Welcome to the University of Chicago IBD Center!

The University of Chicago Inflammatory Bowel Disease Center is committed to providing the highest caliber care to patients who live with inflammatory bowel diseases, Crohn’s disease and ulcerative colitis. Central to this mission is conducting cutting-edge medical research to advance the science and understanding of these conditions, as well as delivering unique and highly relevant educational programs for patients and professionals.

Outstanding patient care is at the center of everything we do, from providing the latest medical therapies, to nutritional counseling to help you cope with the effects of ulcerative colitis or Crohn's, to minimally invasive approaches for complex surgeries in order to decrease pain, scarring, and recovery times. Whether you come to us directly for relatively new symptoms or are referred by a family physician or gastroenterologist for ongoing health care concerns, you will benefit from treatment grounded in creative thinking, compassionate understanding, and the very latest research and practice.

Our expert IBD providers see patients at the main campus in Hyde Park, and also at the new University of Chicago Medicine facilities in Orland Park and River East. For patients needing surgery or hospitalization, the University of Chicago IBD Center includes a dedicated inpatient wing, the only one of its kind in the region, located in the Center for Care and Discovery, the University of Chicago Medicine's newest and most technologically advanced hospital.

As one of only a limited number of research centers in the country testing new IBD treatments, we offer a variety of clinical trial therapies—the most advanced treatments available—at the earliest possible time in our patients' care. Every patient benefits from the expertise of our world-renowned clinicians and researchers, whose multidisciplinary, collaborative approach extends from patient care to advancing the science of medicine.

In addition to these resources, we offer many additional programs to support our patients: IBD SuperFriends, a peer-to-peer mentoring program for UChicago Crohn’s and ulcerative colitis patients, the monthly Chicago IBD Support Group, and regular educational events and programs for patients and their families. Please visit ibdcenter.uchicago.edu to learn more.

We welcome you to our Center, and hope we can help you on your journey to healing and wellness.

Russell D. Cohen, MD, FACG, AGAF
Professor of Medicine
Director, Inflammatory Bowel Disease Center
University of Chicago Medicine
Telemedicine Video Visits Available

Learn more about our COVID-19 response, testing and our commitment to safety.

Video Visits - Virtual Doctor Appointments
In-Person Visits Available

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River East
355 E. Grand Avenue, Chicago, IL
Russell D. Cohen, MD
Sushila Dalal, MD
Vijaya Rao, MD
David T. Rubin, MD
Ashley Perkovic, DNP, APN
Alexandra Masching, APN

Orland Park
14290 South La Grange Road, Orland Park, IL
Russell D. Cohen, MD
Sushila Dalal, MD
Dejan Micic, MD
Emily Dobrez, APN

Gold Coast - Endoscopy
900 N. Michigan Avenue, Chicago, IL
Russell D. Cohen, MD
David T. Rubin, MD
Vijaya Rao, MD

Tinley Park - Endoscopy and Same Day Surgery
6701 W. 159th Street, Tinley Park, IL
Russell D. Cohen, MD
Dejan Micic, MD

Hinsdale
12 Salt Creek Lane, Hinsdale, IL
Russell D. Cohen, MD
David T. Rubin, MD
The following are mental health care providers who have contacted our Center with an interest in working with Crohn’s disease and ulcerative colitis patients and their families:

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*Chicago*  
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*Arlington Heights*  
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Kelia Shirkey, PhD  
Sari Ticker, PsyD  
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info@illnessnavigation.com

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630-689-1022

Tiffany Taft, PsyD  
Emily Edlynn, PhD (pediatrics)  
Lori Burda, PhD  
Colleen Muchowski, LCSW  
Robin Cohen, LCPC  
Oak Park  
Oak Park Behavioral Health Services, LLC  
312-725-6175
Crohn’s & Colitis Support Group

- Second Wednesday of every month
- 7:00 pm — 8:00 pm
- Online, via Zoom

Contact ibdcenter@uchicago.edu for more information, or call 773-702-6073.
Learn the ropes from someone who’s been there.
Encourage a fellow patient on the path to healing.
Be part of our community.

