pain and symptom management.

“We don’t get called in every case, but we say, ‘We’ve often found when difficult decisions need to be made and the team is challenged. We have a two-fold mission: To be a collaborative and unifying voice within the health care team and, ultimately, to be advocates for the patient and his or her family,’” Rabah says.

Palliative care is a medical specialty focused on improving the quality of life for people facing clinical, life-threatening illness. Emphasis is placed on pain and symptom management as well as communication and coordination of care. The palliative care team is brought in by the health care team as consultants to truly listen to the desires of the patient and his or her family and to follow the patient in his or her care from that point forward.

This communication is continued outside of the hospital and can result in hours of discussions and a number of tough decisions.

“Many people think that palliative care is only applicable in an end-of-life situation,” Rabah says. “However, it’s more about improving quality of life and allowing the patient to be comfortable, to control their symptoms and to pursue their life goals and preferred course of treatment with dignity and respect.”

Rabah says a lot of the patients managed by her team are cancer patients, and for that reason, they hold Wednesday clinics in the Barrett Cancer Center.

“Our hope is to expand and have a more regular outpatient clinic in a centralized location,” she says, adding that her team also helps patients with heart and kidney diseases, liver failure, lung disorders and even patients on dialysis. “We’re filling a gap, and we’re here to travel the journey with these patients whenever it may go. "Our job is to listen and understand what the goal of care is for each individual patient.”

Rabah says it’s not uncommon to hear people who are not knowledgeable about palliative care talk about “death panels” or to assume that their job as a palliative care team is to cut costs for the hospital.

“Just a lot of misunderstanding can save their lives. We often say that it’s not a matter of if, but instead is a matter of when and how they will die. Sometimes we can impact the when, but we can definitely impact the how, making patients as comfortable as possible.”

She says there is need to educate the population about the benefits of palliative care.

“We are here for the patient and their families, to ensure that they have a voice and to make things as easy as possible for them. Sometimes, no amount of medical intervention can save their lives. We recognize that working through construction can be challenging,” says Zajenlovic. “We need to keep the lines of communication open and have our eyes on the goal. Once it’s all done, we’ll have a wonderful space that the University of Cincinnati and the College of Medicine can be proud of.”
Academic Health Center

By Angela Koenig

When Alumni Weekend takes place May 13-15, 2011, an alumnus from the University of Cincinnati College of Medicine will be noticeably and dearly missed—Neal Aquino, MD, who passed away from surgical complications in 2007.

To honor Aquino’s memory and his affinity for his alma mater, his family—Neal Aquino, MD, a Cincinnati anesthesiologist, his mother, Althea, and sister, Aileen—have dedicated a scholarship fund in Neal’s name with $50,000 to assist other aspiring physicians with the cost of attending the UC College of Medicine.

When asked to put into words what the College of Medicine meant to her brother, Aileen Aquino eloquently wrote, “From a young age, Neal Aquino knew he wanted to be a doctor. He made many decisions to get him closer to his goal. Neal always had such a fondness for Cincinnati and never pictured himself living anywhere else. Because of this, he wanted to have the most important foundation of his future career come from the prestigious University of Cincinnati medical school. Initially, Neal immersed himself in his studies and felt right at home. He became close with his instructors, mentors and fellow classmates. The years he spent in UC, in medical school were some of the best, most challenging yet truly rewarding experiences in his life. One of Neal’s wishes would, no doubt, be to help someone else have the opportunity to share in this once-in-a-lifetime experience.”

Neal was indeed a lifetime of great experiences, even before medical school. This brilliant young man began reading at the age of 3, skipped two grades at Covington Latin School and earned double degrees (and two minors) from Xavier University before enrolling in medical school at age 20. He was among the youngest medical students to ever enroll at UC and the youngest in his class to receive his White Coat, a symbolic welcome to medical school bestowed on all incoming students. He was also a member of the high IQ society Mensa, an elite group of persons who have attained a score within the upper 2 percent of the general population.

