

Treating GI Reflux Decreases Esophagus Cancer

Experts at the University of Chicago Hospitals' main campus and Weiss Memorial Hospital offer advanced surgical and medical treatments for esophageal cancer. In some cases, early treatment of chronic esophageal problems such as gastroesophageal reflux (heartburn) can prevent cancer.

With gastrointestinal reflux, stomach juices escape into the esophagus and a person feels heartburn. Over time, reflux can cause a change in cells, creating a condition known as Barrett's esophagus. Without treatment, these cells may become cancerous.

Physicians here use the latest techniques to treat reflux before it progresses to cancer. The surgical procedure to correct reflux ("Nissen fundoplication") is not new. However, it is now performed with minimally invasive techniques that require five incisions, each only a quarter-inch long. The newer technique results in faster recovery with less pain and less scarring.

"Now that anti-reflux surgery can be performed with minimally invasive methods, more patients are being treated earlier for surgical correction of reflux," says Constantine Frantzides, MD, director of the U of C Hospitals Minimally Invasive Surgery Center at Weiss Hospital. "This decreases the chance of more severe problems, such as esophageal cancer."

If esophageal cancer does develop, patients can find the most innovative treatments through the U of C Hospitals.

"Our program focuses on new and more effective therapies for all types and stages of cancer, including esophageal cancer," says Everett Vokes, MD, section chief of hematology/oncology. "Those who have not responded to more conventional treatments may benefit from our involvement in advanced research protocols."



#7 in Cancer
#7 in Gastroenterology



"I'm looking forward to going fishing," says Kent Slater of Rockford, Michigan, after undergoing the second heart-liver-kidney transplant performed in the world. He's also enjoying spending more time with his wife, Dolores.

Teamwork Renders Historic Triple Transplant Successful

On May 7, University of Chicago physicians performed the second triple transplant in the world in which three totally different organ systems were involved. "The fact that these organs — the heart, liver and kidney — were not contiguous with each other made this procedure challenging," says U of C heart transplant surgeon Valluvan Jeevanandam, MD. The other challenge, he says, was that with three organs failing and two previous cardiac operations, Kent Slater was very sick going into surgery.

"These operations needed to go perfectly. A slight complication in one transplant would snowball and make the next transplant much more difficult," says Dr. Jeevanandam. "If there's only one organ being transplanted, you have a lot more leeway."

"Because we needed everything to go precisely as planned, we had two attend-

ing physicians, Dr. David Cronin and me, performing the liver and kidney transplants," says U of C transplant surgeon and director of the liver transplant program J. Michael Millis, MD. (In standard transplant procedures, there is one attending physician assisted by a fellow.)

"The operations went very smoothly," says Dr. Millis. "Mr. Slater had a few very minor post-operative problems, but they've been taken care of. There have been no rejection episodes, and the outlook for him is excellent."

Slater agrees. "I'm doing real well," he says.

"Our success in this procedure illustrates the remarkable advances we have made in both heart and liver transplant procedures in the last 10 years," says Dr. Jeevanandam.

"It also shows the commitment this institution has to heart, liver and kidney transplant expertise," adds Dr. Millis.

Unique Center Addresses Diverse Diseases

At first glance, rheumatoid arthritis, inflammatory bowel disease (IBD), psoriasis and lupus seem very different. In fact, they have much in common. By focusing on similarities and coordinating research for these chronic diseases, University of Chicago physicians and scientists can gain insights that enhance treatment.

The new U of C Center for Clinical Research in Inflammatory and Autoimmune Diseases takes a unique look at chronic disorders, including rheumatoid arthritis, lupus, inflammatory bowel diseases and psoriasis. These diseases involve different body systems: the joints, connective tissues, digestive tract and skin, and are typically treated by physicians in separate medical specialties. The new center combines the expertise of varied medical specialists with U of C research in immunology, genetics and other sciences.

"There is dramatic overlap between these diseases in terms of the mechanisms that cause inflammation, the genetics of the diseases, and the treatments that may be effective," says U of C gastroenterologist Stephen Hanauer, MD, director of the center and a specialist in IBD. "Each organ system has unique characteristics, yet the inflammatory underpinnings are the same." Similar treatments — corticosteroid therapy, immune-suppressive therapies and new biological approaches (monoclonal antibodies) — are used for many inflammatory and autoimmune disorders.

"This center is unique worldwide because of its multidisciplinary and multispecialty approach to diseases that involve different organ systems," says Dr. Hanauer.



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