UAB’s Liver Transplant Program celebrated its 20th anniversary on November 21, 2003 and approaches its 1,000th liver transplant (currently 992). “These dual achievements signify two hallmarks of a successful program – UAB’s commitment to transplantation and the long-term care these patients require,” notes J. Steve Bynon, MD, director of UAB’s Liver Transplant Program. Of the 132 liver transplant programs in the United States, only 14 have reached the 1,000th transplant landmark.

“In the 1970s, only about 25% of liver transplant patients were alive 1 year post-procedure, but impressive progress in technical aspects of transplantation and postoperative immunosuppression management have significantly increased patient survival,” Dr. Bynon says. “UAB’s 1-year survival rate is 90%, surpassing the current national average of 86%, and we have patients marking 10 years of post-transplant survival.”

UAB’s multidisciplinary team includes two transplant surgeons, Dr. Bynon and Devin Eckhoff, MD; hepatologist Brendan McGuire, MD, who monitors all nonsurgical aspects of care; three nurse practitioners; five nurse coordinators; and a surgical assistant, social worker, physical therapist, and dietitian.

**Increased Survival**

Standardized operating procedure, specialized training, improved immunosuppressants, and the introduction of the University of Wisconsin solution, which extends organ preservation and allows donated livers to begin bile and clotting factor production within 30 minutes of transplant, are major factors driving contemporary success in liver transplantation, says Dr. Bynon, who served a fellowship in liver transplantation at the University of Nebraska Medical Center in Omaha, one of the nation’s premier programs.

“Technical expertise contributes to long-term survival and low retransplant rates – fewer than 2% of patients at UAB require retransplant – but successful care of liver transplant patients extends far beyond the surgical procedure,” Dr. Bynon notes. “Post transplant rehabilitation and patient education must be carefully planned to ensure optimal outcomes. We evaluate our patients at least once a year for the rest of their lives.”

UAB’s Liver Transplant Program was developed during a period of intense competition for patients and organs and amid rising pressures to contain costs, Dr. Bynon adds. Although liver transplantation at UAB has been increasingly performed in high-risk patients, significant increases in hospital charges have been avoided, enabling the program to compete successfully for managed care and third-party contracts, reports a study authored by Dr. Eckhoff and colleagues.

“By developing innovative immunosuppression protocols that shorten hospital stays and initiating a policy of outpatient treatment for uncomplicated acute rejection and infection, our liver transplant program has achieved effective cost containment while maintaining excellent outcomes,” Dr. Bynon says.

**Need-based Waiting Times**

More than 17,000 Americans currently await a new liver. The growing impact of hepatitis C, which accounts for about half of U.S. liver transplants, will increase organ shortages in the future, Dr. Bynon says, noting that UAB’s liver transplant program is participating in an ongoing trial, headed by Baylor University, investigating the role of immunosuppressives in patients with hepatitis C.

In 2002, the United Network for Organ Sharing implemented a new policy for individuals awaiting liver donation. The Model for End-stage Liver Disease System now bases waiting-list position on urgency of need, placing the sickest patients at the top of the list.

“Although persistent organ shortages continue to limit our ability to transplant, we are pleased to celebrate 20 years of successful transplants and are grateful to organ donors who offer our patients an opportunity for a healthier life,” Dr. Bynon concludes.

“Of the 132 liver transplant programs in the United States, only 14 have reached the 1,000th transplant landmark.”
UAB Is Autoimmunity Center Of Excellence
Uncovering the Mechanisms of Autoimmune Disease

In a project led by Associate Professor of Medicine Tong Zhou, MD, the expression and function of death receptors (DR) in human autoimmune disease, particularly DR5, will be tested on T cells and other tissue-specific cells.

“Death receptors reflect immune system deactivation and are not expressed in inactivated immune cells,” Dr. Zhou says. “TRA-8, a monoclonal antibody, binds specifically to DR5 and triggers cell death; our project will examine its ability to block tissue-directed immune responses in rheumatoid arthritis and type 1 diabetes.”

TRA-8 was developed at UAB by Dr. Zhou and colleagues in collaboration with Sankyo Co., of Tokyo, Japan. In earlier studies, the antibody was shown to induce cancer cell death while sparing nearby healthy tissue cells. “If we can harness the ability of TRA-8 to turn off immune response, we may be able to develop more effective treatments for these diseases,” Dr. Zhou says.

