NIH awards $6 million to USC Research Center for Liver Diseases

The USC Research Center for Liver Diseases received a competitive renewal of a $6.07 million grant from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), a division of the National Institutes of Health.

By Sara Reeve

The USC Research Center for Liver Diseases has had continuous funding from the NIDDK since the center’s inception in 1995. With this renewal, the Liver Center will be funded through 2015.

The center focuses on basic and translational research in the area of liver disease and injury, including acute and chronic viral hepatitis, medication and alcohol induced liver disease, fatty liver disease, cirrhosis and liver cancer.

According to Kaplowitz, who also holds the Veronica P. Budnick Chair in Liver Disease, the NIDDK funds approximately 16 center grants, but of that number, only four are centers focusing on liver disease.

“The center currently has 43 members from across the Health Sciences Campus, and approximately 20 affiliated members. Members are individuals who are conducting NIH-supported research in digestive diseases, while affiliated members are conducting NIH-supported research in other areas with collaboration contracts with Perot activities. Liver immunology and stem cell approaches to liver diseases are two areas that Kaplowitz envisions the center pursuing in the near future. “Clinical and translational research will really be areas we will focus on. They complement both the basic science, which is outstanding here, and the new emphasis and support in the hospital arena,” he said.

Hospitals’ IT support moves in-house

By Tania Chatilla

Hospital employees now have access to around-the-clock, on-site information technology support, thanks to the recent creation of an internally staffed and managed help desk.

On April 1, hospital administrators transitioned what was formerly an outsourced IT support module—Perot Systems—to an in-house operation, in an effort to provide better customer service and to have more control over IT-related services at USC University Hospital and USC Norris Cancer Hospital.

“The decision to make the transition was finalized earlier this year, after a months-long assessment of the hospitals’ contract with Perot,” said Keith Enslow, chief business officer for the Health Sciences Campus IT Services. “Now we can manage those expectations internally.”

“We really had to assess the situation, and in doing so we found that Perot wasn’t meeting the new expectations that we—here in the hospitals—wanted to provide in terms of technological support,” said Keith Enslow, chief business officer for the Health Sciences Campus IT Services. “Now we can manage those expectations internally.”

In addition to cost-savings, the transition has meant the creation of a 24-hour, seven-day on-site help desk, overseen by one manager and staffed by nine employees (some of whom were formerly working for Perot).

“We’re a stronger organization by providing these IT support services in-house,” said Mitch Creem, hospitals CEO. “It allows us more flexibility and control, and also furthers our ongoing efforts to oversee quality management within our organization.”

As IT administrators continue to work through the Perot transition, they are also gearing up for a technology consolidation.

In the coming weeks, Paul said the help desks of the Keck School of Medicine and USC Care will be combined into one to create a more seamless support system.

“This will allow us to do things better, faster and more cost-effectively,” said Paul. “The Keck School and USC Care will have the capability in the near future for employees to track the status of their open tickets as well.

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Apuzzo named the founding editor of World Neurosurgery

The journal will address not only surgical techniques, but also scientific, clinical, educational, social, cultural, economic, and political ideas and issues that affect regional neurosurgical practices, research and education.

One of the world’s best known and respected neurosurgeons, Apuzzo is recognized as a surgeon, innovator, researcher, educator and internationalist. He focuses on surgery of brain diseases such as tumors, epilepsy, Parkinson’s disease and neuropsychiatric disorders.

Apuzzo was one of the earliest pioneers of stereotactic radiosurgery and the employment of imaging as a navigational basis for brain surgery. He is director of the Gamma Unit Facility at USC University Hospital, one of the first in the country to acquire the Gamma Knife Perfexion, which Apuzzo said represents the next generation of stereotactic radiosurgery. Stereotactic radiosurgery is a highly precise form of radiation therapy that is commonly used to treat tumors and other brain abnormalities while the patient is awake and under only a local anesthetic.