JOIN IBD SUPERFRIENDS
A PATIENT TO PATIENT
MENTORING PROGRAM

From the University of Chicago Inflammatory Bowel Disease Center

MENTORS ARE:
● Patients at the University of Chicago Medicine Inflammatory Bowel Disease Center
● Living with Crohn’s disease or ulcerative colitis for one or more years
● Interested in helping other patients learn from their personal experience, one-on-one (phone, email, or in person)

MENTEES ARE:
● Patients at the University of Chicago Medicine Inflammatory Bowel Disease Center
● Living with Crohn’s disease or ulcerative colitis
● Interested in talking to another IBD patient about his or her experience living with Crohn’s disease or ulcerative colitis

If you are interested in being a mentor or having a mentor, please contact ibdcenter@uchicago.edu for more information and to complete an application.

There is no cost to participate in this program. This program is supported by volunteers, and will not affect the care you receive at the University of Chicago Medicine.
Are you interested in participating in a clinical trial?

We are currently enrolling patients with these conditions:

- Ulcerative Colitis
- Crohn’s Disease
- Nonalcoholic Steatohepatitis (NASH)
- Primary Biliary Cirrhosis
- Short Bowel Syndrome
- Celiac Disease

If you would like to learn more, please contact our clinical trials team:

773-702-5382
The GI Research Foundation (GIRF) is a non-profit 501(c)3 dedicated to raise funds to support the physicians and scientists at the University of Chicago Medicine Digestive Diseases Center in their efforts to provide outstanding care, train future leaders, and perform innovative clinical and laboratory research in order to treat, cure, and prevent digestive diseases.

**ACHIEVEMENTS**

- Discovery of the first gene associated with Crohn’s disease (NOD2)
- Discovery of a new type of “deep remission” in IBD that may allow some patients to stop therapy
- Funding a groundbreaking study to discover the cause of ulcerative colitis
- Performance of the first living donor liver transplant from parent to child
- Discovery of the immune factors related to celiac disease, and development of the first animal model of celiac disease
- Established international clinical trials which led to a cure for Hepatitis C
- Pioneers in the development of home Parenteral Nutrition and management of short bowel/intestinal failure
- Investigation of the circadian clock of the gut microbiome and impact on digestive function
- Piloting population-specific colon cancer screening protocols to reduce mortality
- Investigation of hereditary screening protocols as well as precision treatment and prevention of colorectal cancer
- Authored guidelines on the treatment of inflammatory bowel disease during the COVID-19 pandemic

GIRF funds research at the University of Chicago IBD Center, and holds many events every year, including the annual GIRF Ball. To learn more, make a gift, or become involved, please visit girf.org
Crohn's & Colitis Foundation
Illinois Carol Fisher Chapter

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2200 Devon Ave #392
Des Plaines, IL 60018
(847) 827-0404
illinois@crohnscolitisfoundation.org

Local Events and Education
crohnscolitisfoundation.org/chapters/illinois

IBD Help Center
Monday through Friday from 8 am - 4 pm
(888-694-8872, extension 8)
info@crohnscolitisfoundation.org

Local Support Groups:
- Young Adults Virtual Support Group -ibdgroup22@gmail.com
- Chicago -ibdcen@uchicago.edu
- Evanston - KZuckerman@northshore.org
- Naperville - dolores.audy@gmail.com
- Peoria - jnkporter35@gmail.com
Board Member Profile: Peter Goldman

When Peter and Carol Goldman’s son Jeffrey graduated college at 21, he packed up his car, picked up a friend, and drove to Alaska to spend the summer hiking and climbing. He returned home after a few months in the pristine air and rugged terrain, but instead of feeling rejuvenated, he found himself unwell and unsure why. Before long, he received his diagnosis: Crohn’s disease.

