

UCLA Division of Digestive Diseases

Fall 2007 Newsletter

David Geffen School of Medicine at UCLA

Hepatitis: New Approaches to an Old Problem



Dr. Sammy Saab's hepatitis research team includes, from left, Teresa Avendano, Dr. Saab, Dr. Carmen Landaverde, Tamika Harris, and Yolanda Melgoza, seated.

Hepatitis is one of the family of “silent” diseases. Since it has no specific warning signs, a patient may have hepatitis for years without knowing it.

The word hepatitis means ‘inflammation of the liver.’ The three most common types of hepatitis (A, B, and C) are caused by viruses. Hepatitis A, most commonly transmitted by fecal/oral contact, is responsible for 40 to 55 percent of acute hepatitis cases. Adult patients may experience prolonged weakness and increased susceptibility to infection, often requiring months of bed rest. Full recovery can take up to 36 months.

Hepatitis B and C, both caused by blood-borne viruses, are less common causes of acute hepatitis, but more often life-threatening since they can progress to chronic liver disease. These conditions pose unique treatment challenges.

Dr. Sammy Saab, associate professor of medicine and surgery at the David Geffen School of Medicine at UCLA

and a former fellow in the UCLA Division of Digestive Diseases, has focused his career on improving the long-term well-being of patients infected with hepatitis B and C. He is not only studying ways of improving available treatments and developing new ones, but also is dedicated to patient education, and to addressing quality of life issues of those with serious liver disease.

Hepatitis B is transmitted through the blood, most commonly through sharing needles or having unprotected sex. Approximately 30 percent of patients with the disease have no symptoms. If present, symptoms may include jaundice, abdominal pain, nausea, vomiting, and joint pain. An effective vaccine is available and is the best protection against hepatitis B. Those with chronic hepatitis B infection may develop cirrhosis, liver cancer, and liver failure.

“An estimated 1.25million Americans have chronic hepatitis B infection,” said Dr. Saab. “The highest

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From the Division Chief

UCLA Division of Digestive Diseases
David Geffen School of Medicine at UCLA
Gary Gitnick, M.D.

This issue of our newsletter is rich with news about trainees. Two of our outstanding fellows, Drs. David Shih and Carmen Landaverde, are profiled on page 3. In addition, we introduce our incoming class of new fellows on page 9.

Physicians choose to invest three or more years in post-graduate training because they want to do more than practice clinical medicine. They are dedicated to improving medical care, and passionate about the research questions they are pursuing. They want to find new ways to support their community. Our training program

prepares them to meet their goals.

Because we have such an outstanding faculty, as well as the vast resources of a major research university to offer, we receive applications for post-graduate training positions from an amazing pool of young scholars, and we admit only the best. They are exposed to clinical, translational, and basic research programs. Our affiliated clinical training sites, including the VA, community hospitals, teaching hospitals, and county facilities, offer a broad range of clinical environments. It is, in the words of one fellow, “a hard model to replicate.”

Once their fellowship is completed, our trainees go on to assume leadership roles in the medical community, in academic medicine, and in research. Some have joined our own faculty in the Division. The accomplishments of our alumni underscore the quality of our program.

Obviously, our world-class faculty has an obligation to pass their knowledge to the next generation of physician/researchers. But our training program, the largest of its kind in the nation, aims to do more than just teach. Working with the faculty, our fellows are mentored and encouraged to pursue their own research questions, to test ideas in a clinical environment, and to push new findings through to the bedside. In short, they are prepared to excel. ■

Venice Family Clinic: Healing on Both Sides

When Dr. Fred Weinstein leaves the Venice Family Clinic (VFC), he catches himself smiling. He comes away with a feeling of genuine satisfaction after spending a day at the GI clinic, which is staffed by faculty, attending physicians, and fellows from the UCLA Division of Digestive Diseases. “Although I see patients almost every day, I can go long periods without feeling that I’ve really made a difference,” he said. “I find that feeling again at the Venice Family Clinic. And I think the joy of helping others is what pulled many of us into medicine in the first place.”