Apuzzo has more than 500 scientific publications and 55 edited volumes, including the acclaimed surgical atlas texts Surgery of the Third Ventricle and Brain Surgery: Complication and Avoidance Management. The Michael L. J. Apuzzo Professorship for Advanced Neurosurgical Surgery was established in 2009 at the Keck School of Medicine. Based on a relationship of mutual respect for more than 40 years, the professorship was endowed by Ernest A. Bates, a neurosurgeon, entrepreneur, and chair and CEO of American Shared Hospital Services.

SUPPORTING PHYSICIANS—Rutheen Donald E. and Delia B. Baxter Foundation visited the Health Sciences Campus on April 15. The foundation supports junior faculty research and medical students at the Keck School and recently sponsored a keynote speech by USC alumnus and family, Kathryn. “The absence of stress is not joy, it is vitality,” she said.

The conference opened with a talk by Elizabeth Sample, USC alumna and daughter of USC President Steven B. Sample and his wife, Kathryn. Other highlights included a power panel of prominent businesswomen hosted by KCAL-9 anchor and USC alumna Sylvia Lopez and a keynote speech by Gloria Burgess, USC alumna, author and founder of Jazz, Inc., an executive coaching and consulting firm.
USC Transplant Institute brings doctors together to improve patient outcomes

By Sara Reene

As the founding director of the new USC Transplant Institute, Cynthia Herrington is working to integrate different organ transplant programs into a seamless administrative unit that will ultimately improve patient care.

“Transplantation is not something we do to improve someone’s lifestyle,” she said. “This is something we do because the patient is dying. All of our transplant patients are dying—that’s why they need the transplant.

Herrington, who came to USC from the University of Minnesota in 2009, is associate professor of clinical cardiothoracic surgery at the Keck School of Medicine and surgical director of pediatric thoracic transplantation at Childrens Hospital Los Angeles.

USC has a long history of organ transplantation at both USC University Hospital and Childrens Hospital Los Angeles. Currently, USC offers transplantation for heart, lung, liver, kidney and pancreas.

Administration of those organ-specific programs had been run separately for years, but at a physician retreat held by Keck School Dean Carmen A. Puliafito in 2009, discussions arose about the possibility of integrating the practices. With the university’s acquisition of USC University Hospital and USC Norris Cancer Hospital in April 2009, clinical leaders carefully examined how different programs could be strengthened and patient care improved.

“We were operating in silos,” said Herrington. “Each program operated independently of other programs, and there was a loss of collaboration. It really just made sense that in the process of the rebirth of these hospitals, this program would be getting some attention and some changes would be made.”

An idea that began a slow rise in popularity 10 years ago, the institute model has gained momentum recently for transplant programs. By combining administrative functions that are applicable across the different organ transplant systems, the institute model promises increased efficiency, better communication among physicians, more timely response to patient needs, and, ultimately, better patient care.

Coordinating business and administration aspects of the institute is the job of transplant administrator Mike Donnell, who has extensive experience in the management and organization of transplant programs. Donnell emphasizes the overall care offered at the USC Transplant Institute.

“We should be recognized as an organ disease management center,” he said. “Transplantation is just the end treatment of that care continuum, and really, a very minuscule number of the total population ever gets to transplantation. The fact is that the organ is shortage, so for us, the real win is if we can intervene earlier and keep those patients from ever needing a transplant.”

As the USC Transplant Institute continues to grow and develop, Herrington expects great things to happen, such as an increase in the number of transplants performed and the addition of a larger research component. But she is adamant that the institute is building on already strong transplant programs at USC, whose outcomes are a testament to the hard work and determination of the staff and physicians.

“A lot of the care and talent was already here,” said Herrington. “The surgeons are amazing here and the medical doctors are amazing, and the staff that takes care of the patients, the coordinators, it was all here. This is going to create an infrastructure and bring everyone together so we can take that next step to be an even larger and even better program.”

