FORGING MEDICINE’S FUTURE

GASTROENTEROLOGY & LIVER DISEASE, AND COLORECTAL AND GENERAL SURGERY
Dear Colleague:

As one of just 18 hospitals named to the U.S. News & World Report Honor Roll, University Hospitals Case Medical Center is committed to building upon a legacy of medical discovery that began nearly 150 years ago and continues today.

UH physicians – many of whom are also faculty at Case Western Reserve University School of Medicine – are forging the future of medicine through a number of programs and initiatives:

• Providing the POEM (per-oral endoscopic myotomy) procedure, a new alternative to the standard surgical care for achalasia which is completed without a skin incision, and is offered at only a few other institutions in the U.S.

• Conducting further research regarding the use of surgeons adding a transversus abdominis plane (TAP) block to reduce patients’ hospital stays after colorectal surgery.

• Working to develop a drug to increase levels of a gene that may provide a method for preventing or treating colon cancer.

• Researching a new class of drugs that target specific pathogenic mechanisms of inflammatory bowel diseases to significantly improve patients’ quality of life.

We welcome your feedback on how we can work together to further enhance digestive health research and clinical care.

We look forward to seeing you this April at SAGES Annual Meeting and Digestive Disease Week in May.

Fabio Cominelli, MD, PhD
Chief, Division of Gastroenterology & Liver Disease
Director, University Hospitals Digestive Health Institute
University Hospitals Case Medical Center
Hermann Menges Jr. Chair and Professor of Medicine
Case Western Reserve University School of Medicine

Conor P. Delaney, MD, MCh, PhD, FRCSI, FACS, FASCRS
Chief, Division of Colorectal Surgery
Director, University Hospitals Digestive Health Institute
Vice Chair, Department of Surgery
University Hospitals Case Medical Center
Director, Case Western Reserve University School of Medicine Skills and Simulation Center
Jeffrey L. Ponsky Professor of Surgical Education
Case Western Reserve University School of Medicine
University Hospitals Digestive Health Institute, comprising the Divisions of Gastroenterology & Liver Disease, and Colorectal and General Surgery, is consistently one of the best in the country according to U.S. News & World Report, ranked #13 currently. Our specialists diagnose and treat patients with disorders of the digestive system using novel therapies, minimally invasive surgery and the most advanced technology; provide essential preventive screening; and lead wellness initiatives. Expert medical and surgical teams cooperate to provide comprehensive, compassionate care for each patient.

Gastroenterology & Liver Disease, and Colorectal and General Surgery

The Liver Disease Center at the UH Digestive Health Institute offers advanced intervention treatment for liver cancer and metastatic tumors, including drug-eluting beads and yttrium-90 CyberKnife®.
UH CASE MEDICAL CENTER

Among the nation’s leading academic medical centers, UH Case Medical Center is the primary affiliate of Case Western Reserve University School of Medicine.

With more than 1,000 registered beds, UH Case Medical Center provides primary, specialty and subspecialty medical and surgical care. Located in the heart of Cleveland’s University Circle on a beautiful 35-acre campus, UH Case Medical Center includes general medical, intensive care and surgical units, as well as three major specialty hospitals:

University Hospitals Seidman Cancer Center
University Hospitals MacDonald Women’s Hospital
University Hospitals Rainbow Babies & Children’s Hospital

Our physicians and researchers – who also serve as faculty at Case Western Reserve University School of Medicine – are leaders in their respective fields, and their ongoing clinical research programs push the boundaries of medical progress.

Our dedication to clinical research and education has played a major role in building UH Case Medical Center’s rich legacy of medical innovation, and continues to this day. Coupled with a commitment to implementing the latest therapies and integrating with the most technologically advanced hospitals and community facilities, UH Case Medical Center offers a depth of care and scope of services unmatched by any other medical center in Ohio.

1,000+ registered beds
35 acre campus
3 major specialty hospitals

TO HEAL. TO TEACH. TO DISCOVER.

