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ENDOCRINE SURGERY: UPDATE ON THYROID, PARATHYROID AND ADRENAL DISEASE

Thursday, May 19, 2016
6 - 8 pm
Cooper’s Hawk Winery
15690 S. Harlem Ave.
Orland Park, IL 60462

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ACCREDITATION AND CREDIT DESIGNATION
This activity has been approved for AMA PRA Category 1 Credits™.

Seating is limited, so reserve your spot today.
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We know that you are always searching for the latest treatments for your patients. This newsletter updates you on the innovative procedures and unique treatment options available right here in Chicago at the University of Chicago Medicine. Our general surgeons are doing amazing things, and we want you to see how we can work together to benefit your patients.

It’s easy to refer a patient — please see back cover.

MITCHELL C. POSNER, MD
Thomas D. Jones Professor of Surgery
Chief, Section of General Surgery and Surgical Oncology
Physician-in-Chief, Comprehensive Cancer Center

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Cancer survivor ready for next frame in life

Gastroesophageal reflux disease (GERD) requires close monitoring and management for many reasons, but perhaps most notably because the disease could lead to Barrett’s esophagus, a precursor to esophageal cancer.

So when Randall Cornish’s father underwent surgery for treatment of GERD in 1998, Randall decided it was high time to begin regular surveillance of his own GERD and Barrett’s esophagus diseases. In 2011, Randall was undergoing a routine upper endoscopy when his gastroenterologist discovered a small polyp in his esophagus.

Randall was immediately referred to the care of Irving Waxman, MD, an interventional gastroenterologist and recognized expert in the minimally invasive endoscopic treatment of esophageal, gastric and rectal tumors and director of the University of Chicago Medicine Center of Endoscopic Research and Therapeutics (CERT), who removed the lesion endoscopically in order to assess the stage of the tumor.

“Shortly after that appointment, I remember I was sitting outside my home when I received the call that nobody wants to get,” says Randall. “I had esophageal cancer.”

Why the University of Chicago Medicine?

The University of Chicago Medicine has cultivated a reputation as a world-class institution for cancer care. Among its many oncology programs, the Center for Gastrointestinal Oncology features a deeply experienced multidisciplinary team dedicated to the diagnosis, treatment and management of challenging gastrointestinal cancers.

Among its many offerings, the Center for Gastrointestinal Oncology houses a highly specialized Gastrointestinal Cancer Risk and Prevention Clinic, which offers risk assessment for patients and families with a genetic predisposition to gastrointestinal cancers.

The Center also offers the full menu of advanced technologies aimed at painless but accurate diagnosis and surveillance of malignancies.

Randall consulted with Dr. Posner and, due to the staging of his cancer, was advised to undergo an esophagectomy, a more aggressive surgical treatment that removes part or all of the esophagus. In October 2011, Dr. Posner performed the surgery. Four years later, Randall is now cancer-free. As if that is not reason enough to rejoice, he experienced another unexpected but welcome consequence of the surgery.

“Because of the nature of the esophagectomy, I lost 50 pounds,” Randall says. “Before the surgery, I was on high blood pressure and cholesterol medication. Now I’m not on any medication at all. Plus, my knees love it, and my bowling average has gone up!”

Recounting his care experience, Randall says the expertise and compassionate care of his UChicago Medicine team made all the difference in his survivorship story.

“Of course, my story is still being written. But I think it is just an incredible stroke of luck that I ended up at the University of Chicago Medicine,” he says. “Even though I live in the suburbs, I somehow got referred to the hospital and landed in the care of doctors who have taken care of people like me hundreds of times. My entire team was wonderful, and I know my chance of success was far superior because of their experience.”

Healthy and slimmer after surgery, Randall Cornish walks his daughter down the aisle.

“We have one of the largest single-center experiences in the endoscopic treatment of precancerous and early cancerous lesions of the esophagus,” Dr. Waxman says. “CERT also takes a collaborative, multidisciplinary approach between pathologists, surgeons and oncologists.”

Beyond diagnosis and surveillance, the Center for Gastrointestinal Oncology is also at the cutting edge of treatment. Our oncologic specialists take an integrated approach to care, including, but not limited to, surgical resection, chemotherapy, radiation therapy or combination therapy.

Research at the University of Chicago Medicine is another element that sets us apart from the rest. Our campus is a site for many unique clinical trials designed to explore future promising therapies for cancer. In many cases, our institution is the only organization in the Chicagoland area that offers specific clinical trials.

“The University of Chicago Medicine is uniquely positioned to develop novel clinical trials exploring tailored therapy to each patient’s cancer based on the genetic makeup of the specific tumor,” says Mitchell C. Posner, a renowned surgical oncologist and physician-in-chief at the University of Chicago Medicine Comprehensive Cancer Center.

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Randall Cornish with his wife and daughter on vacation after surgery.

This newsletter is published by the Section of General Surgery at the University of Chicago Medicine Department of Surgery. Please direct story ideas and comments to noticias@bsd.uchicago.edu.

Design: Words&Pictures, Inc.

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“Well, it was a fairly quick surgery,” Randall says. “I was in the hospital for five days. My body responded well, and I was able to go back to all my normal activities.”

Randy Cornish with his wife and daughter on vacation after surgery.

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Ask Us More Questions!
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