The VFC provides free health care to the hard-working poor, emigrants, recovering substance abusers, single parent families, and others who do not desire charity but cannot afford health insurance.

Patients who come to the clinic often have complicated lives, and most have had problems getting healthcare for themselves and their families. “If going to the doctor means missing a day of work, many times these people simply cannot go,” said Dr. Weinstein. “But here at VFC, the clinic time is efficiently scheduled and very organized. People come for their appointments feeling relaxed rather than stressed.

And the nurses, doctors, and staff here offer more smiles per square foot than most medical offices. The patients really respond to that.”

According to Dr. Weinstein, doctors at the GI clinic can do a lot to help patients. “The first thing we can do is listen,” he said. “A lot of issues are raised during the doctor/patient interview that we can respond to.”

Patients at VFC come from extremely diverse cultural and ethnic backgrounds. This poses both a challenge and an opportunity to the Division faculty caring for them. “For example,” said Dr. Weinstein, “I was working with a 17-year old Latino boy who had chronic diarrhea. In his culture, this problem is not spoken about readily. I had to spend time with him and make him comfortable before he could open up enough to describe his symptoms.”

All faculty, residents and fellows in the Division of Digestive Diseases spend some time, even if only two to three days a year, at the VFC. “This is an enriching environment, and a joyful place with fantastic staff,” Dr. Weinstein points out. “Everyone benefits from the time they volunteer here.” ■



Dr. Wilfred “Fred” Weinstein takes pleasure in helping patients at the Venice Family Clinic.

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The Best From Around the World

Meet Two Outstanding Fellows

What truly distinguishes the division's fellows is their passion for their work and their genuine desire to improve patients' lives.

Dr. Carmen Landaverde was living in El Salvador with her six siblings when civil war broke out. The family immigrated to the U.S. to protect their lives. She attended UCLA as an undergraduate, where her volunteer work in community clinics and biomedical research experience finalized her decision to pursue a career in medicine.

Dr. Landaverde headed north to U.C. Davis for medical school, where she continued pursuing her research interests. During this time, she also collaborated with researchers in hepatology and liver transplantation in Valencia, Spain.

"I'm very glad to be back at UCLA," said Dr. Landaverde. "My family lives in the area, and we've always been very close. Their support and hard work have paved the way for my achievements. I learned firsthand about the importance of caring for others and of serving my community."

During her first year in the Division's fellowship program, Dr. Landaverde completed clinical rotations in gastroenterology and hepatology. This experience cemented her main area of interest; liver disease including hepatitis C and liver transplantation. Now beginning a research block, she has identified a project that addresses social and human aspects of liver transplantation, while giving her a chance to serve her community in a new way.

"To date, there is no instrument to measure quality-of-life issues specific to liver transplant patients," Dr. Landaverde said. Liver transplantation provides a definitive therapeutic intervention to patients with end-stage liver disease. This, coupled with the fact that resources are limited, makes it important that we really understand the psychological, functional, and social implications of this measure."

Rich Schmitt Photographer



Carmen Landaverde, M.D.

Dr. Landaverde plans to remain in academic medicine following her training. "I'd like to stay in hepatology, work in a liver transplant program, and focus on my research. Research improves the practice of medicine, and I think it is the best way to help the most people. I feel very privileged to be able to do what I love to do everyday."

Dr. David Shih was born in Taiwan. He and his family immigrated to the U.S. when he was 14, because his parents wanted him to get a better education. He attended MIT as an undergraduate and earned a Ph.D. at the Rockefeller University in genetics and metabolic disease. He went on to attend medical school at Weill Medical College of Cornell University, and to complete his internship and residency at Stanford University.

The STAR (Specialty Training and Advanced Research) program for the UCLA Affiliated Training Programs in Gastroenterology has provided Dr. Shih with a unique opportunity to further train for a career in academic medicine, and to learn practical aspects such as grant writing and garnering protected research time. When beginning the first clinical year of his fellowship, Dr. Shih focused on stem cells, fatty liver disease, and mucosal immunology. As the year progressed, he



Rich Schmitt Photographer

David Shih, M.D.

found gut-mucosal immunology to be particularly fascinating, and he feels honored to be in Dr. Stephan Targan's laboratory studying inflammatory bowel disease (IBD).