Aquino strove hard to become a great doctor, but he also had a zest for life and great balance with all his other interests. He traveled extensively—to over 20 countries—loved exotic foods, collected eclectic art, had a fantastic sense of humor, loved interacting with people and enjoyed many sports, a few of which included scuba diving, tennis, golf, biking, and running. His favorite race was Cincinnati’s Thanksgiving Day Race, which his family and friends continue to participate in as a tribute to Aquino’s vibrant personality.

After his 2001 graduation from medical school, he completed his emergency medicine residency at Summa Health System in Akron, Ohio, and then returned to his beloved Cincinnati to work in emergency departments at Mercy Health Systems and Good Samaritan Hospital. Aquino made such an impact at Summa that the emergency department there has named the Neal Aquino Intern Book Fund to help students purchase costly textbooks.

The ERF staff at Mercy Western Hills created a plaque and a mural made up of stories and photos of him. This way, they are able to be inspired by Aquino and feel like he is still there with them.

“The Dr. Neal J. Aquino Class of 2001 Memorial Scholarship,” says his father, is another symbolic and lasting way to honor his son’s choice of medical schools.

Neal was so proud to be at UC and with all of the people he was associated with there,” he adds.

While some contributions have already come in from the class of 2001 and the UC emergency medicine department, his family hopes the fund will grow to be self-sustaining, with the first scholarship to be awarded this year.

“Our wish is to keep Neal’s memory alive by helping exceptional students reach their full potential and, like Neal, achieve their goals,” he says.

For information on how to contribute, contact Dawn Perrin, director of development/educational initiatives, at (513) 558-2304, or e-mail her at dawn.perrin@uc.edu.

Focus on Memory of Student to Help Others Reach ‘Full Potential’

“Neal’s wish is to keep Neal’s memory alive by helping exceptional students reach their full potential and, like Neal, achieve their goals.”

Nestor Aquino, MD

Focus on Science is a column highlighting basic scientists at the University of Cincinnati and their latest research.

To suggest a basic scientist to be featured, please e-mail uchealthnews@uc.edu.

George “Chip” Shaw, MD, PhD

George “Chip” Shaw wears many hats as an associate professor in the department of emergency medicine. As an emergency medicine physician, he treats patients in the UC Health University Hospital emergency department, and, with a PhD in physics, he researches ultrasound and stroke therapy in his lab in the Cardiovascular Research Center. He completed his undergraduate degree at the University of Virginia in 1985 and went on to obtain his PhD in physics from the University of Maryland and his medical degree from Georgetown University. Shaw came to UC in 1997 for his residency training in emergency medicine, joining the department’s faculty in 2001 and receiving a second-year appointment in medical engineering in 2002. He serves as a reviewer for journals including the Journal of Neuroscience Methods, Physics in Medicine and Biology and Critical Care Medicine.

What is your current research focus?

“I’m working with Christy Holland, PhD, division of cardiovascular sciences, on diseases, ultrasound-enhanced thrombolyis. We’re trying to come up with a new stroke therapy that can break up blood clots and improve the delivery of clot-busting medicine like tPA to the brain. If you’re going to use ultrasound in the skull, there can be bio-effects if the pressure is over a certain threshold. So we’ve placed a human skull inside a tank with a transducer—the transducer creates a pressure wave against the skull. Then, we’re using a hydrophone to measure the pressure as a function of position inside the skull and if the pressure is too high or too low, it won’t help the tPA. If it’s too high, it can cause bleeding. With ultrasound, we have a good therapy for stroke, but we can do better. About 6 percent of the time, a stroke patient gets tPA, as well as those that are hemorrhaging in the brain. That’s always bad. I’ve seen it three times in my career and it’s horrible. So if we can get tPA to work more effectively with ultrasound, then maybe we can cut back the dosage. Personally, that drives a lot of my work. I saw a hemorrhage case two or three weeks ago and came back to the lab in a daze thinking, ‘We’ve got to get this to work better.’”