Jeffrey’s parents, Peter and Carol, did everything they could to help Jeffrey achieve remission. But as dedicated philanthropists, they wanted to do more, by helping to support research and scientific advancement. Beginning with Carol’s involvement with the GIRF Women’s Board of Directors, the Goldmans chose to support the GI Research Foundation to help find cures and treatments for this and other digestive diseases experienced by their son and so many others.

Today, Peter Goldman, President of the Reed-Union Corporation, is a GIRF board member. But his commitment to charitable endeavors began long ago, when he and his mother, Sliv, and the family founded the Judd Goldman Adaptive Sailing Foundation, in honor of his late father.

Continued on page 2
As a teenager, Judd Goldman developed osteomyelitis, a bone disease that was then untreatable and often fatal. He received care as a teenager and young adult at Billings hospital at the University of Chicago Medicine. Though he recovered, he was left with physical disabilities that limited his capacity to participate in most sports, except for sailing, which became his lifelong passion.

Based in Chicago's Burnham Harbor, the Judd Goldman Adaptive Sailing Foundation provides sailing instruction for adults and children living with disabilities. What started thirty years ago with three sailboats has now grown to a fleet of twenty specially crafted boats for the disabled, and a major community partner of the Chicago Park District. The organization serves over a thousand people each year, and hosts an annual summer gala fundraiser and regatta. The Foundation also supports a Junior Sailing program in the Chicago Park District lagoons for at-risk youth living in West side Chicago neighborhoods.

“The keys to our programs are self-esteem and independence. It’s really about building up the self-esteem that many people lose when coping with the challenges of living with a disability,” explains Goldman.

Peter Goldman and his wife Carol (of Carol’s Cookies) possess an equally strong commitment to GIRF, motivated by the unmet need for research, treatments, and cures for digestive diseases.

He explains, “Given the fact that there is no cure for Crohn’s and other digestive diseases, it seems important that we focus our efforts in assisting research. We had a pretty gratifying experience watching what was once a relatively new concept, the role of bacteria in the digestive system, grow to be a robust and promising line of research. We have visited the University of Chicago many times and met with Dr. [Eugene] Chang, the clinical faculty, and the research team, and we have always been very impressed with their commitment to conducting this complex research. We still are.”

This commitment is steadfast, and his passion is heartfelt. Explains Goldman, “We just want to give back to those in less fortunate situations and try to make life a little bit better. That’s all. I always wanted to be involved in something to do with making the world a better place, and I’m fortunate enough to be able to that. We are just trying to help where we can.”
For patients living with digestive diseases, life in the time of COVID-19 and coronavirus (also known as SARS-Cov-2) provides additional challenges as they manage their existing symptoms during this time of great uncertainty. While physicians advise staying on prescribed medications and keeping up with needed health maintenance routines, many patients also have questions about the food they eat and how to best maintain and support their immune systems.

“Maintaining good health and a strong immune system is important right now,” explains Lori Welstead, RD, dietitian at the University of Chicago Medicine Digestive Diseases Center. “If you are struggling to get the nutrients your body needs, it will be even harder for your immune system to fight off viruses. Because SARS-Cov-2 is a virus, it isn’t treatable with antibiotics, and doctors are mostly trying to support your bodies’ own formidable defenses.”

For patients with IBS, irritable bowel syndrome, avoiding known food triggers is especially helpful to keep their symptoms—gas, pain, bloating, urgency, and constipation—at bay. Fortunately, even though some food and cleaning products have been in short supply, most food supply chains have not been affected by the current health crisis, and public health experts do not expect this to change.

Likewise, the stress of the current SARS-Cov-2 outbreaks and the uncertainty brought by economic downturns, personal financial stress, job loss, isolation and resulting anxiety and depression can also exacerbate existing conditions.

“For some patients, stress is definitely a trigger. Probably a majority of patients will notice a correlation between their IBS symptoms, anxiety and outside stress and situations.” explains Ira Hanan, MD, gastroenterologist and Professor of Medicine at the University of Chicago Digestive Diseases Center. “But of course, it’s not just stress, but how the patients interact with it— stress management can be very helpful.”

