



The Ohio State University Medical Center

update

Creating the Future of Medicine to Improve People's Lives

Integration of Non-Traditional Medicine

For physicians with patients who are not responding to traditional medical approaches, there are evidence-based, patient-centered approaches to integrative health care that can now be considered.

Integrative Medicine - a new discipline that combines traditional Western medicine with complementary modalities such as nutrigenomics, whole alternative medical systems, mind-body medicine, biologically based practices, manipulative/body-based practices, and energy medicine - may make a difference, particularly for patients suffering from such chronic conditions as fatigue, pain, headaches, PMS or other conditions that often do not respond well to conventional medical treatment.



Glen Aukerman, MD

At the OSU Center for Integrative Medicine, we offer a diverse range of healthcare and education services not often provided in traditional medical centers. Modalities provided are recognized by the National Institutes of Health's National Center for Complementary and Alternative Medicine (NIH NCCAM). We are committed to integrating all facets of care into a comprehensive and personalized plan for each patient, ensuring that close communication is maintained with each patient's primary care physician.

Today, Internet-savvy patients are likely to ask their physicians about, suggest or even demand non-traditional, integrative approaches. A recent study by the NIH NCCAM and the Centers for Disease Control and Prevention's National Center for Health Statistics reported that 36 percent of American adults use some form of complementary, alternative or integrative medicine.

I invite you to contact me to discuss any aspect of our services that you believe may relate to your patients, or to visit our Center to learn more about our work.

I look forward to hearing from you.

Glen Aukerman, MD

Medical Director
OSU Center for Integrative Medicine
Director, Division of Integrative Medicine
Department of Family Medicine

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July/August 2008

Personalized Health Care Offers Revolutionary Approach

“Envision the day when primary care physicians routinely send their patients for a genome scan before any medications are started. This is the future of personalized health care, a revolutionary approach to maintaining health and treating disease,” says Daniel Sedmak, MD, executive director of the OSU Center for Personalized Health Care.

Personalized health care, described as personalized, predictive, preventive and participatory, is grounded in the understanding that each individual is genetically unique. Genetics also are considered within the context of an individual’s behavioral and environmental characteristics. In the words of U.S. Department of Health and Human Services Director Michael Leavitt, “Increasingly, [personalized health care] will give us the ability to deliver the right treatment to the right patient at the right time – every time.”

An individual’s genetic code governs the manner in which that person’s body heals wounds, handles bacterial and viral infections, and deals with stress. According to

polymorphisms. Complete gene sequencing for individuals is not yet practical, but scientists anticipate that future technology will enable such sequencing in a rapid, accurate and inexpensive fashion.

“With personalized health care comes the ability to assess and predict one’s risk of developing disease. This allows pre-emptive actions to be taken, such as lifestyle changes or preventive medications and therapies,” Sedmak adds.

Disease-specific genome associations are being uncovered for breast cancer, cardiovascular disorders, diabetes, chronic lung disease and depression, among other health conditions.

“The promise of personalized health care is profound,” Sedmak says. “It will be a world in which healthcare professionals promote preventive measures and prescribe treatments based on an individual’s unique genetic



Daniel Sedmak, MD

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Daniel Sedmak, MD

Sedmak, all people respond in slightly different ways and, in a related fashion, all have personal profiles for risk of developing particular diseases, including cardiovascular disorders, dementia, lung disease or cancer.

“Personalized health care is emerging as a result of the recent sequencing of the human genome and advances in DNA sequencing technology and biomedical informatics,” Sedmak says.

The Human Genome Project, coordinated by the U.S. Department of Energy and the National Institutes of Health, finished mapping the entire human genome in 2003. Most currently available testing for disease susceptibility or drug metabolism involves limited gene sequencing that focuses on defined locations in the human genome and on variations in genes known as single nucleotide

characteristics. It will also be a world in which people have the opportunity to take control of their own health by understanding their predisposition to disease.

“Already there are several private companies offering DNA analysis and disease predilections directly to consumers. Knowledge gleaned from pharmacogenomics will enable pharmaceutical companies to develop individualized drugs and create tests that will allow the prediction and prevention of adverse drug reactions.”

