I am pleased to announce the following recent honors for the nationally-recognized faculty of the Division of Gastroenterology at Penn Medicine, as well as additions to our team:

GARY D. WU, MD, has been elected to the American Academy of Physicians, a national honor society.

The following new appointments see patients at the Perelman Center for Advanced Medicine.

ROTONYA CARR, MD, completed an internship and residency in internal medicine at Massachusetts General Hospital, Boston, Massachusetts and a fellowship in gastroenterology and hepatology at the University of Pennsylvania School of Medicine.

VINAY CHANDrasekHARA, MD, completed an internship and residency at the University of Texas Southwestern Medical Center (Dallas), a fellowship in gastroenterology and hepatology at Johns Hopkins University School of Medicine and an advanced endoscopy fellowship at the University of Pennsylvania School of Medicine.

CAROLINE KERNER, MD, completed an internship and residency in internal medicine at the University of California, San Francisco and a fellowship in gastroenterology and hepatology at the University of Pennsylvania School of Medicine.

PARI SHAH, MD, completed an internship and residency in internal medicine Barnes-Jewish Hospital, Washington University School of Medicine, St. Louis, Missouri. She completed a fellowship in gastroenterology and hepatology at the University of Pennsylvania School of Medicine.

DAVID GOLDBERG, MD, completed an internship and residency in internal medicine at New York Presbyterian – Columbia University Medical Center, New York and a fellowship in gastroenterology and hepatology at the University of Pennsylvania School of Medicine.

GARY D. WU, MD, has been elected to the American Academy of Physicians, a national honor society.

BRINTHA ENESTVEDT, MD, completed a residency in internal medicine at Oregon Health & Science University, Portland, Oregon. She completed a fellowship in gastroenterology and hepatology at Oregon Health & Science University, Portland, Oregon.

The Penn Center for Viral Hepatitis was established in 2010 under the direction of K. Rajender Reddy, MD, with the support of Drs. Kyong-Mi Chang, Vincent Lo-Re, Jay Kostman and Pablo Tebas as a regional nucleus for viral hepatitis care, research and education, combining expertise in hepatology and infectious disease disciplines. Patients are seen in the Division of Gastroenterology at the Ruth and Raymond Perelman Center for Advanced Medicine.

The center acts as a nexus for the research and development of new anti-viral agents, advanced approaches to treat viral hepatitis (and HIV-co-infection, when present) and education for patients and providers. Patients living with chronic hepatitis B virus (HBV) or hepatitis C virus (HCV) and those co-infected with human immunodeficiency virus (HIV) have access to an interdisciplinary team of clinicians and advances in care resulting from clinical, translational, and basic research. Education—of medical students, residents, fellows, pharmacy students, and physician extenders—occurs throughout the center’s programs. Training involves the virology, immunology, epidemiology, and clinical management of viral hepatitis and HIV/viral hepatitis co-infection.

The center also seeks to enhance public awareness, patient education and patient advocacy of viral hepatitis infections and HIV/viral hepatitis co-infection.

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Managing Viral Hepatitis and its Clinical Effects at Penn Medicine

Over many years, patients with chronic HBV or HCV infection can develop chronic necroinflammatory liver disease, often without symptoms. The liver inflammation is mediated by an ongoing immune attack that fails to clear the infection but promotes liver injury, ultimately leading to cirrhosis and liver cancer.

HCV-associated cirrhosis is both the most common cause for primary liver cancer and the leading indication for liver transplantation in the U.S. Similarly, HBV infection is a leading cause for liver cancer in the world. While an effective vaccine is available to prevent HBV infection, no vaccine is available against HCV. Importantly, the ability to treat both HBV and HCV infection has been improving with better understanding of the viruses and host responses, as well as the development of new antiviral therapeutics. In particular, treatment options for HCV infection are changing rapidly with exciting new direct antiviral agents in development to be used with existing agents.

Research at the Penn Center for Viral Hepatitis

A Phase 2a/2b Study of BMS-650032 in Combination With Peginterferon Alfa-2a (Pegasys) and Ribavirin (Copegus) in Treatment-Naive Subjects With Genotypes 1 and 4 Chronic Hepatitis C Infection

Principal Investigator at Penn: Rajender Reddy, MD
Contact 215.898.3981

This study is designed to evaluate the efficacy and safety of intravenous Lucassín® (terlipressin) versus placebo for the treatment of type 1 hepatorenal syndrome (HRS) in subjects receiving standard of care albumin therapy.