Exploring new management techniques for stress can be very helpful to patients living with digestive disease symptoms, and create a sense of control and calm during uncertain times. These can include include mindfulness and meditation, restorative yoga, and even just getting enough sleep.

Still, for patients with digestive diseases, it’s also a good idea to keep in touch with their medical care team if they have any concerns about their symptoms.

“We really are here for you. Even though the news is reporting on the enormous strain on our medical system, doctors know that chronic health concerns don’t go away during this really scary time. Patients should reach out to their health care teams if they have any questions—we are even doing telemedicine and phone appointments, so we can mitigate risk while still treating flares and answering questions,” explains Sushila Dalal, MD, gastroenterologist and Assistant Professor of Medicine at the UChicago Digestive Diseases Center. “We want to help keep you healthy, and keep you well.”
APPROACHES TO IBS
With Ira Hanan, MD

Few digestive diseases are as widely experienced and as difficult to live with than irritable bowel syndrome, also known as IBS. But for patients seeking respite from painful digestive symptoms like cramping, pain, bloating, gas, diarrhea and constipation, their diagnosis can sometimes bring more questions than answers.

Irritable bowel syndrome, or IBS, is a multifaceted, highly individualized diagnosis given when a set of symptoms cannot be adequately explained by another disease or structural problem, like an inflammation, infection, or cancer. This can be deeply frustrating for patients, who sometimes undergo many diagnostic tests, including blood tests, endoscopy, and physical examinations, only to be told that there is nothing wrong with their intestines. But the truth is much more complicated.

Ira Hanan, MD, gastroenterologist and professor of medicine at the University of Chicago Medicine Digestive Diseases Center, and an expert in treating IBS, explains it this way: “If you looked at a car, and you could see that the car had a flat tire, you could understand that there was something physically wrong with the car, and could work to fix it. But if everything looks normal on the car, and for some reason the car isn’t working, that’s a functional problem, as if the car didn’t have gas or the fuel pump was not working properly. It doesn’t mean that the car is in good working order.”

IBS is a common digestive concern, affecting 10 to 20 percent of the general population, though only a small fraction of those individuals seek treatment for their symptoms. The cause is unknown, though theories range from an imbalance in the gut microbiome, to sensitivity to food additives, to visceral hyperalgesia, a term meaning that intestines are hypersensitive to the normal movements of the bowel, causing pain and discomfort.

“Dr. Kirsner always referred to the gut having it’s own neurologic system. While we think of our neurologic system as being our brains, along with the nerves that leave our brain and go through our body, Dr. Kirsner always used to say that the intestine has it’s own internal nervous system, and sometimes the way that it contracts and relaxes causes problems for the patient,” explains Hanan.

Effective treatment of IBS first involves listening to the patient, and reassuring them that their symptoms are very real, and not all in their heads. There is no surgical treatment of IBS, but many classes of medications can help IBS sufferers find symptomatic relief.

“Irritable bowel is an entire spectrum,” explains Hanan. “Treatment must be tailored to the patient. . . because one person’s IBS can be 180 degrees from another’s.”

“It’s not necessarily a glamorous disease,” explains Hanan, “but fifteen years ago, you couldn’t find an FDA approved medication for irritable bowel syndrome, because it didn’t exist.”

Different medications are used to treat the different classes of IBS: IBS-D (primarily diarrhea), IBS-C (primarily constipation), or IBS-M (for mixed symptoms). Medications include anticholinergic medications (those that block the nervous system’s stimulation of the GI tract); antidepressants, which may reduce pain perception; antidiarrheal drugs; antibiotics; and medications that increase intestinal lubrication to prevent constipation. Physicians also recommend that patients examine their diets using techniques like the elimination diet to better understand the way that what they eat may interact with their symptoms.