Cynthia Herrington, associate professor of clinical cardiothoracic surgery at the Keck School of Medicine, examines a patient.

An April 26 Modern Healthcare article quoted Keck School of Medicine student Joshua Goldman about a survey he conducted of M.D./MBA graduates, which found that the vast majority consider the effort to have been worthwhile.

An April 26 Los Angeles Business Journal article reported that free biotech laboratory space will be developed in the medical center building on the Los Angeles County- USC Medical Center campus. The Bell Gardens Sun also reported on the laboratory space.

An April 21 Los Angeles Daily News article noted that Autism Speaks, which raises money and awareness for families with autistic children, has a goal of funding research at institutions such as USC.

‘Transplantation is not something we do to improve someone’s lifestyle. This is something we do because the patient is dying. All of our transplant patients are dying—that’s why they need the transplant.’

—Cynthia Herrington, director of the USC Transplant Institute

New pharmacy Ph.D. program focuses on translational science

By Kukia Vera

The Titus Family Department of Clinical Pharmacy and Pharmaceutical Economics in the USC School of Pharmacy has launched a new Ph.D. program designed to train translational scientists to bridge the gap between scientific discovery and clinical application.

The Ph.D. in Clinical and Experimental Therapeutics (CNETP) is an interdisciplinary degree that teaches students how to make the connection between biomedical research and human disease. Those enrolled study the disease process and use their findings to develop drugs and therapeutic regimens.

“Our new Ph.D. program offers a unique translational approach—integrating rigorous training in basic sciences with a clinical perspective,” said associate professor Annie Wong-Beringer who spearheaded the development of this program.

The program provides students with a unique “cross training” between clinical and basic sciences with a focus on investigation of diseases, drug development, and efficacy and toxicity of therapeutic regimens. Students follow a curriculum that melds the needs of a translational scientist—including the principles of clinical research and basic science concepts and laboratory techniques.

“Each student’s thesis must reflect both these areas,” said Wong-Beringer. “So a clinical investigation must also have a basic science arm and a basic science project must also have a clinical tangent.”

Wong-Beringer is co-chair of the Titus Family Department. Tim Bensman, one of three students currently enrolled in the degree program, explained, “By bringing together the clinical and basic science disciplines, the program trains young translational scientists how to facilitate the application of new scientific understanding and techniques in the clinical realm.”

Bensman is simultaneously pursuing a Pharm.D. degree at the school. The new 60-unit program provides students with both experimental and disease-focused opportunities that complement the graduate’s individual research focus. The program offers two curricular tracks, an advanced professional track for students with Pharm.D., M.D. or D.D.S. degrees and a bachelor degree track for those entering the program from undergraduate school.

For information on the program, visit http://www.usc.edu/schools/pharmacy/clinicallpharmepy/experimental_therapeutics
Phoning it in: the future of medicine?

By Ryan Ball

Doctors phoning it in hardly seems like progress, but imagine a physician using an iPhone to remotely administer a dose of localized medicine, calibrate a pacemaker or even restart a heart by activating an implantable defibrillator.

That’s where medicine is headed, according to Stephen N. Oesterle, senior vice president for medicine and technology at Medtronic Inc., a multinational that uses technology to transform the way debilitating, chronic diseases are treated.

Oesterle spoke at the Keck School of Medicine on April 21 as part of the Dean’s Translational Medicine Seminar Series.

Oesterle recently made waves within the medical device industry when a Wall Street Journal blog quoted him saying, “When biotechnology gets it right, we’re finished. It’s done. Devices ultimately are done.” He explained that the quote was taken a bit out of context, and instead painted a picture of a landscape where medical devices work alongside emerging designs to address chronic illness at the genetic level.

“Biotechnology is the future of medicine,” Oesterle stated. “How could it not be?”

