

PHILADELPHIA INTERNATIONAL MEDICINE® NEWS BUREAU

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For immediate release:

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Editors note: Research, new techniques and improved facilities by Philadelphia International Medicine hospitals and physicians may lead to new ways to treat some of our most challenging diseases. Below are just some examples from our hospitals.

Jefferson Doctor Named Transplant Surgeon of the Year

PHILADELPHIA – The Delaware Valley Chapter of the American Liver Foundation (ALF) recently named Cataldo Doria, MD, PhD, associate professor of Surgery at Jefferson Medical College of Thomas Jefferson University and director of the Division of Transplantation at Thomas Jefferson University Hospital “Transplant Surgeon of the Year” for his outstanding service to the medical community and to patients with liver disease.

The ALF Board of Directors and Medical Advisory Committee members recognized Dr. Doria with the honor recently. According to the ALF, Dr. Doria won the award because his service to the medical community has been remarkable and his commitment has benefited many patients and liver transplant recipients in the region.

“I am extremely honored to be recognized in such a way by this chapter of the American Liver Foundation, an organization dedicated to promoting liver health and educating the community about disease prevention,” said Dr. Doria. “Having this honor bestowed upon me this year is even more gratifying as we mark the 25th anniversary of the first liver transplant in the area, which was performed here at Jefferson.”

Dr. Doria is a multi-organ transplant surgeon with extensive expertise in liver and kidney transplantation, as well as numerous other hepato-biliary surgical procedures. He also organized and participated in the first laparoscopic nephrectomy with ureterectomy for living related kidney transplantation ever performed in Italy. His research interests include issues in liver transplantation, transplant immunology, usage of artificial liver and surgical treatment of liver cancer. Dr. Doria has been listed in *Who's Who in Medicine and Healthcare*, *Who's Who in Finance and Industry*, *Who's Who in Science and Engineering*, *Who's Who in America* and *Guide to America's Top Physicians*. Dr. Doria was instrumental in making Jefferson the fastest growing liver transplant program in the region, with the highest patient and graft survival and the lowest mortality rate of those patients on the transplant waiting list. He recently secured the authorization to proceed with live donor liver transplantation.

Dr. Doria completed a clinical fellowship in multi-organ transplantation at the University of Pittsburgh and a research fellowship in transplantation at the Thomas E. Starzl Transplantation Institute. He earned his PhD in Immunology in 2006 from the University of Catania School of Medicine in Catania, Italy. He received a doctor of medicine degree in 1990 from the University of Perugia School of Medicine in Perugia, Italy, graduating magna cum laude, where he also completed his residency in general surgery. Dr. Doria received a Bachelor of Arts degree in 1983 from F.S. Cabrini in Italy. He has performed more than 450 organ transplants, and authored more than 170 publications, including 58 peer-reviewed articles and 5 book chapters.

Jefferson One of the First Hospitals in U.S. to Implant Next Generation Wireless Defibrillator

Thomas Jefferson University Hospital is one of the first in the United States to use the latest implantable cardiac device technology to treat patients who suffer from irregular heartbeats and heart failure. The recently FDA approved implantable cardioverter-defibrillators (ICDs)

allow physicians more sophisticated remote monitoring over the internet, cutting out needless trips to the hospital for those patients who suffer from arrhythmias, heart failure and those at risk for sudden cardiac arrest.

“I have many patients who travel a long way to see me,” said Arnold Greenspon, MD, director of the Cardiac Electrophysiology Lab at the Jefferson Heart Institute. “If a patient thinks there is something wrong with their device it may take some time until we can arrange for the patient to come in for an appointment. In addition remote monitoring may let us detect a change in patient condition before the patient is even aware of it. This new device will allow me to review transmitted data and decide on a course of action prior to the patient physically coming in for a visit. Hopefully, we can rule out the patient coming in at all.”

The devices are small, battery-powered computers about the size of a pocket watch. They are implanted under the skin and connected to the heart via leads. These tiny wires are inserted into the chambers of the heart through blood vessels for two purposes: to carry information from the heart to the device, and to carry electrical impulses from the device to the heart. The third part of the implantable device system is a programmer, an external computer located in the doctor’s office or clinic that is used to program the heart device, as well as retrieve information from the device about the patient’s condition and device status that will assist the doctor in treating the disorder.