Not that long ago, a person with IBS might have struggled to get a diagnosis, let alone relief from their symptoms. Now, with the hope of research for new diagnostic approaches and more effective treatments, there is promise for improvement of the quality of life for millions with IBS.
Arthur Pope, MD, PhD, works on the front lines of the COVID-19 global pandemic as an emergency room doctor at the University of Chicago Medicine. “Working with patients who may have COVID, and don’t know it yet, is really hard—they are usually shocked,” explains Dr. Pope. “I was working with one patient who needed to be admitted to the hospital, and was of course, really scared. You have to reassure them that they are in the right place, and that they are going to get the care they need, and hopefully everything will be fine.”

But Pope also is a patient at University of Chicago Medicine, and grateful to Christopher Chapman, MD, of the Digestive Diseases Center. Pope credits his recent weight loss surgery for allowing him to perform his critical work at a healthier weight.

Arthur Pope started considering weight loss options in medical school, when he added 50 pounds to his already larger frame, reaching 290 pounds. He researched a procedure known as endoscopic sleeve gastroplasty, or ESG, in which sutures are place on the inside of the stomach to reduce the size and volume of the stomach by sixty to seventy percent.

In 2018, he was ready to make a change. Dr. Chapman reviewed his case and recommended ESG. Dr. Pope was happy to learn that his insurance would cover the cost of the procedure, and that the recovery time would be just a few days—very important given his demanding school and on-call schedule. After a short recovery, he was back at the hospital, and a few weeks later, he began to see the weight come off. Following the surgery, Pope met with Dr. Chapman regularly, and also with dietitian Courtney Schuchmann who provided nutrition advice to help support his weight loss and overall health. Dr. Pope ultimately lost around 60 pounds, and has kept it off for two years.

Pope explains, “I was just happy to be able to get on a bike and ride without my knees hurting. It feels good to be able to walk around and not have the extra weight on me. That’s been great. And it felt good to do something now, when I’m in my thirties, to help me stay healthy for as long as I can, because I know it’s not going to get any easier.”

Next year, Pope will travel to Philadelphia to start work as an attending physician in emergency medicine at the University of Pennsylvania. Dr. Pope is happy to be doing what he loves—taking care of patients. Says Pope of his surgery, “I think it just gave me a new confidence and a new lease on life. It has taught me how to eat better and take care of myself. I’m really happy I did it.”

Dr. Pope is more than willing to discuss his experiences with ESG, explaining, “Healthy means something different to everyone. I think, as a physician, it’s important for me to say, this is nothing to be ashamed of. Sometimes everyone needs a little help, and that’s okay.”
The tragic death from colon cancer of beloved actor Chadwick Boseman, 43—best known for portraying the iconic Black Panther character in Marvel movies—shocked and saddened the world. Colon cancer remains one of the leading causes of cancer-related death in the United States and worldwide. For many, Boseman’s passing was a reminder of the importance of colon cancer screening and early detection.

One of the most important tools for screening for colon cancer is colonoscopy. While the procedure itself is typically done under sedation with relative ease and comfort, some patients find preparation for a colonoscopy unpleasant and difficult, not to mention complicated. Preparation requires coordination with the procedure team and gastroenterologist, all while managing life at home.

Neil Sengupta, MD, gastroenterologist and Assistant Professor of Medicine of the University of Chicago is interested in how physicians can improve delivery of this important care and make the patient experience easier to tolerate.

He explains, “In order to benefit from colon cancer screening, a patient needs to have a high-quality screening examination. There are three variables that determine a high-quality colonoscopy. First, patients need to schedule and come in for their procedure. Endoscopy units have staggeringly high “no-show” rates, which leads to missed opportunities to screen patients. Second, patients need to have a good quality bowel preparation. In order for providers to visualize polyps at the time of colonoscopy, the bowel needs to be cleansed with a laxative, and there’s a good amount of evidence that shows the better the quality of the cleanout, the better the chance a doctor has to find polyps and reduce the risk of colon cancer. Third, a patient’s procedure needs to be performed by a provider very skilled in endoscopy.”

Sengupta and his colleagues use a variety of strategies to improve all three components of colonoscopy quality. To reduce attrition at patient appointments and improve preparation, the UChicago Digestive Diseases team is investigating novel outreach methods to reach patients and guide them through every step of their procedure.

