NORTHWESTERN INTERNATIONAL HEALTH

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NEW CENTER FOR COMPREHENSIVE GYNECOLOGY OPENS AT NORTHWESTERN MEMORIAL HOSPITAL

MULTI- DISCIPLINARY APPROACH PROVIDES THE HIGHEST LEVEL OF GYNECOLOGIC CARE

CHICAGO – After several years of infertility, a friend referred Umang Singh to a doctor at Northwestern with a reputation as an expert in minimally invasive surgery.

"I had stage four endometriosis that was diagnosed by Magdy Milad, MD," the medical director of Northwestern Medicine's new Center for Comprehensive Gynecology, Singh said. "He was a pioneer in small-incision laparoscopy, and treated me with a surgery that barely left a scar."

Thirteen years and three children later, she returned to Dr. Milad after a gynecologist suggested the best way to deal with recurring endometriosis was a radical hysterectomy. Dr. Milad again offered a minimally invasive approach.

"I am proud and eternally grateful to Dr. Milad for providing me a less radical solution to my problem," she said.

On July 17, Northwestern Medicine opened the new Center for Comprehensive Gynecology, a multi-disciplinary group that includes minimally invasive gynecologic surgeons, physical therapists, interventional radiologists and psychologists.

"We really built this center with the patient in mind, treating more complex gynecologic conditions with respect, compassion and collaboration between not only different medical specialties but between doctors and



patients," said Dr. Milad, who is also the Albert B. Gerbie, MD, professor of obstetrics and gynecology at Northwestern University Feinberg School of Medicine. "Our team is comprised of skilled surgeons and expert physicians and clinical staff who regularly treat, often in a minimally invasive way, endometriosis, ovarian cysts, uterine abnormalities, tubal disease and other conditions."

Serdar Bulun, MD, chair of obstetrics and gynecology at Northwestern Memorial Hospital, said the Center for Comprehensive Gynecology is designed to work closely with the robust and experienced team of obstetricians and gynecologists who already work in and with the Northwestern Medicine network.

"The Center for Comprehensive Gynecology is the next evolution in our mission to treat women across the spectrum of their lives, from adolescence through their reproductive years through menopause," said Dr. Bulun, who is also the John J. Sciarra professor of obstetrics and gynecology at Feinberg. "We are excited to bring the most leading-edge technology to our patients combined with highly-skilled, compassionate physicians and clinical staff."

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INVITATION

We would like to invite you to two exciting events coming this fall to Washington D.C. Our first event will be on September 14th at the Omni Shoreham Hotel from 5:15 PM to 7:30 PM for an educational conference and dinner with some of our leading physicians. We are very pleased to inform you that this event has been approved to receive 1.25 AMA PRA Category 1 Credit(s) ™.

Our next event will take place October 3rd, when we have an opportunity to bring to your embassy **Dr. Richard Burt,** Chief of Immunotherapy and Autoimmune Disease and a pioneer in multiple sclerosis.

MICHAEL J. FOX FOUNDATION ANNOUNCES AWARD TO DRIVE PHASE IIA CLINICAL TRIAL INVESTIGATING POTENTIAL SAFETY AND BENEFIT OF NILOTINIB IN PARKINSON'S DISEASE - LED BY NORTHWESTERN MEDICINE

NEW YORK, JULY 28 THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH ISSUED THE FOLLOWING NEWS RELEASE:

The Michael J. Fox Foundation for Parkinson's Research (MJFF) today announced U.S. Food and Drug Administration (FDA) approval of a multicenter, double-blind, randomized, placebocontrolled Phase IIA clinical trial to test safety and tolerability of nilotinib (Tasigna) in Parkinson's disease (PD). The trial is designed to investigate the potential of repurposing nilotinib, an FDA-approved treatment for chronic myelogenous leukemia, for use in Parkinson's disease.

The trial will be led by principal investigator Tanya Simuni, MD, professor of neurology and head of the division of movement disorders at Northwestern University Feinberg School of Medicine, and carried out at 25 clinical sites across the United States through the Parkinson Study Group, the largest not-for-profit scientific network of Parkinson's disease centers in North America.