At present, Dr. Shih has two main research interests. He is studying bacterial/host interactions, specifically how gut microflora cause mucosal inflammation. In addition, taking a global approach, Dr. Shih is collaborating to use a new approach to determine the diversity of human gastrointestinal tract microbiota in healthy and disease states. "One of the many uses of this data would be to find a correlate to IBD serology, hopefully uncovering novel insights in microbiota functionality," he said.

Dr. Shih is also working on generating a research model to study a candidate Crohn's disease gene. "This gene was identified through genome-wide association, and its expression is elevated in inflamed Crohn's disease mucosa," he said. "Creation of a useful scientific model will allow better characterization of the function of this gene and facilitate testing of new therapies."

Dr. Shih has found his fellowship in the Division both challenging and rewarding. "Our faculty members are not only leaders in their own fields, but also amazing mentors and role models," he said. He hopes to continue on in academic medicine. "The road to academic medicine is challenging" he said. "But I will work hard to realize my dream of having my own research laboratory, contributing to the field of mucosal immunobiology, and becoming a mentor to future gastroenterologists." ■



Dr. Sammy Saab's research explores new treatments as well as quality-of-life issues for hepatitis patients.

occurrence is in people ages 20 to 49. Several medications are used in current treatment, but it can be very difficult to eliminate hepatitis B from the system."

Dr. Saab has been studying a key issue in the treatment of hepatitis B patients. "One main challenge we face in treating this disease is that a significant number of patients undergoing chemotherapy for carcinoma of the liver experience a reactivation of the hepatitis B virus while their immune system is compromised," he said. "Such cases have up to a 40 percent mortality rate."

This problem can be prevented in some cases by administering an oral drug called lamivudine to patients before, during, and after chemotherapy. "Prophylactic use of lamivudine for patients on chemotherapy can help prevent viral flare-ups," said Dr. Saab. "My research team at UCLA has demonstrated that using lamivudine in this way is a highly cost-effective and efficacious measure. In essence, adding this simple step saves lives and saves money." Dr. Saab's study was recently published in the journal *Hepatology*.

Also a blood-borne virus, hepatitis C is a leading cause of chronic

liver disease, infecting 170 million people worldwide and three million Americans. It is also the leading indication for liver transplantation. And like other silent diseases, hepatitis C often presents with no clear warning signs or symptoms.

The main risk for transmission of hepatitis C is injection drug use. However, those who had blood transfusions before 1992, when blood screening for the virus was introduced, should be screened. Like hepatitis B, if left untreated, hepatitis C can progress to cirrhosis, liver cancer, and liver failure.

The risk of developing a chronic infection among those carrying the hepatitis C virus is as high as 80 percent. "Some patients simply do not respond to standard therapies," said Dr. Saab. "In others, the virus recurs when treatment is stopped." Standard treatment for hepatitis C is a course of two medications: pegylated interferon and ribavirin.

Patients with chronic hepatitis C infection can develop severe complications including liver failure. Hepatitis C is currently the leading indication for liver transplantation in this country. Although quality of life and survival is improved after transplantation, the virus remains in the blood and can infect the new liver. Antiviral treatment with pegylated interferon and ribavirin is used after transplantation but is associated with adverse effects such as anemia.

Recovering from a liver transplant can involve social and personal as well as medical challenges. Dana M., a transplant patient, stated that her biggest complaint after her transplant was not pain, but rather anxiety. "Every day, I worried about my body rejecting the new organ," she said. Depression, fear and anxiety are common concerns, according to Dr. Saab. "It's important for doctors to ask the right questions. There are red flags regarding mental outlook for all patients."

Education and information is critical to patients with hepatitis,

according to Dr. Saab, who holds yearly seminars for patients and their families. The seminars explain the language of liver disease and outline what patients can expect during and after treatment. The next such seminar is scheduled for December 8, and is expected to draw 250 people.