Professor of Surgery Judith Thomas, PhD, is principal investigator of the second basic ACE component. Using a dendritic cell blockade and short-term T-cell depletion protocol developed in a primate model of islet cell transplantation for diabetes, Dr. Thomas’s group will identify strategies for reestablishing and maintaining T-cell tolerance to self-antigens in autoimmunity.

The third basic project is led by Professor of Pathology Casey Weaver, MD. In collaboration with UAB gastroenterologist Charles Elson, MD, Dr. Weaver will work with primate models to identify and investigate phenotypic characteristics of regulatory T cells in tolerance and in the mucosal immune system.

“All 18 trials will be evaluated by an NIH Steering Committee that includes basic and clinical representatives from each institution; only the most developed and meritorious projects will be selected for implementation, explains rheumatologist Larry W. Moreland, MD, UAB ACE clinical research project director.

“The two clinical trials outlined in UAB’s ACE application propose testing novel agents in systemic lupus erythematosus (SLE) and psoriatic arthritis,” Dr. Moreland says. “Both trials are designed to dissect disease pathophysiology and the mechanisms of specific disease-controlling immunomodulatory agents.”

In earlier studies, Drs. Carter and Zhou demonstrated that cell surface death receptors could selectively target activated lymphocytes. If approved by the steering committee as part of the ACE clinical component, Drs. Carter and Zhou will conduct a phase 1 trial examining the effectiveness of this approach in SLE.

Dr. Moreland is principal investigator of the second proposed clinical trial, a phase 2 trial that, if approved, will investigate the efficacy of using an interleukin (IL) 1 inhibitor, IL-1TRAP, to block inflammatory response in people with psoriatic arthritis.

“The network created by the ACE projects at UAB and other national centers will unite the expertise of investigators working in diverse areas of human autoimmune disease,” Dr. Moreland says. “Taking part in the development and implementation of these ground-breaking investigations will expand our collective knowledge and place UAB at the forefront of human immunological research.”

Other ACE centers:
Albert Einstein College of Medicine, New York, NY
Brigham and Women’s Hospital, Boston, MA
Children’s Hospital of Pittsburgh, PA
Columbia University, New York, NY
Duke University, Durham, NC
University of California at San Francisco
University of Colorado, Denver
University of Rochester, NY

The National Institutes of Health (NIH) recently designated UAB an Autoimmunity Center of Excellence (ACE), 1 of only 9 such centers in the United States. The ACE will bring UAB investigators from diverse disciplines together with researchers from across the U.S., creating a national network of scientists that will tackle a wide range of autoimmune diseases.

According to UAB ACE Director Robert H. Carter, MD, “Together, autoimmune diseases and immune-mediated diseases comprise a significant portion of the health-care burden in this country. NIH created the ACE grants to speed translation of new therapies and to further mechanistic understanding of human immune action and tolerance induction. UAB’s excellent history in basic autoimmune research and in the clinical testing of novel biological agents led to the ACE designation. UAB received the highest score among all institutions applying for this award.”

Synergistic Projects

The 5-year ACE grant encompasses three multidisciplinary basic research projects and two proposed clinical studies.

“The three basic projects promote collaborative interactions around the overall theme of the UAB ACE – the reciprocal effects of therapeutic manipulation of cytokines and/or T cells in control of autoimmune disease. This theme provides a focus for sharing concepts across different areas of research,” explains Dr. Carter, who is the ACE basic project director. Scientists contributing to UAB ACE projects include dermatologists, gastroenterologists, endocrinologists, rheumatologists, and neurologists.

Robert H. Carter, MD

Robert H. Carter, MD

Synergistic Projects
Islet Cell Transplantation

Devin Eckhoff, MD

UAB Pioneers Immunotolerance

When the United States Senate recently held hearings on type 1 diabetes mellitus, some 200 diabetic children flooded the Hart Office Building to press legislators to fund a cure. One of the most prominent patients, however, was an adult — Anne Seidel of Dallas, Texas, a type 1 diabetes sufferer for more than 35 years. Seidel received islet cell transplants last year and is now free from insulin injections. If UAB researchers have their way, she may soon be free from the need for immunosuppres- sants, as well.