THE PRIMARY AFFILIATE OF Case Western Reserve University School of Medicine

The commitment to exceptional patient care begins with revolutionary discovery. University Hospitals Case Medical Center is the primary affiliate of Case Western Reserve University School of Medicine, a national leader in medical research and education, and consistently ranked among the top research medical schools in the country by U.S. News & World Report. Through their faculty appointments at Case Western Reserve University School of Medicine, physicians at UH Case Medical Center are advancing medical care through innovative research and discovery that bring the latest treatment options to patients.
At the UH Digestive Health Institute, our integrated model of health care means patients are seen at one location by specialists from multiple disciplines who collaborate on personalized care plans. For patients with co-occurring conditions, providers work closely with specialists in other UH institutes and departments. The UH Digestive Health Institute offers continually evolving, high-level care through our seven Centers of Excellence:

• Advanced Technology & Innovation Center
• Bariatric Surgery, Metabolic & Nutrition Center
• Community Gastroenterology & Quality Center
• Esophageal & Swallowing Center
• Gastrointestinal Cancer Center
• Inflammatory Bowel Disease Center
• Liver Disease Center

To contact the UH Digestive Health Institute, email DigestiveInfo@UHhospitals.org.
Fabio Cominelli, MD, PhD, is Chief, Division of Gastroenterology & Liver Disease, Director, UH Digestive Health Institute, UH Case Medical Center; and Hermann Menges Jr. Chair and Professor of Medicine, Case Western Reserve University School of Medicine. Dr. Cominelli’s expertise in the areas of experimental treatment of inflammatory bowel disease (IBD) and intestinal cytokines dates back 25 years. Dr. Cominelli serves as the principal investigator on many multidisciplinary National Institutes of Health (NIH) grants at Case Western Reserve University School of Medicine, including a T32 training grant and a program project grant on the Role of Innate Immunity in IBD. He is an elected member of the American Society of Clinical Investigation and the American Association of Physicians and was the 2002 recipient of the Outstanding Investigator award from the American Federation for Medical Research. He has been listed in Best Doctors in America in gastroenterology and Cleveland Magazine Top Doctors. He serves on several NIH and Department of Defense grant review panels and is currently a member of the NIH Gastrointestinal Mucosal Pathobiology Study Section. Dr. Cominelli is conducting research funded in part by the NIH designed to understand the pathogenesis of IBD and to develop new medical treatments for Crohn’s disease and ulcerative colitis.

Conor P. Delaney, MD, MCh, PhD, FRCSI, FACS, FASCRS, is Chief, Division of Colorectal Surgery, Director, UH Digestive Health Institute, Vice Chair, Department of Surgery, UH Case Medical Center; Director, Case Western Reserve University School of Medicine Skills and Simulation Center; and Jeffrey L. Ponsky Professor of Surgical Education, Case Western Reserve University School of Medicine. Dr. Delaney’s research focuses on the outcomes of laparoscopic colorectal surgery, rectal cancer surgery, the optimization of colorectal surgical techniques, cost efficiency in surgery, surgical education and simulation, and surgical perioperative care. In 2009, he received an honorary fellowship from the American Society of Colon & Rectal Surgeons and was elected to the executive council in 2011. Also in 2011, Dr. Delaney was named the inaugural Murdough Master Clinician in Colorectal Surgery at UH Case Medical Center. He is cited in Best Doctors in America and Cleveland Magazine Top Doctors, Who’s Who in Medicine, and the Patient’s Choice award in Ohio. Dr. Delaney is the primary investigator for the UH-Socrates database project and numerous other projects. He leads national projects to improve the standard of rectal cancer surgery and to optimize perioperative care for patients undergoing major abdominal surgery. He serves on the editorial boards of 10 journals, including Diseases of the Colon and Rectum, the American Journal of Surgery and the World Journal of Surgery, and regularly travels around the world to lecture and operate.