For more information, see:
<http://www.cphc.osu.edu/>



news briefs

NIH Grant to Boost Translational Research

Ohio State's Medical Center has joined a national consortium of institutions funded by the National Institutes of Health (NIH) to transform clinical and translational research. After months of preparation and an extensive review process, medical researchers at Ohio State, in partnership with Nationwide Children's Hospital, have received a \$34.13 million Clinical and Translational Science Award (CTRA) from the NIH to create a center for developing clinical and translational protocols that identify and advance treatments for patients. The new Ohio State University Center for Clinical and Translational Science (CCTS) is directed by Rebecca Jackson, MD. The CCTS will provide support services to Ohio State researchers and foster collaboration with other medical centers that are members of the CTSA Consortium.

For more information or to contact Dr. Jackson, call (800) 293-5123.

Grant to Boost Biomedical Imaging in Ohio

The Ohio Third Frontier Commission has recommended \$24.87 million in grant funding that will enable Ohio State and its academic, industrial and healthcare partners to develop a network of biomedical imaging excellence. The money will enable Ohio State, in partnership with Case Western Reserve University and Wright State University, to join with nine industrial or healthcare partners in the new Ohio Imaging Research and Innovation Network. The

Network, which will build on the Wright Center of Innovation in Biomedical Structural, Functional and Molecular Imaging previously funded by Third Frontier money at Ohio State, will create a statewide cluster in healthcare imaging technology that covers a regional diversity in the state.

For more information, contact Michael Knopp, MD, PhD, or Robert McKenney, PhD, at (614) 293-7165.

OSU Medical Center Performs First U.S. Implant of Heart Device

A patient at Ohio State's Medical Center recently became the first person in the United States, and only the 16th worldwide, to receive an implant that improves the heart's pumping action and helps manage congestive heart failure symptoms. As part of a multicenter trial, the study device, which looks like a parachute turned inside out, was placed in the damaged portion of the heart's pumping chamber to partition off its inefficient part. The device can be implanted via a small incision in the patient's leg artery without need for general anesthesia or open heart surgery. Most patients are discharged the next day.

For more information or to contact Ernest Mazzaferri, MD, who implanted the device, call (800) 293-5123.



Ernest Mazzaferri, MD



research highlights

Doctors Target Multiple Facets of Pancreatic Tumors

Researchers at Ohio State's James Cancer Hospital and Solove Research Institute are treating pancreatic cancer patients with multiple novel strategies, including a combination therapy on a clinical study designed to choke off a tumor's blood supply. "For many patients, we are already seeing significant improvements in survival and, more importantly, in quality of life," says Tanios Bekaii-Saab, MD, a researcher at Ohio State's Comprehensive Cancer Center who is leading several clinical trials for treating pancreatic cancer. Oncologists at Ohio State are using combinations of drugs that target the tumor and its microenvironment, including starving blood flow to tumors.

For more information or to contact Dr. Bekaii-Saab, call (800) 293-5066.

Going High-Tech with Sports Medicine Research

High-speed cameras, 3-D motion-tracking computers and strategically placed reflectors are helping researchers at Ohio State's Sports Medicine Center analyze subtle movements that give clues about why some athletes are at greater risk for injury. Ajit Chaudhari, PhD, oversees the new biomechanics laboratory, which simulates real-life sports environments and includes a pitcher's mound, golf tee box, batting cage and running track. "By understanding motions and loads, we can identify athletes at greater risk of injury or disease and assure that our training and treatments are effective," Chaudhari says. Research participants are being accepted.

To learn more, e-mail research@sportsmedicine.osu.edu or call (614) 293-2246.

Signature Program Update: Transplantation

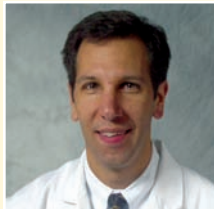
As one of six "Signature Programs" at The Ohio State University Medical Center, Transplantation is designated to provide patient care and support of research based on each individual's unique biology, behavior and environment.