Dr. Saab and his team are also studying quality-of-life issues for liver disease patients that he hopes will provide long-term data on questions specific to their situation. "To date, there has been no validated measure to assess long-term quality of life specifically pertaining to liver transplant recipients," said Dr. Saab. "Developing such a tool will be key to helping us direct additional research that will benefit patients most as they recover." ■

Honorable Mention

UCLA has been named one of 11 centers nationwide to receive a major Specialized Center of Research (SCOR) grant. The \$5.77 million, five-year grant will support the work of Dr. Emeran Mayer and his team in their studies of several chronic pain disorders such as irritable bowel syndrome, fibromyalgia, and interstitial cystitis.

"The SCOR initiative was created to support interdisciplinary research on issues that pertain primarily to women's health," said Mayer. "This grant will support our ongoing work to improve the understanding and treatment of GI disorders that are much more common in women."

Dr. Mayer's Center was chosen because of its outstanding interdisciplinary work studying the interactions between the nervous system and areas of the pelvis including the colon and bladder.



Michael Crichton, M.D.

Why Philanthropy Matters

The Great Train Robbery, Congo, Sphere, Jurassic Park, Rising Sun, Disclosure, Prey, and State of Fear. He also has written and directed several motion pictures and was the creator, writer, and executive producer of TV's "ER."

Twain also said, "Be careful about reading health books. You may die of a misprint." In Dr. Crichton's latest book, *Next*, he explores genetic research, corporate greed, and legal intervention, forcing the readers to question their own beliefs in a time of medical and scientific advancements. Nowadays, perhaps one could die of a genetic imprint.

With regard to philanthropy, Dr. Crichton observes that "You can't teach a pig to sing. It's a waste of time and it annoys the pig." In other words, he feels that charitable choices are more or less decided, and it is difficult to change people's interests and values. However, he prefers the idea of multiple sources of funding, since many participants can inspire numerous ways to use such financial support. In 2006, he made a generous contribution to the UCLA Division of Digestive Diseases to be used at the discretion of Dr. Gary Gitnick, Division Chief.

Dr. Crichton feels that what he has done in the philanthropic arena is worthwhile, particularly when he helped people during the early stages of their work. In some of these cases, the impact of his support accidentally led to successes; he does not credit any special charitable skill on his part. He also sees giving as age-related, with philanthropists building up more resources over time. He notes that younger adults are not necessarily interested in history, since the present is too compelling, and thus this next generation, in general, is not yet ready to give.

Most likely, in light of his major influence on the biomedical field, publishing, entertainment, and philanthropy, Dr. Crichton would probably agree with Twain's conviction: "Always do right. This will gratify some people and astonish the rest."

—Ginny King Supple

UCLA Division of Digestive Diseases Mission Statement

Our mission is to advance scientific knowledge and understanding that lead to cures and improved patient care for gastrointestinal disorders and to provide advanced training for future generations of clinicians and scientists.

You Can Make a Difference!

The UCLA Division of Digestive Diseases has many pressing needs to continue our mission. You can direct your charitable gift of cash, securities, real estate, art, or other tangibles to our greatest needs, under the direction of Dr. Gary Gitnick, Chief of the Division, or to specific research, training, laboratory, or recruitment programs. For more information, please contact Patricia Roderick, Director of Development – Office # 310.267.1837 or # 310.825.7501, or email at proderick@support.ucla.edu.



UCLA Physician Researcher Named to Hold Broad Chair in IBD



Celebrating at the reception were, from left, Dr. "Harry" Pothoulakis, Dr. Barbara Levey, Dr. Gerald Levey, Dr. Gary Gitnick, Mr. Eli Broad and Mrs. Edythe Broad.

Following an international search by members of the David Geffen School of Medicine at UCLA and the Division of Digestive Diseases, Dr. Charalabos Pothoulakis has been named to hold the Eli and Edythe Broad Chair in Inflammatory Bowel Disease at UCLA. A formal reception to honor the Broad Foundation and recognize Dr. Pothoulakis was held July 12 at the Regency Club in Los Angeles.