Dr. Simuni added:
"As we further
explore the
potential safety and
tolerability of
nilotinib, we look



forward to reporting our data and findings to researchers and patients. In the meantime, we continue to urge patients and neurologists not to add nilotinib to their Parkinson's treatment regimens until more is understood about the safety and possible efficacy of the drug in PD."

"The Michael J. Fox Foundation is dedicated to pursuing every research avenue that could accelerate progress in Parkinson's drug development," said Todd Sherer, PhD, chief executive officer of MJFF. "While much work remains to be done to establish if nilotinib is a promising therapy in Parkinson's, we hope to contribute to understanding of fundamental questions around its tolerability, dosing, and whether and at which stage of Parkinson's it may work."

TRANSPLANT, INFECTIOUS DISEASE

NORTHWESTERN MEDICINE SECURES A 6.5 MILLION DOLLAR CONTRACT FROM THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID) TO BETTER UNDERSTAND THE NATURAL HISTORY OF NOROVIRUS IN TRANSPLANT PATIENTS.

Norovirus is one of the most common causes of gastroenteritis in the United States. While it represents a syndrome of nausea, vomiting and diarrhea that typically resolves in 2-3 days in otherwise healthy individuals, it can cause prolonged and often intermittent episodes of diarrhea among transplant recipients.



Michael G. Ison, MD, MS, FIDSA, FAST

The Transplant Infectious Diseases group at Northwestern University's Comprehensive Transplant Center has recently documented that symptomatic infection can persist for years and result in gradual renal dysfunction in transplant recipients. Despite its significant impact in this population, there are no proven treatments for norovirus in transplant recipients. Dr. Michael Ison, Medical Director of the Transplant & Immunocompromised Host Infectious Diseases Service at the Northwestern University Comprehensive Transplant Center and a member of the Northwestern University Transplant Outcomes Research Collaborative (NUTORC), recently secured a 6.5 million dollar contract from NIAID to better understand the natural history of norovirus in transplant patients and to assess the safety and efficacy of nitazoxanide for the treatment of norovirus in hematopoietic stem cell and solid organ transplant patients.

The study will be conducted at 10 transplant centers throughout the United States in addition to Northwestern University. This unique collaboration will inform the optimal approach to the management of norovirus in transplant patients. More importantly, this team will continue to collaborate to apply for other grants placing NUTORC at the center of cutting edge, federally-funded Transplant Infectious Diseases research.

For additional information about Northwestern University Transplant Outcomes Research Collaborative, please visit our website: www.nutorc.org or follow us on twitter @NUTORC

NORTHWESTERN MEDICINE CHICAGO'S CENTER FOR BEHAVIORAL INTERVENTION TECHNOLOGIES (CBITS) — LEADING THE WAY IN MOBILE MENTAL HEALTH

A team of researchers and psychologists at Northwestern University's Feinberg School of Medicine are pioneering efforts to deliver treatments for depression and anxiety right from the palm of your hand. Under the stewardship of David Mohr, PhD, an



David Mohr, PhD, Professor of Preventive Medicine and Director of the Center for Behavioral Intervention Technologies (CBITs)

NIH-funded grant is exploring the potential for using smartphone apps to address the unmet mental health treatment needs of persons suffering from depression and anxiety. The program, called IntelliCare, is a suite of thirteen smartphone apps that teaches a variety of empirically supported skills for reducing symptoms of depression and anxiety. This suite of apps stands out from other mental health apps in that the IntelliCare apps focus on teaching evidence-based skills through a simple interface designed for brief interactions, consistent with how most people use apps on their phones.

Initial findings from IntelliCare's field trial of almost one hundred participants were incredibly encouraging. During the field trial, participants from across the U.S. were instructed to download and install the suite of IntelliCare apps and use them once or twice a day for just a few minutes. Trained coaches oriented participants to the program during a 30-45 minute phone call, provided one additional brief, 10-minute phone check-in four weeks into the 8-week treatment, and sent one or two text messages weekly. "People got significantly better. Their level of symptoms dropped by about 50 percent — that's on par with what you see in psychotherapy and with medications," Mohr said. "A good number of people were completely symptom-free at the end."