Ronald Ferguson, MD, PhD

"Our goal is to collaborate across disciplines to shape the future of transplantation and organ replacement by creating, disseminating and applying new knowledge, and by personalizing transplant care to meet the needs of each individual," says Ronald Ferguson, MD, PhD, director of the OSU Comprehensive Transplant Center and a physician/scientist leader of the Transplant Signature Program.

"We also collaborate closely with primary care physicians in the management of their patients who have undergone solid organ transplant. This is an important part of what we do, because unfortunately when transplant patients are plagued by common problems, it's usually not a commonplace circumstance for them," Ferguson says. "Through our commitment to communication and education, we work with physicians in the community to provide expertise for compromised patients."



Todd Pesavento, MD

For example, Todd Pesavento, MD, who heads Ohio State's Transplant Nephrology Program, works closely with primary care and family physicians as he follows more than 3,000 kidney-transplant patients throughout Ohio. Patients who regularly return to the Transplant

Nephrology Clinic range from those who had their transplant only months ago to some who had theirs 25 years ago.

"Nearly half of our patients have diabetes, and the majority have hypertension and lipid disorders as well, so successful caring for transplant patients must be a joint effort between family physicians and the transplant physician," notes Pesavento, who also is deputy director of the OSU Comprehensive Transplant Center.

Research Focus

Current transplant research programs at Ohio State, which collectively have generated more than \$19 million



in research funding, include transplant immunobiology, bioengineering, tissue engineering, experimental therapeutics, experimental histopathology, bioinformatics and basic science projects.

"Transplant researchers at OSUMC collaborate with other programmatic areas, including genetics, behavioral medicine, bioinformatics and infectious diseases, to develop program projects and lead specific transplantation initiatives in an environment of personalized health care with the objective of improving people's lives," Ferguson adds.

Education is Key

"In addition, we are developing an integrated, collaborative transplant education program that encompasses innovative education for transplant professionals, other medical professionals, patients and families, and the lay public," Ferguson notes.

The Transplant Signature Program is training the next generation of transplant specialists for academic careers through transplant fellowships in nephrology, pulmonary, heart failure, hepatology, infectious diseases, internal medicine and cardiothoracic surgery, as well as the development of transplant nurse practitioner and pharmacy residency programs. Continuing Medical Education is available through the OSU Center for Continuing Medical Education, which can be reached at **(614) 293-3576** or ccme@osu.edu.

Clinical Trials, New Technology Drive Brain Tumor Treatment

The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute brings together a team of multidisciplinary neuro-oncology experts to give patients the benefit of the latest knowledge and techniques in treating benign and malignant tumors.

"Our team works collaboratively to evaluate each patient's unique characteristics and determine the best options with the best available data," says E. Antonio Chiocca, MD, PhD, who holds the Dardinger Family Endowed Chair in Oncological Neurosurgery and co-directs, along with Herbert Newton, MD (see sidebar), the Dardinger Neuro-Oncology Center at Ohio State.

Because these experts subspecialize in brain tumors, they understand the nuances of particular tumors, are current with literature, and lead and participate in clinical trials that offer innovative treatments.

The National Institutes of Health has awarded Chiocca

more than \$1.5 million for his investigation into gene therapy. "Basically, gene therapy is vaccination for newly diagnosed glioblastoma," says Chiocca, who also chairs the Department of Neurological Surgery in Ohio State's College of Medicine. "In one trial we are injecting the tumor with a gene that stimulates the patient's immune cells to destroy remaining cancer." The study is now in phase IIA testing; 19 patients have been treated, with promising results.

Another promising trial is led by neuro-oncologist Robert Cavaliere, MD, who is investigating sunitinib, an oral medication that targets abnormalities that drive the formation and progression of malignant gliomas. This multicenter trial, funded by the National Cancer Institute, also is in phase II and is accruing patients.

"Our main concern is quality of life for our patients," Cavaliere asserts. "We are focused on

personalizing treatment for each patient, which is why relationships with primary care physicians come to the fore. They are the ones who best know their patients and share our interest in the whole patient, including physical, spiritual and emotional well-being."