"Dr. Pothoulakis is an international authority on neuropeptide physiology, and is creating the Inflammatory Bowel Disease Center at UCLA," said Dr. Gary Gitnick, Chief of the Division. His status as a world leader in the field of IBD research makes him an ideal selection for this elite position."

Dr. Pothoulakis has been on the faculty of the Harvard Medical School since 1996. He has served on prestigious national and international review committees, and on 26 editorial review boards. He has eight current NIH grants.

The Broad family has long been a leading supporter of innovative IBD research. "The Broads' approach to fostering IBD research by identifying world-class investigators and funding novel scientific studies is a model for private support of important

medical research," said Dr. Gitnick. "They are visionary philanthropists." ■

Esophageal Cancer On the Rise

By Mark Ovsiowitz, M.D.

Clinical Instructor of Medicine, Division of Digestive Diseases

The incidence of some cancers has declined over the past decade, but not in the case of esophageal cancer. In fact, the estimated number of new cases in the United States in 2007 is more than 15,500 - an increase of more than 20 percent over the last ten years.

The vast majority of esophageal cancers can be classified as either squamous cell carcinoma or adenocarcinoma, based on their cell type. Historically, squamous cell cancers have accounted for most cases. Yet, while there has been a significant decline in the number of these cancers, adenocarcinoma is rising dramatically, becoming more common than squamous cell carcinoma of the esophagus in this country.

Squamous cell carcinoma occurs more often in males, particularly among African American men. Several risk factors have been proposed, and the two most dominant appear to be smoking and alcohol consumption. An overwhelming number of cases can be attributed to these two factors alone. Other proposed risk factors include diets low in fruits and vegetables or heavy in foods containing nitrous compounds, a history of other squamous cell cancers of the head and neck, and specific underlying esophageal conditions such as achalasia (a motility disorder) or long-standing strictures from lye ingestion.

Adenocarcinoma of the esophagus is also more common in males, this time in Caucasian men, and different risk factors have been associated with this cancer. In response to chronic acid reflux injury, the lining of the esophagus may change in a small percentage of people, resulting in a condition known as Barrett's

esophagus. The majority, if not all, of adenocarcinoma cases arise from Barrett's esophagus, and smoking likely increases the cancer risk in these patients. Another potential risk factor is obesity.

Regardless of the type of esophageal cancer, the symptoms are the same. Early on, patients may not show symptoms at all or may have very nonspecific symptoms. An early warning sign is food occasionally getting stuck in the esophagus while swallowing, often progressing to more severe and frequent episodes. There also may be chronic blood loss from the cancer, resulting in anemia. Generally, the diagnosis is made by endoscopy, with biopsies of the tissue removed for study.

The main potential treatment options for esophageal cancer include combinations of surgery, chemotherapy, and radiation therapy. Unfortunately, the overall survival rate of esophageal cancer patients is very poor, primarily due to the fact that most cases are diagnosed in their advanced stages. Palliative options may include laser therapy or placement of a stent in the esophagus to permit the passage of food.

Overall, the most powerful tool in combating esophageal cancer is early diagnosis. This vital step requires everyone to be aware and on the lookout for the initial signs and symptoms. All patients with Barrett's esophagus, or those with a history of reflux disease, should be screened aggressively. This examination is much more likely to happen if patients communicate accurately and often with their doctors. If we can catch more cases of esophageal cancer in the early stages, outcomes are bound to improve. ■

New Tools Make Diagnosis Easier, Less Invasive

By Kirsten Tillisch, M.D.
Assistant Professor of Medicine, Division of Digestive Diseases

“What is THAT?!” asked my patient, looking at what appeared to be an opening on the side of the long pink tunnel on the screen. I explained that it was a diverticulum, a small extrusion on the wall of her colon and a common, benign finding during colonoscopy. Minutes later, I pointed out a fold of tissue in the shape of a smile, the opening to her appendix.

