Physicians start seeing outpatients in new LAC+USC Clinic Tower

By Sara Reeve

The new Los Angeles County+USC Medical Center Clinic Tower opened its doors to a new era in health care delivery on Monday, Sept. 15.

The seven-story outpatient clinic tower will host two dozen specialty clinics, including psychiatry, ophthalmology, dentistry and neurosurgery. “It’s beautiful,” said Pete Delgado, chief executive officer of LAC+USC Healthcare Network. “Our staff walked in with smiles on their faces. The elevators were working fast, up and down. Everyone was very excited, and most importantly, the patients loved it.”

While the official move-in dates for the tower were Sept. 12 and Sept. 13, staff, nurses and physicians had been preparing their offices and clinics for months.

“When you walk in, you feel like you’re working in a modern medical environment,” said Peter Gruen, associate clinical professor of neurosurgery in the Keck School of Medicine, who saw his first patients in the new tower in the Keck School of Medicine, who saw his first patients in the new tower on Friday, Sept. 19. “It’s wonderful for the staff, and I know it must feel the same for the patients.”

LAC+USC’s outpatient clinics recorded approximately 500,000 patient visits last year, making them some of the busiest in the United States.

Clinics at the old hospital were spread out over the campus in the old five-story clinic tower behind the hospital and in separate trailers. The new tower is now home to 24 of the clinics, while 13 will remain in the old building.

“The new clinic tower is beautiful. It’s heartwarming to be able to treat patients in this building,” said Gruen. “This is a patient-respectful environment.”

The opening of the clinic tower is the first in a series of steps to complete the move into the new facility. The move into the inpatient tower, including the opening of the new emergency room, is scheduled to take place Oct. 17-18.
Massry Prize honors groundbreaking stem cell researchers

By Jon Nalick

A trio of researchers has been named recipients of the 2008 Meira and Shaul G. Massry Prize for their work in creating induced pluripotent stem (iPS) cells—whose ability to become any type of cell in the body helped spur the development of regenerative medicine.

The Massry Prize, which includes a substantial monetary award, recognizes outstanding contributions to the biomedical sciences and advancement of health. The recipients will give lectures at the Institute for Genetic Medicine on Nov. 20 at noon.

The honorees are: Shinya Yamanaka, professor and director, Center for IPS Cell Research and Application, Institute for Integrated Cell Material Sciences, Kyoto University, Kyoto, Japan; James Thomson, the John D. MacArthur Professor of Biology at the University of Wisconsin School of Medicine and Public Health; and Rudolf Jaenisch, Professor of Biology at the Massachusetts Institute of Technology.

Shaul G. Massry, Professor Emeritus of Medicine at the Keck School of Medicine, said that when human embryonic stem cells were first discovered in 1998, it was clear that they would have “the potential to revolutionize medicine and provide a powerful discovery platform to study human diseases, to develop new drugs, and to provide a renewable source of healthy human tissue for use in transplantation therapy to treat a range of currently intractable conditions associated with cell loss or damage.”

He noted that the discovery that cells from adult tissue such as skin could be reprogrammed back to an embryonic state “is an amazing advance that opens broad new horizons for the application of stem cell technology.”

Massry said the 2008 Prize that bears his name honors three individuals who were instrumental in that discovery. Yamanaka first made the observation that the introduction of four genes into mouse fibroblasts was sufficient to convert them to pluripotency—the ability to develop into any tissue of the body. This breakthrough made cellular reprogramming far more accessible in a conceptual, practical and also ethical sense, since it avoided the controversy associated with using embryonic stem cells.

Simultaneously with Yamanaka, Thomson showed human fibroblasts could also be reprogrammed to pluripotency via simple genetic manipulation. Thomson’s original discovery of human embryonic stem cells nearly 10 years ago provided much of the impetus for the ongoing revolution in stem cell research; moreover, his groundbreaking work on human stem cells set the stage for the achievement of human iPS cells.

Rudolf Jaenisch provided much conceptual understanding of the basis of cellular reprogramming and was the first to provide proof of concept of the application of reprogramming fibroblasts to iPS cells, and using iPS cells to provide therapy for a disease in an animal model of a human disease.

Massry said that techniques pioneered by this year’s winners are being refined worldwide to enhance their safety and applicability and that experiments in animal models of transplantation therapy have already shown that iPS cells can provide tissue that is genetically matched to the recipient and therefore is not a target for immune rejection.

Further, scientists have already used the technology to make patient-specific stem cell lines from individuals suffering from genetic diseases, enabling scientists to study how these diseases develop and to identify new therapeutic interventions. iPS technology is likely to become the fastest route to the development of banks of pluripotent human stem cells that provide close matches to patients requiring transplantation therapy, said Massry.

Geller named vice chair of CHLA’s Dept. of Surgery

Kenneth A. Geller, head of the division of otolaryngology at Childrens Hospital Los Angeles and associate professor of clinical otolaryngology at the Keck School of Medicine, has been named the vice chair of the Department of Surgery at Childrens Hospital Los Angeles.

Geller joined the medical staff at Childrens Hospital Los Angeles in 1978. He has served as the head of the division of otolaryngology at Childrens Hospital since 1995.