UAB’s rapidly developing Islet Cell Transplantation Program (ICTP), encompassing a minor surgical procedure that can cure type 1 diabetes, holds the promise of becoming 1 of the world’s 10 most prominent programs. This project will combine UAB’s expertise in transplantation with novel immune tolerance breakthroughs. Preclinical studies, funded by the National Institutes of Health and the Juvenile Diabetes Research Foundation, have established indefinite tolerance to allogeneic pancreatic islet transplants and enduring euglycemia in diabetic rhesus monkeys.

“Chronic immunosuppressive agents can cause significant complications in patients with pancreatic islet transplants. Many are as debilitating as type 1 diabetes and exacerbate secondary complications of the disease,” says Devin E. Eckhoff, MD, newly named director of the Department of Surgery’s Division of Transplantation and ICTP director. “The ideal approach to diabetic therapy is the induction of operational tolerance to islet grafts. Our studies have demonstrated that stable tolerance induction to islet allografts is possible in nonhuman primates, using brief anti-CD3 immunotoxin and deoxyspergualin-based therapy during the peritransplant period.”

Transplant Procedure

Working with the Alabama Organ Center, UAB maintains a world-class transplantation program. More than 300 kidneys, 80 livers, 30 hearts, 20 lungs, and 15 pancreases are transplanted annually, with survival rates above the national average. Now, with approval from the Food and Drug Administration and UAB’s Institutional Review Board for Human Use, 12 patients have been selected for pretransplant clinical screening for the first clinical trial.

ICTP’s technology includes novel methods for isolating and culturing beta cells from cadaveric donors. Using the highly successful Edmonton Protocol, physicians inject cells into a patient’s liver via a percutaneous transhepatic catheter, using conscious sedation. Worldwide, 100 patients have been treated with the Edmonton Protocol, with a 2-year insulin-free rate of 85%. Remaining patients require some insulin therapy but show better glucose control, improved diabetic complications, and are free from life-threatening hypoglycemic events.

UAB’s Human Islet Program also will examine different strategies to improve islet recovery and survival after transplantation. “In short, we expect to reproduce the Edmonton results,” says Dr. Eckhoff. “Then, we will evaluate immunosuppressive protocols with reduced toxicity. Our final goal is to combine the human experience in islet transplantation with studies developed in primate models to create a protocol for tolerance induction to transplanted islets and reversal of diabetes’ autoimmune component.”

ICTP’s preclinical component is directed by Judith M. Thomas, PhD, and the clinical component by Eckhoff, assisted by Carlton J. Young, MD, and Juan L. Contreras, MD. David T. Curiel, MD, PhD, provides expertise in gene therapy. Francis T. Thomas, MD, heads the apoptosis laboratory, and Kurt R. Zinn, DVM, PhD, directs islet imaging. Cheryl A. Smyth is clinical islet isolation lab manager.

Cancer Public Resource Library Opens

The new Resource Library at the UAB Comprehensive Cancer Center will offer trained staff to help use resources, such as Internet access with links to cancer-specific Web sites, educational brochures, reference texts, and current cancer-related magazines. It also will serve as a meeting place for support groups and cancer-related educational programs.

The library is located at 509 Richard Arrington Blvd., across from The Kirklin Clinic®. It is open to the public 10 am to 4 pm Monday through Wednesday.

“The Cancer Resource Library is an invaluable tool for patients who want to become proactive in their treatment and recovery,” says Edward Partridge, MD, associate Cancer Center director for Cancer Control and Population Science. “A visit may be helpful to newly diagnosed patients or those seeking follow-up information during or after treatment.”

Although library materials are geared toward lay readers, patrons seeking more indepth information will be directed to the UAB Lister Hill Library of the Health Sciences. The Cancer Center has added a support group facilitator and a librarian, allowing it to enter the ranks of other top cancer centers in the nation offering tailored information to patients and family members.
Noninvasive medical screening is a growing field of procedures that include using computed tomography (CT) scans to screen for illness.

There are currently four major uses for CT screening with varying levels of accuracy and acceptance, says Lincoln Berland, MD, FACR, a body imaging specialist and professor of radiology at UAB.