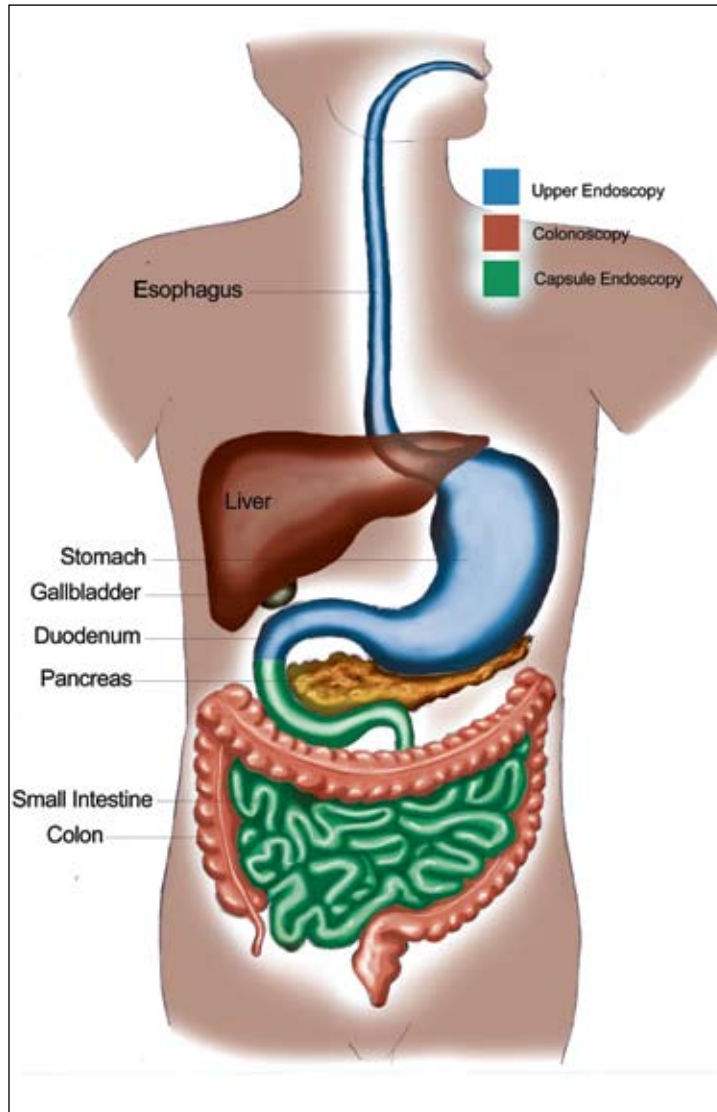
While most patients having colonoscopy prefer to be sedated and sleep through the procedure, this patient decided to watch her own colonoscopy and received only a mild dose of sedative medication.

Colonoscopy

Many people are familiar with the most common gastrointestinal procedure, the colonoscopy. Colonoscopy is the examination of the colon, or large intestine, using a small camera or scope. The colon is cleaned the day before the examination with strong laxatives. Just before the procedure, the patient is given sedative medications. A long flexible tube with a lighted camera on the end is inserted into the anus and passed through the length of the colon. The physician performing the examination views the exam on a video screen.

Colonoscopy is most frequently used for colon cancer screening, but

is also important in diagnosing other gastrointestinal diseases. Screening colonoscopy is recommended starting at age 45 for African Americans and age 50 for most others. Those with a family history of colon cancer may need to be screened at a younger age. During this examination, the colon is evaluated for polyps, small bumps of tissue that may have the potential for developing into colon cancer. These polyps are removed during the colonoscopy. Removing polyps early can prevent colon cancer.



Upper Endoscopy

Upper endoscopy, also called esophagogastroduodenoscopy or EGD, is an examination of the esophagus (food pipe), stomach, and duodenum (the first part of the small intestine). This exam is done to investigate the cause of various gastrointestinal symptoms, such as heartburn, abdominal pain, or nausea, though not all people with these symptoms need to have upper endoscopy.