He also has served as the coordinator of the pediatric otolaryngology rotation for third-year residents from LAC-USC Medical Center and UCLA Otolaryngology-Head and Neck Surgery since 1995.

Geller previously served as the chair of the Department of Otolaryngology at Valley Presbyterian Hospital. He currently is a member of the medical staff at Huntington Memorial Hospital, LAC-USC Medical Center and Hollywood Presbyterian Medical Center.

Geller has received numerous honors, including the Barbara M. Korsch, M.D. Award for Educational Research and the Keck School of Medicine’s “Outstanding Teaching Award for Year I PPM.” He has made more than 40 presentations at national and international meetings.
USC surgeon performs groundbreaking laparoscopic gallbladder removal

By Sara Reeve

USC surgeon Namir Katkhouda has performed the first single-port-access laparoscopic surgery on the West Coast, removing the gallbladder of a 20-year-old female patient at LAC+USC Medical Center on Aug. 25.

The surgical technique, first performed in 2007 by doctors at Drexel University College of Medicine, is a minimally invasive surgical procedure in which the surgeon operates through a single entry point, which in this case was a small incision in the navel.

“We are exploring a new world of surgery through one hole,” said Katkhouda, a renowned expert on laparoscopic surgery and professor of surgery and chief of the Minimally Invasive Surgery Program at the Keck School of Medicine of USC. He is also director of laparoscopic surgery at USC University Hospital.

Traditional laparoscopic gallbladder removal requires three to four incisions—one in the belly button and the others made through the lower chest and abdomen, resulting in multiple scars.

Multiple incisions have been the common routine because several port placements were needed to facilitate movement.

“The single port does limit surgical movement, and so the surgeon needs to be very precise,” Katkhouda said. But, he added, “As long as it is done in a safe environment with experienced doctors, I think this technique is very promising.”

The patient experienced minimal discomfort and has a barely visible scar compared to traditional surgery techniques. The entire surgery took only 45 minutes, and the patient was able to leave the hospital within two hours to recover at home.

“Compared to traditional laparoscopic techniques, single-port access surgery offers patients the possibility of a better recovery, less pain and the added benefit of reduced scarring,” he said.

Katkhouda believes that single-port access surgery is preferable compared to “natural orifice” (NOTES) procedures, in which surgeons enter through the mouth, rectum or vagina in an attempt to minimize scarring.

Most of these procedures require extensive training and also introduce the possibility of additional complications.

“NOTES involves making holes in healthy organs and just doesn’t come naturally to surgeons,” he said. “This new technique can be easily taught to experienced surgeons and has a lot of potential for a variety of surgeries.”

Katkhouda plans to utilize the single-port access technique for more gallbladder removals as well as appendectomies. Eventually, he would like to use the procedure to perform other surgeries, including cyst removals, anti-gastric reflux procedures and adjustable gastric band surgery.

“I’m excited to offer this procedure to additional patients,” Katkhouda said. “We’re really taking minimally invasive surgery to the next level.”
Keck School hosts presidential health care debate

By Carol Matthews

With health care costs on the rise and more Americans joining the rolls of the uninsured every day, health care remains one of the top domestic concerns of voters today. Representatives of Presidential candidates Sen. John McCain and Sen. Barack Obama spoke on Sept. 22 at the Keck School of Medicine of USC about the candidates’ proposals for reforming the U.S. health care system.

Sponsored by the Keck School’s Office of Educational Affairs, a forum on “Health Care and the Presidential Race” featured physician Donald Kurth, associate professor of preventive medicine at Loma Linda University and mayor of the City of Rancho Cucamonga, representing McCain, and E. Richard Brown, professor of public health at the UCLA School of Public Health and the founder and director of the UCLA Center for Health Policy Research, representing Obama.

Referring to the quality of health care provided to Americans as “among the very highest in the world,” Kurth said that the McCain platform encourages “market freedom for all Americans” by relying on “consumer choice for physicians and enhanced competition for pharmaceuticals, health insurance, and all aspects of the health care industry.” Additionally, Kurth said, McCain would place emphasis on “portability using refundable tax credits for individuals rather than the current tax exclusions of employer-provided insurance.”

Kurth summarized McCain’s vision for American health as “your life, your health and your choice,” while describing the four pillars of McCain’s health reform policy as affordability, portability and security, access and choice, and quality. Representing Obama’s position, Brown said that the candidate “believes in universal coverage” and is a vigorous advocate for his plan that provides “accessible, affordable health insurance for all Americans.” Obama would create the National Health Insurance Exchange, a program similar to CalPERS, the California state public employees health insurance system that contracts with different private plans, Brown said. People who currently have insurance could keep the insurance they already have if they wish to.

Obama’s plan would also emphasize prevention by paying for clinical preventive services such as breast cancer screenings and immunizations, and “supporting effective clinical and community measures to change policy to address the problems of health behaviors, which actually lead people to chronic conditions such as obesity, diabetes and heart disease,” Brown said.

Kurth and Brown opened the discussion with summaries of their candidates’ proposals, followed by each representative answering questions posed by student leaders. They also opened the floor to questions posed by audience members in the standing-room-only auditorium on the Health Sciences Campus.