Surgeons and physicians within Gastroenterology & Liver Disease, and Colorectal and General Surgery are national leaders in the prevention, diagnosis and treatment of digestive and liver diseases. The UH Digestive Health Institute team consists of gastroenterologists, hepatologists, surgeons, pathologists, radiologists, oncologists, nurse practitioners and nutritionists from UH Case Medical Center, UH Seidman Cancer Center and UH Rainbow Babies & Children’s Hospital.
Advanced Endoscopic Treatments Are Less Invasive, More Effective

UH Digestive Health Institute Offers Novel Endoscopic Treatments for Achalasia, Barrett’s Esophagus

recognized endoscopists, surgeons, radiologists and anesthesiologists is applying advanced endoscopic techniques in novel ways.

One such application is for the treatment of individuals with achalasia, a motility disorder of the esophagus associated with a lack of relaxation of the lower esophageal sphincter (LES) that results in progressive dysphagia (difficulty swallowing). Dr. Marks and Jeffrey L. Ponsky, MD, FACS, Surgeon-in-Chief, University Hospitals Case Medical Center; and Oliver H. Payne Chairman and Professor, Department of Surgery, Case Western Reserve University School of Medicine, now offer the peroral endoscopic myotomy (POEM) technique for patients with dysphagia due to achalasia, as well as for other esophageal motility disorders such as diffuse esophageal spasm and nutcracker esophagus.

POEM is a new alternative to the standard care for surgical candidates with achalasia, laparoscopic Heller myotomy, in which the muscles of the LES are cut, allowing food and liquids to pass to the stomach. Myotomy carries risks such as persistent dysphagia due to incomplete myotomy, perforation of the esophagus, and post-operative reflux disease. POEM, unlike the surgical Heller Myotomy, is a specialized endoscopic therapy in which myotomy is completed without a skin incision.

UH Case Medical Center is one of approximately 10 institutions in the United States that performs the POEM procedure. About 3,000 POEM procedures have been done worldwide, and Drs. Ponsky and Marks have successfully performed almost 50 of them over the past two years.

Advanced endoscopic treatment is also being used in the diagnosis and treatment of Barrett’s esophagus (BE), a disease that is a leading predictor of esophageal cancer. Under the direction of Dr. Chak and Philip Linden, MD, Chief, Division of Thoracic and Esophageal Surgery, UH Case Medical Center; and Associate Professor of Surgery, Case Western Reserve University School of Medicine, the institute has developed a multimodality program in endoscopic therapy of BE.

To identify cases of BE that are most likely to progress to cancer, the UH Digestive Institute offers unsedated transnasal endoscopy. For patients at high risk of developing esophageal cancer, ablative therapy is often combined with mucosal resection of focal areas of thickened high-grade dysplasia or early cancer. Dr. Chak and John Dumot, DO, Medical Director, Esophageal & Swallowing Center, UH Digestive Health Institute; Professor of Medicine, Case Western Reserve University School of Medicine, perform another pioneering approach, endoscopic submucosal dissection, using an endoscope to resect a wide area of dysplastic BE or early esophageal cancer en bloc. When other therapies are unsuccessful, cryotherapy – which freezes areas of high-grade dysplasia and early cancer using an endoscope – is used to ablate BE.

Dr. Amitabh Chak
A University Hospitals Case Medical Center team has validated another step surgeons can take to reduce patients’ hospital stays after colorectal surgery: adding a transversus abdominis plane (TAP) block to patients’ surgical care.

In an effort to improve outcomes and reduce readmissions, Dr. Conor P. Delaney is among a group of surgeons who have been developing and testing Enhanced Recovery Pathways (ERP) for colorectal surgery patients.

The ERP protocol counters traditional conventions about how patients should prepare for and recover from colorectal operations, such as letting patients eat the day after the procedure instead of waiting several days, encouraging them to walk around after procedures, optimizing analgesia and controlling intravenous fluid volumes. ERP has been shown to speed recovery and improve outcomes.