For this examination, the patient receives a sedative medication. Then a flexible tube with a lighted camera is inserted through the mouth and down into the stomach. Physicians can then examine the upper gastrointestinal tract, and biopsies (small samples of tissue) can be taken. This test can be used to diagnose ulcers, inflammation, infection, or cancer of the upper gastrointestinal tract. It can also be used to treat upper gastrointestinal bleeding, Barrett's esophagus (a

condition associated with esophageal cancer), and strictures, or narrowing of the esophagus.

Capsule Endoscopy

This test sounded like science fiction just a few years ago, but it is now widely performed to examine the small intestine for causes of bleeding or to look for other intestinal diseases. The capsule is

Continued on page 8

the size of a very large vitamin pill and is swallowed after a period of fasting. It contains a camera that transmits pictures of the intestine to a receiving device worn around the waist. It records for about eight hours, usually long enough to collect pictures as it travels from the mouth through the esophagus, stomach, and small intestine to the colon. Another version of the capsule has been designed just to look at the esophagus, and another capsule to look at the colon is being developed.

Endoscopic Ultrasound

Taking ultrasound pictures from inside the body allows a better look at some organs than traditional ultrasound through the abdominal wall. A tiny ultrasound device is incorporated into an endoscope (like that used in colonoscopy or upper endoscopy). The procedure is performed to look for diseases of the pancreas and to evaluate or biopsy some types of cancer.

Endoscopic Retrograde Cholangiopancreatography

Called ERCP, this test is used to look at the bile ducts (small tubes that carry bile) and the pancreatic ducts. The test itself is very similar to upper endoscopy, but it uses a specially designed endoscope that allows dye to be injected into the pancreatic and bile ducts, allowing them to be visualized on X-ray. The procedure can be used to remove stones caught in the ducts, relieve duct obstruction, and to diagnose various conditions.

Advances in medicine are making patient diagnosis and treatment much less invasive and unpleasant, and also much safer. The procedures described are all done on an outpatient basis, in the comfort of our advanced procedure room. There are no incisions, recovery time is usually less than a day, and there is little risk of infection. With this technology, it is much more likely that we can catch problems in very early stages and treat them successfully, which has always been our goal. ■

FRIENDS OF DIGESTIVE DISEASES Learn How to Talk to Their Doctor at Luncheon Presentation



Dr. Peter Bing and Dorothy Straus.



Mr. Ki Suh Park and Mrs. Ildong Park



From Left: Mr. Peter Welch, Ms. Rosemary Tomich, Dr. Gary Gitnick and Mrs. Paula Meehan.

As part of its mission to educate benefactors and their families about current issues in medicine and medical care, the Division of Digestive Diseases holds quarterly luncheons and seminars. The most recent event was held on November 6, 2007. Dr. Eric Esrailian, the featured speaker, gave a presentation titled “How to Talk to Your Doctor.”

Past presentations have focused on current findings and advances in medical science. This topic was chosen by Dr. Esrailian because of the increasing challenges facing both patients and providers that tend to create obstacles to the delivery of quality care.

“We live in a frantic, fast-paced world, and this causes a disconnect between what patients need and what physicians can provide during a clinical encounter,” said Dr. Esrailian. “There are considerable time constraints on both sides, and the communication component of the doctor-patient relationship is being compromised. Despite all of

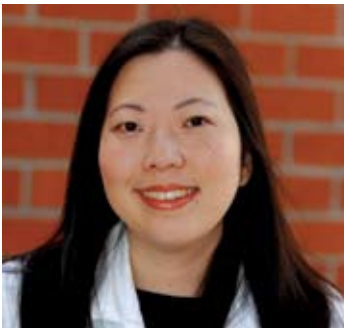
our technological advancements, communication between doctors and patients often makes a critical difference in prompt diagnosis and treatment. We wanted to provide strategies from a doctor’s perspective on how to be a successful patient,” he said.

One key suggestion is knowing your own history. According to Dr. Esrailian, no one should know more about your medical history than you. “The patient or family member should be able to give detailed information about his or her family health history, medications, and past treatments to the doctor readily during the visit. Preparing a time line and list of medications and allergies is an important first step. Specific information can be critical to an accurate diagnosis, especially when dealing with uncertain symptoms,” he said.