Management of Viral Hepatitis at Penn

The Penn Center for Viral Hepatitis comprises leading authorities in the diagnosis and management of viral hepatitis C and B dedicated to serving the needs of patients and their family members, physicians and allied health personnel.

Located in the Perelman Center for Advanced Medicine, the center structure offers an opportunity to be engaged in a discussion on cutting edge and upcoming therapies that the center will be able to provide. Further, the center provides an opportunity to seek evaluation for comprehensive primary liver cancer care if that were to be diagnosed. The Penn Medicine liver transplant program is recognized nationally and internationally and patients have direct access from the Viral Hepatitis Center to the transplant program, if needed.

For patient referrals and appointments to Penn Center for Viral Hepatitis in the Perelman Center for Advanced Medicine, please call 877.937.PENN (7366).

Hepatocellular Cancer Management at Penn

Rajender Reddy, MD, Director of Hepatology; Thomas W. Faust, MD; Kimberly A. Forde, MD, MHS; Maarouf A. Hoteit, MD; David E. Kaplan, MD, MSc; Karen Krok, MD; George A. Makar, MD, MSCE

The Penn Liver Cancer team consists of hepatologists, surgeons, medical oncologists, interventional radiologists, gastroenterologists and radiation oncologists whose primary focus is the care of patients with liver cancer and those at risk for the disease.

Diagnostic and Treatment Options

A variety of liver diseases, including hepatitis C, can cause inflammation and progressive scar formation in the liver resulting in cirrhosis. Over time, patients with cirrhosis are at risk of developing primary liver cancer (hepatocellular carcinoma or HCC). Thus, HCC is often the result of a process that started years before the onset of cancer. Because HCC is present long before its manifestations appear, it is often possible to identify patients at risk of developing HCC at a stage where it is curable. Early diagnosis may be achieved, for example, with screening tests that are used to detect swept-up cancer.

The primary challenge in the treatment of liver cancer is that HCC typically occurs at the background of a liver diseased by cirrhosis. Therefore, one has to consider that patients with HCC have two serious health problems: cancer and chronic liver disease. This is important because the severity of liver disease often has a major impact on the choice of treatment options in HCC. In all cases, early detection is key, because early cancer is more easily cured.

Surgical resection of the tumor can achieve cure of HCC, particularly when the tumor is small, but can only be safe and effective if function is nearly intact. Liver transplantation, where the entire liver— including the tumor—is removed and replaced with a normal liver from a donor, is a very effective treatment for HCC, as long as the tumor is within specific size limits. Because the entire liver is replaced, liver transplant cures the stenosis need for good liver function that surgical resection requires. The other major advantage of transplantation is that it results in removal of the tumor as well as the rest of the liver which, if left behind, will remain at risk of developing additional cancer. A select group of patients with small, resectable tumors can be cured with minimally invasive treatments such as radiofrequency ablation.

Effective treatment for HCC is also possible in patients with more advanced disease. Transarterial chemoembolization (TACE), in which a chemotherapeutic mixture is injected directly into the tumor and its blood supply is interrupted, results in tumor deaths and is effective at controlling even larger tumors confined to the liver. TACE is also useful to prevent tumors from growing while patients with smaller tumors are on the transplant waiting list.

Another effective modality, radiofrequency ablation, kills liver cells by injection of radiofrequency energy directly into the tumor and is also an effective treatment for larger tumors. Chemoembolization in the form of the oral drug sorafenib, or clinical trials with new drugs are also possible effective treatment options. Navigating the various treatment options in HCC can be complex and requires the expertise of physicians with different areas of specialization.

At Penn, all cases are discussed weekly by a multidisciplinary team of specialists in the context of the Penn Liver Tumor Conference. Patients are then evaluated by multiple experts in a single visit to the Penn Liver Tumor Clinic where treatment options are discussed. The Liver Cancer team at Penn has the unique capability of an efficient and expert evaluation of patients, and is committed to offering convenient access to skilled medical care of a complex disease.