Building on these findings, Dr. Delaney looked at further reducing patients’ postoperative pain by adding the TAP block, using a technique that enables surgeons to inject a regional analgesia into a layer of the abdominal wall between the oblique muscles and the transversus abdominis. The nerve block is given at the conclusion of colorectal operations and reduces pain in the operative area so patients can bypass or reduce postoperative narcotics that can slow down recovery.

For the 2012 study, Dr. Delaney employed the ERP protocol and the TAP block on 100 patients needing surgical treatment for colorectal neoplasia, Crohn’s disease, ulcerative colitis and diverticulitis. The researchers’ goal was to see whether the TAP block reduced complications and shortened the hospital stay.

Results, which were published in the September 2013 issue of the Journal of the American College of Surgeons, showed that the mean hospital stay dropped to less than 2.5 days after the surgical procedure, significantly lower than the 3.7-day mean that UH Case Medical Center had observed for 1,000 consecutive previous patients. Nearly one-third of the patients went home the next day and another 33 percent went home 48 hours after surgery.

According to Dr. Delaney, it was once believed that if patients went home early, they’d have a higher chance of readmission, but the data show that the opposite is true—patients who went home earliest had the lowest readmission rate. The TAP block is an efficient way to help patients feel better and recover sooner.

Dr. Delaney predicts that ERP will become standard practice for colorectal surgical patients in the next five years; however, including TAP blocks in that protocol will require more evidence. To that effect, his research team has initiated a randomized double-blinded trial to compare a group of colorectal surgery patients who receive the TAP block with another group who will not.
• At the Inflammatory Bowel Disease Center, led by Jeffry Katz, MD, Medical Director, IBD Center, UH Digestive Health Institute; and Professor of Medicine, Case Western Reserve University School of Medicine, and Sharon L. Stein, MD, Surgical Director, IBD Center, UH Digestive Health Institute; and Associate Professor of Surgery, Case Western Reserve University School of Medicine, IBD specialists offer advanced surgical techniques such as laparoscopic or robotic ileal pouch-anal anastomosis – known as J-pouch surgery – and strictureplasty, which reshapes the bowel to make it wider and shorter to manage strictureing Crohn’s disease.

• At the Liver Disease Center, under the direction of Christopher Siegel, MD, PhD, Surgical Director, Liver Disease Center, UH Digestive Health Institute; and Associate Professor of Surgery, Case Western Reserve University School of Medicine, and Pierre Gholam, MD, Medical Director, Liver Disease Center, UH Digestive Health Institute; and Associate Professor of Medicine, Case Western Reserve University School of Medicine, hepatologists, surgeons, interventional radiologists, and medical and radiation oncologists offer open and laparoscopic liver surgery, liver transplantation, intraoperative radiation for cancer, intraoperative MRI, radiofrequency ablation techniques, microwave ablation techniques, and advanced intervention treatment for liver cancer and metastatic tumors, including drug-eluting beads and yttrium-90 CyberKnife®.

• The Liver Disease Center also has state-of-the-art resources to treat hepatitis, which includes the Chronic Hepatitis Antiviral Management Program (CHAMP), one of the largest hepatitis management programs in the region.

• As part of UH Seidman Cancer Center, the Gastrointestinal Cancer Center, led by Jeffrey Hardacre, MD, Surgical Director, Gastrointestinal Cancer Center, UH Case Medical Center; and Associate Professor, Case Western Reserve University School of Medicine, and Gregory Cooper, MD, Medical Director, Gastrointestinal Cancer Center, UH Case Medical Center; and Professor of Medicine, Case Western Reserve University School of Medicine, offers total screening, diagnosis and management of various gastrointestinal cancers. It is one of the few centers in the U.S. to offer heated intraperitoneal chemotherapy (HIPEC), which can be used to treat inoperable colorectal or appendix cancer that has spread to the peritoneum.