He went on to explain that most chronic diseases can be reduced to normal proteins, and that Medtronic will play a vital role in delivering biotech treatments via remote patient management. For instance, the company is developing a small, implantable pump that can be activated remotely to deliver antibodies capable of flushing out plaques that build up in the brain of an Alzheimer’s patient.

The infrastructure for remote patient management already exists, Oesterle said, pointing out that IBM is currently able to screen all phone calls made in the U.S. to flag conversations that may be of interest to national security.

A similar system, according to Oesterle, could be set up to monitor millions of patients around the world using wireless, less broadband technology to communicate with miniature devices implanted in the human body.

Oesterle said key communications and electronics companies such as Apple, Cisco and Qualcomm “all want to be part of this story that is medical device technology.”

As the world’s population continues to rapidly grow, so do the ranks of the elderly. Oesterle projects that by the year 2030, nearly half of all Americans will suffer from chronic conditions most commonly linked to spinal deterioration. It’s a staggering notion, but one that Medtronic and other manufacturers of medical devices are banking on as they lay out their business plans for the next 20 years.

“The next decade will be the most interesting decade for medicine,” Oesterle proclaimed, adding, “Those of you who think medical devices are finished, ignore the column in the Journal.”

HAITI: Donations sought to help pay for medical missions

Continued from page 1 to the Keck School of Medicine Haiti Relief Fund that will pay for transportation to Haiti. Team Four is traveling thanks to the generous sponsorship of Simon Ramo, a Keck School benefactor and a member of the Keck School of Medicine Board of Overseers.

A donation of $1,000 will support one team member for one week in Haiti; a donation of $5,000 will support an entire team. Donations of any amount will be gratefully accepted.

I want to make a donation online with a credit card by visiting http://uscm.convio.net/Haiti, or call Elliott Law at (626) 457-4066.

The information phone number for the Health Sciences Campus community

Saturday, May 1

8 a.m. “Current Trends in Gastrointestinal Malignancies,” Heins-Josef Lenz, USC/Wistin Panaduma. Info: (323) 965-3967

8 a.m. “Coronary Artery Disease 2010: When and How to Intervene,” various speakers. KAM Meyer Aud. Info: (323) 442-2555

Monday, May 3

Noon USC Wellness Workshop for Students. “Relationship Success.” XML East Conference Rm. Info: (323) 442-3360

Noon SSOM Research Seminar. “Protein Arg Modifications in Innate Immunity and Tumorigenesis,” Yunning Wang, Penn State. NOR 7499 Info: (323) 442-1144

Tuesday, May 4


Wednesday, May 5


Friday, May 7

8:30 a.m. Annual USC-Galtech MD PhD Symposium. Various speakers. Rehnman Institute Auditorium at Galtech. Info: (323) 442-2553


Saturday, May 8

8 a.m. Revlon Run/Walk for Women. Exposition Park. Join the USC team – info: (323) 865-0668

Monday, May 10

4 p.m. “Biologically Inspired Artificial Haircell Sensors,” Chiang Liu, Northwester. UPC. HNH 100. Info: (213) 821-2084

Tuesday, May 11


Monday, May 17

11:30 a.m. USC Norris Jaycees Speaker Series. “USC’s World Class Institute of Urology,” Induheet Gail, USC Sun Gabriel Country Club. Info: (626) 282-9516

Thursday, July 8 – Sunday, July 11

8 a.m. 6th Annual International Head & Neck Symposium. Various speakers. USC Health Sciences Campus. Registration deadlines: May 15. Info: (323) 442-7432

Notice: Deadline for calendar submission is 4 p.m. Monday to be considered for that week’s issue—although three weeks’ advance notice of events is recommended. Please note that timely submission does not guarantee an item will be printed. Send calendar items to The Weekly, KAM 400 or fax to (323) 442-2832, or e-mail to etb@usc.edu.

Visit the USC Web: http://emergency.usc.edu This page will be activated in case of an emergency. Backup Web servers on the East Coast will function if the USC servers are incapacitated.

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