“We’ve traditionally relied on paper handouts and nurses making phone calls to describe how to take a bowel preparation and when to arrive for the procedure,” Sengupta explained. “We are currently actively investigating novel outreach methods to reach patients to guide them through every step of their colonoscopy. For example, we’re using text messages: we enroll patients who are scheduled for a colonoscopy, and we text them through every step of the process. We tell them what bowel preparation to use, when to arrive for their procedure, when to take the first half of their preparation, when to take the second half, and so on. Upgrading these methods of communication can support patients to improve their outcomes and make it their appointments.”

To improve the skill of providers at detecting cancer, researchers need data to establish baselines. The adenoma detection rate (ADR) is the percentage of time a provider finds a precancerous polyp at the time of colonoscopy, and is an objective measure of an individual provider’s success in preventing colon cancer in the future. Sengupta explains that this is a critical, if labor-intensive way to measure quality, because it involves communication across different software programs and extensive documentation.

Says Sengupta, “Through the support of GIRF, we now have the resources to track this for our providers, and actually determine how well we are doing at preventing colon cancer to save lives—always our ultimate goal.”
Bariatric endoscopy, a promising new area for GI research and treatment, benefits patients seeking significant weight loss who do not meet the criteria for more permanent bariatric surgery. It can dramatically change the lives of patients struggling to achieve and maintain significant weight loss.

In 2016, Christopher Chapman, MD, Assistant Professor of Medicine at the University of Chicago Digestive Diseases Center, helped establish the new multidisciplinary Bariatric and Metabolic Endoscopy program at the University of Chicago Medicine. There, he and his colleagues introduced bariatric endoscopy as a first line treatment for obesity.

“Bariatric endoscopy addresses an important gap in treatment options for obesity,” explains Chapman. “Bariatric surgery is only approved for patients with a BMI over 40, or over 35 with comorbidities. But any person with a BMI of 30 is considered obese, and they have fewer treatment options even despite having significant associated health concerns. If someone needs to lose forty to sixty excess pounds to improve their health, a bariatric endoscopy procedure can be a good, less invasive option for them.”

Bariatric endoscopy includes three specific procedures: intragastric balloons, endoscopic sleeve gastroplasty (ESG), and aspiration therapy.

Intragastric balloons are a reversible endoscopic procedure wherein a physician places a fluid- or gas-filled balloon into a patient’s stomach for approximately six months, after which it is removed. The balloon causes patients to feel full more quickly when eating, and to eat less. Combined with diet and lifestyle changes that continue following the removal of the balloon, patients can achieve significant long-term weight loss with this therapy.

In endoscopic sleeve gastroplasty (ESG), a physician uses an endoscopic suturing device on the inside of the stomach to reduce the size and volume of the stomach by sixty to seventy percent. This size restriction helps patients feel full faster and eat less. Patients who undergo ESG tend to lose on average 15-20% of their total body weight, and can maintain the loss for years.

“We are the only medical center in Chicago doing this,” adds Chapman, “And we have had great success. I am hopeful we can expand in the future to help more people on their weight loss journeys.”

In aspiration therapy, a gastrostomy tube is placed through a patient’s skin into the stomach. Approximately thirty minutes after eating, the patient uses the tube to flush their stomach with water, and empty the contents, thereby absorbing fewer calories and nutrients. Patients who undergo aspiration therapy achieve significant weight loss. It’s the only endoscopic procedure that is FDA approved for a patient with a BMI up to 55, and it leads to significant weight loss.

Chapman and his colleagues continue to pursue needed research on bariatric endoscopy. While some of these procedures are considered investigational, and therefore elective procedures, they have strong safety records. But more research is still needed to understand the mechanisms of weight loss. With Eugene B. Chang, MD, Professor of Medicine at the University of Chicago Digestive Diseases Center and others, Chapman explores the role of the microbiome in these procedures, sampling patients’ microbiota prior to the intervention and then again six months to a year later. Chapman and colleagues are also conducting a large, multi-site randomized study on the efficacy and durability of the ESG procedure over time.