Recruitment for the study has now closed, and IntelliCare is currently following people enrolled in the randomized controlled trial (RCT). For the RCT phase of the study, close to three hundred participants have been randomly assigned to one of four different treatment groups. This study design will allow the team to examine potential differences in outcomes between those assigned to work with a coach compared to those who used the IntelliCare apps on their own without a coach. In addition, the team will explore differences between those assigned to use a sequence of app recommendations derived from a recommendation engine and those assigned to select which apps to focus on week-to-week on their own. This aspect of the research is a step toward building an artificial intelligence algorithm that will be able to tailor app and skill recommendations based upon an individual's unique use data. "This is precision medicine for treating depression and anxiety delivered directly to the user," said Mohr.



Screenshots from three different apps in the IntelliCare suite: Aspire, My Mantra, and Worry Knot.



Screenshots from Boost Me, an IntelliCare app that employs behavioral activation skills to help people with depression and anxiety.

To learn more about IntelliCare, visit

https://intellicare.cbits.northwestern.edu/

To learn more about CBITs, visit cbits.northwestern.edu/

To learn more about the findings from the IntelliCare field trial, visit http://www.jmir.org/2017/1/e10/

Quotes from Dr. Mohr were excerpted from Chicago Tribune and Medical Xpress, to see original articles visit

http://www.chicagotribune.com/bluesky/originals/ct-northwestern-study-intellicare-mental-health-bsi-20170105-story.html

 $\frac{https://medicalxpress.com/news/2015-04-depressed-apps-mood-personalized-therapy.html}{}$

RENEWED HOPE FOR THE TREATMENT OF DEPRESSION

When antidepressants no longer provide relief from severe depression, transcranial magnetic stimulation, or TMS, provides hope.

TMS is an FDA approved, non-drug treatment for depression that uses magnetic pulses to electrically stimulate nerve cells in the brain and relieve symptoms of depression. In many cases, TMS is effective in treating severe depression that has not improved with antidepressant medications.



TMS may be right for your patients if:

Their depression symptoms are severe and interfere with their daily life.

Antidepressants are no longer effective at treating their depression.

They are unhappy with unwanted side effects associated with standard drug therapies.

They are interested in non-drug therapies.

During TMS therapy, patients are awake and reclined in a comfortable chair. A small device delivers targeted magnetic pulses to key areas of the brain that may be under-stimulated in individuals with depression. After TMS, many patients find that their depression is easier to manage, even without antidepressants.

TMS Facts

TMS is not an antidepressant, so there are no unwanted side effects such as weight gain, drowsiness or feeling disconnected from life.

TMS is not a surgery. It is a non-invasive, outpatient therapy performed in the doctor's office that does not require anesthesia or needles.

There is no recovery time. Patients can drive home or return to work immediately following their TMS treatment.

TMS is covered by many insurance plans.

TMS is available by prescription only and is administered under the supervision of a psychiatrist.

Northwestern Memorial Hospital is dedicated to offering compassionate and confidential care for depression.

If your patients are suffering from depression and think TMS may be right for them, call 312.926.1089 to schedule an appointment. To learn more about TMS, visit tms.nm.org

MESSAGE FROM DR. DANIEL DERMAN

President, Northwestern International Patient Services, Sr. Vice President, Northwestern Memorial HealthCare

We hope that you are enjoying your summer and that you are staying nice and cool!

We are very happy to announce the opening of our new center for comprehensive gynecology, a multi-disciplinary group that includes minimally invasive gynecologic surgeons, physical therapists, interventional radiologists and psychologists. This center is dedicated to providing our patients with comprehensive and compassionate care from our expert physicians and clinical staff along with the most advanced technology.

Northwestern Medicine physicians continue to conduct research to ensure that innovative



medicines and treatments get from the bench to the bedside as safely and rapidly as possible. To that end we were very pleased to receive a 6.5 million dollar contract from The National Institute of Allergy and Infectious Disease to better understand the natural history of norovirus in transplant patients. We have also highlighted here other research endeavors as well.

In addition, we've taken a closer look at depression in our August newsletter. Like in the United States, depression rates are growing significantly in the Middle East. Northwestern Medicine provides some non-drug treatment options that have proven to be very helpful.

Thank you for your continued support of our International Center. If there are any ways in which we can improve our service please feel free to contact me any time at dderman@nm.org or Laura Leahy at (lleahy@nm.org).