Check-ups on normal defibrillators are required every three to six months to ensure the device is functioning properly. But this new ICD continuously tests the wire leads that connect it to the heart and alerts medical staff to any changes or potential problems over the internet.

Dr. Greenspon does not receive any compensation from Medtronic, the device manufacturer.

Penn Scientists Test Novel Medication to Block Progression of Alzheimer's Disease

Researchers at the University of Pennsylvania School of Medicine are conducting studies on an experimental medication to block nerve damage and inflammation in the brain that can lead to progressive memory loss and behavioral changes in people with Alzheimer's disease. Current Alzheimer's disease therapies focus on improving symptoms rather than attacking the root of the disease progression.

The buildup of plaque can trigger inflammation in the brain of people with Alzheimer's disease (AD). A protein called amyloid beta builds up in plaque deposits and may promote damage to nerve cells. Researchers across the country will test an experimental drug that seeks to stop amyloid beta from binding to a particular receptor in the brain. This receptor, called RAGE, (receptor for advanced glycation endproducts), is believed to prompt an inflammatory reaction and has been linked to several chronic diseases, including Alzheimer's and diabetes. Douglas Galasko, MD, professor of Neurology at the University of California, San Diego (UCSD), is directing the study.

"The evidence from basic research studies is compelling and merits further evaluation in a rigorous human clinical trial," Dr. Galasko said. "While most current Alzheimer's disease therapies focus on the various symptoms of cognitive impairment, this trial is testing whether we can modify actual progression of the disease itself by targeting the interaction between amyloid beta and an important receptor in the brain." The study will recruit the 400 volunteers aged 50 and up at 40 sites nationwide, including the University of Pennsylvania School of Medicine. The drug, which has been tested in animals and in preliminary human studies, is being studied in this Phase II clinical trial to determine if it will slow the progressive decline associated with Alzheimer's disease.

"In addition to monitoring disease progression through cognitive tests, we will examine various biological markers of the disease," said Jason Karlawish, MD, local principal investigator and associate director of the Memory Disorders Clinic at the University of Pennsylvania. "These include the degree of atrophy (or shrinkage) of the brain as measured by magnetic resonance imaging (MRI), the extent of amyloid buildup in the brain assessed by Positron Emission Tomography (PET) imaging, and levels of amyloid beta and other proteins in blood and spinal fluid."

Physicians and nurses will monitor the participants during regular visits and measure the severity and progression of disease using standard tests of functional and cognitive abilities. To ensure unbiased results, neither the researchers conducting the trial nor the participants will know who is receiving the study drug and who is getting the placebo.

The industry-sponsored study is being conducted by the Alzheimer's Disease Cooperative Study (ADCS), a consortium of leading researchers supported by the National Institute on Aging (NIA), part of National Institutes of Health (NIH). The ADCS at UCSD will coordinate the 18-month, double-blind, placebo-controlled clinical trial. The ADCS consortium is a public resource, supported by the NIA, to facilitate the study of potential new therapies for Alzheimer's disease. Its nationwide outreach is critical to the recruitment of participants into such studies.

Much of the preclinical, basic research connecting RAGE to amyloid beta that led to the current study was performed by scientists at Columbia University, the University of Perugia in Italy and the University of Magdeburg in Germany.

Temple University Health System Physicians Listed in *Best Doctors in America*

Fifty-one Temple physicians appear in the 2007-2008 list of *Best Doctors in America*. Nominated by fellow physicians and selected through a peer-review process, these doctors are recognized for their clinical expertise and ability to deliver state-of-the-art care to their patients. Only five percent of physicians in the United States are chosen for this list.

“While inclusion on such lists is not the only measure of excellence, it is still a privilege and honor to see 51 superb Temple physicians recognized nationally by their peers,” said Joseph W. “Chip” Marshall, III, president and CEO of Temple University Health System. “We congratulate the Temple physicians selected as ‘Best Doctors’ and applaud their clinical excellence,” added John M. Daly, MD, Dean of Temple University School of Medicine.