• University Hospitals is one of a few institutions in the U.S. to have an Intestinal Failure Unit, which coordinates care for patients with intestinal failure, such as surgeries, reconstructive procedures, nutrition plans, wound care and long-term solutions. Referrals to the center come from across the nation and around the world.

• Surgeons at the Center for Comprehensive Hernia Surgery take a team approach to care for the full spectrum of hernia cases, ranging from straightforward cases to complicated reconstructions involving active infection, fistulas, comorbidities and multiple previous operations. The center receives referrals both nationally and internationally.

• UH Case Medical Center and the Department of Surgery at Case Western Reserve University School of Medicine offer the annual Colorectal Residents Career Course. During the two-day event, which reaches the majority of colorectal residents in the U.S., more than 20 physician-faculty members from UH and other institutions participate in training residents in colorectal medicine through interactive courses and labs.
In 2011, the National Cancer Institute awarded $11.3 million to Case Western Reserve University School of Medicine, creating a Specialized Program of Research Excellence (SPORE) in Gastrointestinal (GI) Cancers. The program, a collaborative effort of the School of Medicine and UH Seidman Cancer Center that includes researchers from the UH Digestive Health Institute, is conducted under the leadership of Sanford Markowitz, MD, PhD, Medical Oncologist, UH Seidman Cancer Center; and Francis Wragg Ingalls Professor of Cancer Genetics and Principal Investigator, GI SPORE, Department of Medicine, Case Western Reserve University School of Medicine.

SPORE Research at University Hospitals and the School of Medicine includes:

- Preventing Development of Colon Cancer: Using mouse models, Dr. Markowitz’s group has established that certain individuals who develop colon cancer have very low levels of the 15-PGDH gene. 15-PGDH opposes the activity of cyclooxygenase-2 (COX-2), whose increase is a critical early event in the development of colon tumors. The group is working to develop a drug to increase PGDH levels because this may provide a method for preventing or treating colon cancer.

- Studying Early Detection of Certain GI Cancers: The team previously developed a noninvasive test for early detection of colon cancers and colon adenomatous polyps using DNA extracted from stool. The SPORE team, led by gastroenterologist, Dr. Gregory Cooper and Li Li, MD, Professor of Family Medicine, Case Western Reserve University School of Medicine, is now launching a clinical trial that will help to clarify what should be done when a patient has contradictory test results: a positive stool DNA test but a normal colonoscopy. Researchers suspect that the stool DNA testing may identify some colon tumors earlier than colonoscopy and that some of these patients will have a detectable lesion on a repeat colonoscopy in one year.

- Detecting Disease Recurrence and Aggressiveness: A third study, led by Cheng Chee, MD, medical oncologist, UH Seidman Cancer Center; and Assistant Professor of Medicine, Case Western Reserve University School of Medicine, tests patients after colon cancer surgery for detection of abnormal methylated DNA in blood as a possible marker of residual disease and/or early disease recurrence.

- BETrNet Targets Esophageal Cancer

Research to discover the genetic determinants of esophageal cancer and Barrett’s esophagus is also underway. UH Case Medical Center, in conjunction with the School of Medicine, is one of three centers granted the $5.4 million, five-year, multicenter NIH program project grant called Barrett’s Esophagus Translational Research Network (BETrNet).

Researchers led by Dr. Amitabh Chak screen and survey patients with Barrett’s esophagus and esophageal cancer in collaboration with a team of laboratory and bioinformatic scientists to determine the role that genetics and environmental factors play in disease progress. They study families in which multiple people have developed esophageal cancers and Barrett’s esophagus with the goal of identifying the specific gene that indicates the development of these diseases. They aim to develop novel tests to identify Barrett’s esophagus, predict those individuals with Barrett’s esophagus who are especially at risk to progress to cancer, and discover new treatments that will prevent cancer in an effort to reduce mortality from this deadly disease.
UH Case Medical Center’s physicians, surgeons and scientists – all members of the faculty of Case Western Reserve University School of Medicine – are leaders in their respective fields, and their ongoing research programs are at the leading edge of medical progress. A strong emphasis on translational, or “bench-to-bedside,” research means that new and innovative treatments and technologies transfer more rapidly from the research laboratory to actual patient care.