To learn more about the presentation or to be placed on future invitation lists, call (310) 267-1837.



Division of Digestive Diseases Welcomes Incoming Fellows



From left: Dr. Jennifer Choi, Dr. Mary Farid, Dr. Omar Latif, Dr. Kevin Ghassemi. Dr. Gary Chen not pictured.

The UCLA Division of Digestive Diseases is welcoming its incoming class of fellows for 2008. The five young physicians will spend three years studying, investigating, and providing patient care under the mentorship of division faculty.

Dr. Gary Chang-Hsiao Chen identified his fascination with gastroenterology at a very young age, and he has never strayed from his goal of entering academic medicine to focus on digestive diseases. He is fascinated with the potential of new technologies such as capsule endoscopy and double-balloon enteroscopy, and is continuing his basic and clinical research in these and related areas.

Dr. Jennifer Choi's interest in molecular and cellular biology began as an undergraduate at MIT, where she conducted independent research projects and devoted two additional years to research upon graduating. As an intern, she continued studies at the Cedars-Sinai Medical Center Inflammatory Bowel Disease Center. She plans to pursue a career as a physician-scientist in gastroenterology, and hopes to remain in an academic environment where she can hone her skills in research and patient care.



Dr. Mary Farid, born in Egypt, attended UCLA as an undergraduate. She completed

her residency in internal medicine at the UCLA-VA Greater Los Angeles Health Care System. Her honors include first prize and an additional Student Internist Award from the American College of Physicians – American Society of Internal Medicine.

Dr. Farid's current research interest is in developing and defining cost-effective strategies for screening and prevention of GI diseases. She has outlined several projects that will help general internists diagnose and treat these conditions, giving them "sound, cost-effective strategies that will improve patient care." First on the list is a study to "establish independent predictors of underlying organic disease in diarrhea, and to ultimately develop a simple clinical scoring index that can help primary care providers safely triage patients for colonoscopy in a cost-effective manner."

Dr. Omar Latif applied to the UCLA Division of Digestive Diseases looking for "an academic gastroenterology fellowship that will provide rigorous clinical training with exposure to inflammatory bowel disease (IBD), as well as protected time for research in a collegial environment. I sought a program that will prepare me for a future in translational research, focusing on the immunologic mechanisms of IBD." He has certainly come to the right place.

Dr. Latif earned his B.A. from Harvard and attended medical school at Stanford. He completed his residency at Johns Hopkins Hospital in Baltimore. He was awarded the Stanford Medical Scholars Research Fellowship and a student award and scholarship from the Nobel Foundation. In 1998 Dr. Latif served as refugee health program coordinator for the Tanzania National Red Cross Society.

Initially fascinated by the fact that most digestive tract cancers show no symptoms until they have reached advanced stages, and so have very poor prognoses, **Dr. Kevin Ghassemi's** passion for gastroenterology only grew.

Dr. Ghassemi attended UCLA as an undergraduate and moved to U.C. Irvine for medical school. He then returned to UCLA for his postgraduate training in internal medicine.

Dr. Ghassemi is currently interested in pancreatic cancer and the modalities available to detect and diagnose the disease. He investigated endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) of pancreatic masses to evaluate its accuracy in diagnosis and compared these findings to the accuracy of CT-guided fine-needle aspiration. After his fellowship, Dr. Ghassemi plans to take an additional year of training to focus on advanced endoscopy. ■

Division of Digestive Diseases Alumni: You're Part of an Elite Group

Since our first class of fellows graduated in 1960, the UCLA Division of Digestive Diseases has prepared hundreds of physicians for careers as leaders in the study and treatment of GI disorders.

Personal relationships are a critical part of any successful career, and graduates of the Division's fellowship program, distinguished in all areas of medicine, are important people to know. Don't lose track of your fellow alumni, or of new developments within the Division. If you have not already sent us your completed information form for inclusion in our new Alumni Directory, please do so. For information, or to receive an additional form, please call (310) 267-1837.



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