The most promising CT screening procedure is CT colonography, also known as “virtual colonography,” Dr. Berland says. “It is a very exciting new procedure that may eventually be used in place of traditional diagnostic colonoscopy for many people, although it is not yet covered by insurance,” he says.

Virtual colonography is noninvasive and has been shown to be 85 to 90 percent accurate in detecting large polyps that could become cancerous. Its accuracy is only slightly lower than traditional colonoscopy, Dr. Berland says. In addition, there is almost no risk involved with CT colonography, unlike colonoscopy, which has a slight chance of colon perforation and even death. Also, virtual colonography can be used when colonoscopy fails to see the entire colon.

Another promising CT screening test is coronary artery calcification scoring, which measures the amount of calcium buildup in the coronary arteries. Researchers have concluded that higher levels of calcium may be linked to a higher risk of coronary artery disease.

A third use for CT scans is screening for lung nodules, which may represent small lung cancers while they can still be removed, Dr. Berland says. However, tests thus far have shown a high number of false positives from CT screening and the screening has not yet been shown to save lives, so the procedure is still under view. “This is a highly controversial topic, and that’s why there is a large nationwide study being done,” he says.

The fourth CT screening test is one Dr. Berland does not recommend, although it has received a lot of attention in the media lately. Full-body CT scans, which are even offered in some shopping malls, are being marketed to consumers as a high-tech checkup.

Dr. Berland says the medical community has not accepted full-body CT scans because they rarely find curable diseases and often lead to unnecessary follow-up tests and surgeries. In addition, the scans are only as good as the radiologists who interpret them.

No matter what type of screening a patient plans to undergo, it is always best to check with a physician first, Dr. Berland says.

Noninvasive Screenings Become a Virtual Reality

Rinehart Named Director, Division of Hematology/Oncology

William J. Koopman, MD, department of medicine chair, announces the appointment of John Rinehart, MD, as director of the Division of Hematology/Oncology. Rinehart is professor of medicine, holder of the Martha Ann and David L. May Endowed Chair of Cancer Research, and associate director for clinical research at the UAB Comprehensive Cancer Center.

Prior to coming to UAB, Rinehart was medical director of the Moll Cancer Center at Fairview Hospital, part of the Cleveland Clinic Health System. From 1993 to 1998, he served as medical director of The Scott & White Center for Cancer Prevention and Care at Texas A&M University and Health Science Center and the Olin E. Teague Veterans Medical Center in Temple, Texas, as well as director of the Texas A&M hematology and oncology division.

He received his BA and MD degrees from Ohio State University in Columbus, where he was elected to Phi Beta Kappa. He completed his medical internship at Ohio State and his residency at the University of Chicago, Illinois.
# PRIMARY CARE PHYSICIAN LIST

## General Medicine Physicians

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The Kirklin Clinic  
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<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Emily A. Boohaker, M.D.</td>
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<td>Anna Castiglioni, M.D.</td>
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<td>Alan Stamm, M.D.</td>
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<td>Lisa Willett, M.D.</td>
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## Internal Medicine Physicians

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<td>Mark Stafford, M.D.</td>
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<td>Stephen Stair, M.D.</td>
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## Internal Medicine Physicians

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<td>Laura D Pointer, M.D.</td>
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## Geriatric Medicine Physicians

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<td>Andrew Duxbury, M.D.</td>
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<td>Patricia Goode, M.D.</td>
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<td>Richard Sims, M.D.</td>
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## Family Medicine Physicians

930 South 20th Street  
Birmingham, AL 35205

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<tr>
<td>Nidhi Bansal, M.D.</td>
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<td>Morris W. Cochran, M.D.(OB/GYN)</td>
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<td>William B. Deal, M.D.</td>
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<td>T. Michael Harrington, M.D.</td>
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<td>Robert E. Kynerd, M.D.</td>
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<td>Peter S. Lane, M.D.</td>
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<td>(205) 497-4083</td>
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<td>(334) 875-4184</td>
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1720 University Blvd.
Birmingham, AL 35233
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UAB School of Dentistry
1919 Seventh Avenue South
Birmingham, AL 35294-0009
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UAB Dept. of Genetics
1530 3rd Ave. South
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Inverness Clinic
Moody
TKC Acton Road

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