**TOMORROW’S CURES TODAY.**

In addition to innovative treatment of Barrett’s esophagus (BE), and research into its genetic origins, UH Case Medical Center and Case Western Reserve University School of Medicine are conducting leading-edge research in the hope of someday using a pharmaceutical approach to stop BE from progressing to cancer. For example, a small, randomized Phase II trial will study whether metformin hydrochloride will prevent esophageal cancer in patients with BE, with results possible by the end of this year. Linda Cummings, MD, gastroenterologist, UH Case Medical Center; and Assistant Professor of Medicine, Case Western Reserve University School of Medicine, is also evaluating the use of vitamin D3 to determine whether it is beneficial in reducing the risk of developing esophageal cancer in patients with BE.

Dr. Thomas Sferra and Virginia Baez-Socorro

At the UH Digestive Health Institute’s IBD Center, research focuses on the pathogenesis and treatment of ulcerative colitis and Crohn’s disease, including participation in the latest clinical trials. The August 22, 2013, issue of the New England Journal of Medicine included an editorial from Dr. Fabio Cominelli. The editorial, “Inhibition of Leukocyte Trafficking in Inflammatory Bowel Disease,” accompanies the results of two clinical trials that examined whether treatment with the drug vedolizumab could help patients with either ulcerative colitis or Crohn’s disease who had failed to get enough relief from standard medications. In his editorial, Dr. Cominelli noted that the new class of drugs that targets specific pathogenic mechanisms of disease, primarily in the form of monoclonal blocking antibodies, has revolutionized how gastroenterologists treat IBD, significantly improving patients’ quality of life.

**Thomas Sferra, MD.** Division Chief of Pediatric Gastroenterology, Martin and Betty Rossskamm Endowed Chair in Pediatric Gastroenterology, UH Rainbow Babies & Children’s Hospital, and Associate Professor of Pediatrics at Case Western Reserve University School of Medicine, is internationally renowned for his work on the discovery and development of novel gene- and small molecular-based therapies for inflammatory bowel disease and colon cancer. He and his team have begun a series of studies to determine the impact of interleukin 6 on gastrointestinal mucosa, small molecular inhibitors targeted toward interleukin 6, and novel therapies directed against specific genes and proteins known to be involved in the development of colon cancer. His team also is collaborating with a Chinese research group to examine the potential use of traditional Chinese medicines as therapies for inflammatory bowel disease and colon cancer.

All National Institutes of Health (NIH) funding for basic and clinical research is awarded to the School of Medicine at Case Western Reserve University.
The Harrington Project for Discovery & Development is a $250 million national initiative to accelerate the development of medical breakthroughs by physician-scientists into medicines that benefit patients. It is a unique model that aligns, through mission and structure, nonprofit and for-profit resources into a system for drug development. The Harrington Project thereby addresses a set of major challenges in medicine that have created a development gap for promising discoveries.

The Harrington Discovery Institute at University Hospitals Case Medical Center, the nonprofit component of The Harrington Project, enables physician-scientists to translate their clinical insights and research into novel therapies that benefit patients and society. Through an annual competition, the Harrington Discovery Institute selects a group of medical innovators known as Harrington Scholar-Innovators whose projects are funded and actively guided by drug discovery experts toward the clinical realm.