Chapman is optimistic about his research. He explains, “This multi-center study is the most rigorous study to date on the use of ESG for weight loss. I fully predict that this study will show it is an effective, durable option for patients interested in significant weight loss. For some patients, this sort weight loss can mean improved mobility or living with less pain. It can also open up treatment options for other conditions, or lead to better outcomes for other needed medical treatments over time.”
“I TELL EVERYONE—GET TESTED! DON’T WAIT.”

Patient Spotlight: Ferial Jackson

“I thought it was the end of the world,” says Ferial Jackson of her diagnosis of colon cancer in the Spring of 2019. After unexplained symptoms of stomach and bowel pain, Ms. Jackson followed up on her primary care doctor’s recommendation, and saw gastroenterologist Neil Sengupta, MD, Assistant Professor of Medicine at the University of Chicago Medicine Digestive Diseases Center. After a colonoscopy, Dr. Sengupta diagnosed Ms. Jackson with colon cancer, and recommended her for surgery right away.

A year and a half later, Ms. Jackson is now in remission thanks to colon cancer screening conducted by Dr. Sengupta, and non-invasive surgery performed by Konstantin Umanskiy, MD, Associate Professor of Surgery at the University of Chicago Medicine Digestive Diseases Center.

“I’ve been blessed. I am so blessed. I had a team at the University, they helped me going into it, and coming out of it, all the way up until today… And they say I look fantastic! Dr. Umanskiy was wonderful. I went to see him this past week, and he was very impressed with how I’ve healed,” said Ms. Jackson.

Following her surgery, Ms. Jackson needed no additional treatment—no chemotherapy, no radiation. When Dr. Sengupta learned of her family history—her grandfather, two uncles, an aunt all had colon cancer—he recommended that she participate in clinical research to help understand the genetic bases of colon cancer, including Lynch syndrome and MUTYH-associated adenomatous polyposis, or MAP.

Today, Ms. Jackson is back to her normal routines and her regular self. But her journey didn’t end there – now she is on a mission to make sure that her friends and neighbors get tested and screened for colon cancer, and to help those in her community live longer, healthier lives.

“I started investigating, talking to other relatives, and it worked out good. This year, two of my brothers and my son had their colons tested already… I talk to a lot of people about colon cancer. My friends, my family – and I tell them some of the symptoms I was having, and try to help people be aware, because a lot of people are scared.”

An ambassador for testing in her community, Ms. Jackson reaches out to everyone she can to help to spread the word about the importance of cancer testing and treatment, explaining, “Thirty years ago, it wasn’t like this, I tell everybody, see how far advanced medical science has come. My mother died from cancer at 46 and my sister died 51, and here I am a cancer survivor. I am so blessed.”

NEWS & ANNOUNCEMENTS

SAVE THE DATE
2021 GI Research Foundation Ball
SATURDAY, MAY 1, 2021
More information coming soon at girsearchfoundation.org.

ASSOCIATES BOARD NEWS
Campaign for Discovery
MOVING THE NEEDLE
Please join the GIRF Associates Board supporting the University of Chicago Medicine Digestive Diseases Center physician-scientists who are Moving the Needle towards revolutionary discoveries. The Associates Board supports emerging leaders in digestive disease research. More information at girresearchfoundation.org.

ABOUT THE GASTRO-INTESTINAL RESEARCH FOUNDATION:
A non-profit dedicated to raising funds to support the physicians and scientists at The University of Chicago Medicine Digestive Diseases Center in their efforts to provide outstanding care, train future leaders and perform innovative clinical and laboratory research in order to treat, cure and prevent digestive diseases.

THE UNIVERSITY OF CHICAGO DIGESTIVE DISEASES CENTER
is a collaborative, multidisciplinary network of physicians, researchers, and allied health professionals who share a legacy of innovation and a common purpose: to improve the lives of patients who suffer from digestive diseases.

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