What led you to study stroke research?

“It really started with Joe Broderick and the Greater Cincinnati Northern Kentucky Stroke Team. Those are the physicians who are treating stroke patients in this area and they were the ones asking, ‘Is there anything better than tPA?’ They identified a therapeutic need and brought it to the basic science researchers and engineers, like Dr. Holland, and it has mushroomed from that. From my viewpoint, I think it’s a very good way to do the science. If you’re just coming up with a new therapy at your lab bench, it’s going to be hard to get that into practice—you don’t have clinicians need it and you don’t know who is going to use it. But with this approach, we’ll be able to take results directly to the clinicians and see how they like it. It’s a much more targeted way to develop new medical therapeutics, and I think it’s going to be a much more effective way.”

When do you expect your research to impact patient care?

“Five to 10 years. Part of the work is just figuring out what kind of ultrasound would work best and what’s feasible. I think we have a pretty good idea of that now. The other big limitation is designing the therapy—we need to make this as well-engineered and as easy to use as possible for the patient and for the people who are going to be using it.”

What do you do outside your work at UC and the hospital?

“I’m very involved in Cub Scouts and in our parish, St. Vivian’s in Finneytown. I have nine kids between the ages of four and 24. Five are sons, so I’m going to be between the ages of four and 24. Five are sons, so I’m going to be

NEWS EXTRAS

Gibler Elected Fellow

W. Brian Gibler, MD, president and CEO of UC Health University Hospital and UC professor of emergency medicine, was recently elected a fellow in the American College of Cardiology. Physicians are elected to the fellowship based on professional excellence, significant contributions to research and letters of sponsorship from other fellows.

Brittigan Leaving UC

Brad Bryant, MD, the physician professor and chair of the department of internal medicine, has accepted the dean’s position at the University of Nebraska Medical Center College of Medicine, pending approval of the University of Nebraska Board of Regents. Brittigan, who has been at UC since 2004, will leave UC in mid-June and assumes his new role in Omaha on July 1. An interim chair for the department will be identified within the next few weeks.

Drug Discovery Workshop To Be Held March 15

A safety pharmacology workshop titled “The New Face of Drug Discovery & Development” will be held from 1 to 5:15 p.m. on Tuesday, March 15, in Location 5. The half-day workshop is designed for basic and clinical pharmacology, neurological and drug discovery, toxicology, and preclinical researchers, and will be a great way for the students to meet and hear about drug discovery, development, testing and translation of drug discoveries to new treatments.

Advance registration is required. For those not affiliated with UC or Cincinnati Children’s, registration is $53. For questions, e-mail Mohammad Mattali at mohammed.mattali@uc.edu. To register, visit med.uc.edu/pharmacology/news.html.

Allergy Talk March 16

Michelle Dikert, MD, professor in the department of otolaryngology, will discuss allergies and sinus issues from noon to 1 p.m. on Wednesday, March 16, in University Hospital, room 1B-17. This is a brown bag lunch. Registration is required at uc.edu/hr/trainingsehp.

Heart Mini Marathon and Walk March 20

Join the UC Health team in helping to combat heart disease and stroke by signing up for the 2011 Heart Mini Marathon and Walk, scheduled for Sunday, March 20. Each participant will receive an American Heart Association T-shirt in addition to a UC Health T-shirt. To join the UC Health Heart Mini Marathon team or learn more about the race, visit www.heartmini.org.

Smulian Named Chief of Infectious Diseases

George Smulian, MD, professor of medicine, has been named chief of the infectious diseases division. He has been serving in internist chief since May 2009, has been a faculty member in the UC College of Medicine since 1991 and has served as chief of the infectious disease section at the Cincinnati Department of Veterans Affairs Medical Center since 2000.

University of Cincinnati Academic Health Center

FINDINGS March 2011