HARRINGTON DISCOVERY INSTITUTE
AT UNIVERSITY HOSPITALS CASE MEDICAL CENTER

A CATALYST FOR A NEW MODEL IN DRUG DEVELOPMENT

The 2014 class of Harrington Scholar-Innovators selected by the institute’s scientific advisory board are:

- Jayakrishna Ambati, MD
  University of Kentucky
- Darren Carpizo, MD, PhD
  Rutgers Cancer Institute of New Jersey
- Garret FitzGerald, MD
  University of Pennsylvania
- Mark Humayun, MD, PhD
  University of Southern California
- John Kheir, MD
  Harvard University
- Rahul Kohli, MD, PhD
  University of Pennsylvania
- Gavril Pasternak, MD, PhD
  Memorial Sloan-Kettering Cancer Center
- Irina Petrache, MD
  Indiana University
- David Rowitch, MD, PhD
  University of California, San Francisco
- Jean Tang, MD, PhD
  Stanford University
- David Wald, MD, PhD
  Case Western Reserve University

When Dr. Markowitz is not treating patients at UH Seidman Cancer Center, he is dedicated to understanding the genetic basis for colon cancer as the key to developing better treatments. He and his team have identified a genetic “switch” that controls cell division and tissue growth in colon cancer.

As exciting as he finds the basic research process, Dr. Markowitz is keenly aware of the need to translate scientific discoveries into commercially viable treatments – and the barriers to making that happen.

“The biggest challenge for any academic laboratory is to get beyond the lab and develop a therapy,” he explains. “By connecting academics with industry experts, the Harrington Discovery Institute is giving our ideas a fighting chance to succeed.”

Read more at HarringtonDiscovery.org/Scholar-Innovator2013.

To learn more, visit HarringtonDiscovery.org.

To be notified of the next Harrington Scholar-Innovator Grant call for proposals, email Natalie.Haynes@UHhospitals.org.
In 1996, UH created a clinical trials office at what is now UH Case Medical Center. At the time of its creation, the focus and management of clinical trials was managed by a small staff. This team was charged with the fiscal management of a handful of clinical trials, as well as regulatory oversight of human subject protections. By 2000, the office became known as the UH Research Institute.

From 1996 to 2003, the clinical research enterprise at the academic medical center continued to expand, resulting in exponential growth of both the staff and the research activity managed. The institute grew into a much broader support department and became the Center for Clinical Research and Technology (CCRT), which consists of seven offices dedicated to developing a standardized platform ensuring the responsible conduct of research for patients through scientific, regulatory, legal, ethical and fiscal review.

The CCRT now provides infrastructure, programmatic, personnel and administrative support for all research activities performed at UH by UH medical or scientific staff. These medical scientists are national and international leaders in their respective fields and are committed to identifying standards of excellence and potential areas for improvement to promote and facilitate clinical and translational research.

By 2013, the CCRT activities amounted to over $42 million at UH and $167 million of UH activity related to the affiliation between UH and Case Western Reserve University School of Medicine. These funds emanate from nearly 1,200 active grants and contracts at UH and nearly 700 additional grants that annually fund the shared faculty of UH and the School of Medicine through nearly 2,300 active human research protocols.

To learn more about the Center for Clinical Research and Technology directly, visit UHhospitals.org/Clinical-Research, call 216-844-5576 or email ClinicalResearch@UHhospitals.org.
Clinicians and Scientists at UH Case Medical Center and Case Western Reserve University School of Medicine

Gastroenterology & Liver Disease, and Colorectal and General Surgery

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Gregory Powell, MD
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Senior Clinical Instructor of Medicine
Thomas Taxman, MD
Assistant Clinical Professor of Pediatrics
Boris Vinogradsky, MD
Miriam Vishny, MD
Senior Clinical Instructor of Medicine
Jason Wolf, MD
Peter Yang, MD
Assistant Clinical Professor of Medicine

Physicians receive their academic appointments and their accompanying titles from Case Western Reserve University School of Medicine.
To refer a patient or learn more about UH Digestive Health Institute, call **1-866-UH4-CARE** (1-866-844-2273) or visit [UHhospitals.org/Digestive](http://UHhospitals.org/Digestive)