Radiation oncologist Simon Lo, MD, an associate professor of Radiation Medicine and Neurosurgery, provides radiation therapy to treat tumors of the brain and spine.

"As a multidisciplinary team, we meet weekly along with pathologists to discuss and evaluate all aspects of patient care, including clinical, pathology and diagnostic studies to determine the best plan of action for each patient," Lo says.



Simon Lo, MD

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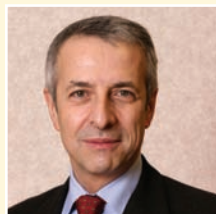
Simon Lo, MD



E. Antonio Chiocca, MD, PhD



Robert Cavaliere, MD



Mario Ammirati, MD

Surgical Solutions

Physicians at Ohio State also use Peacock Stereotactic Radiotherapy, a method that focuses treatment on a precisely selected area, allowing neurosurgeons to care for patients whose brain tumors were once considered inoperable. To date, more than 100 patients have been treated stereotactically by neurosurgeon Mario Ammirati, MD.

"The Peacock system - which is used for all brain tumors but does particularly well with meningiomas, brain metastases, pituitary lesions and benign acoustic tumors - guides and shapes radiation to destroy the tumor," Ammirati explains. "Radiation delivery is extremely precise with this system."

Ammirati is also an expert in non-invasive/minimally invasive neurosurgical techniques such as gamma knife radiosurgery, as well as fractionated stereotactic radiotherapy.

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The James is one of only a few central Ohio facilities to offer gamma knife surgery; the hospital has treated nearly 1,000 individuals to date.

Chiocca points out that, not many years ago, many brain tumors were considered inoperable because they were located in the eloquent brain. Today, with advances in neuroanesthesia, these concerns are blunted.

"Our team includes neuroanesthetist Serge Bergese, MD, who is very adept in awake-anesthesia management," Chiocca says. "Surgeons are able to talk with the patient during surgery to ascertain motor function and speech areas of the brain because of Dr. Bergese's skill. This is one more example of the specialized focus of our team and what makes us unique in central Ohio.

"We invite primary care physicians to contact us for referral or to simply discuss a case or elaborate on our research," he adds. **For more information or to contact Dr. Chiocca, call (800) 293-5066.**

A Pill for Cancer

After weeks of suffering with debilitating dizziness, vomiting and massive headaches, a 31-year-old white female patient was diagnosed with an advanced malignant brain tumor that was doubling in size every few weeks.

She was given traditional chemotherapy and radiation for only six weeks following surgery to remove an orange-sized advanced glioblastoma multiforme (GBM) grade 4 astrocytoma from her right frontal lobe. Then, physicians at Ohio State tried something new: a high-dose regimen of oral chemotherapy for two years. For five days each month, the patient took several chemotherapy pills at her home. Today, her X-rays show no cancer, and she has lived more than three years past the predicted survival rate for someone with her diagnosis.

"People have tried treating brain tumors using these kinds of chemo-radiation combinations for decades, but it has never worked until this new drug, temozolomide, which

interferes with cell growth and has been shown to reduce the size of the tumor in some patients," says neuro-oncologist Herbert Newton, MD, a professor of Neurology and Oncology and co-director of the Dardinger Neuro-Oncology Center at Ohio State.



Herbert Newton, MD

Newton says GBM is among the most aggressive of brain tumors; the usual survival for patients with this malignancy is only 12 months. He says the symptoms – headaches, confusion, memory changes, focal signs such as weakness, gait difficulty and trouble with speech – could easily be confused with a stroke or migraine. Newton urges primary care physicians who are suspicious to order an MRI scan with and without contrast.

"Fatigue is a common side effect of temozolomide, which is why we partner with primary care physicians to follow patients' hematological parameters carefully. It's also important that the family physician is involved to help us screen for general things – for example, is it really a cold or is it a chemo reaction? – and to be involved in ongoing care," says Newton, who also holds the Esther Dardinger Endowed Chair in Neuro-Oncology.

Newton and colleagues at Ohio State are investigating the boundaries of a 2005 study published in the *New England Journal of Medicine* that reported the two-year survival rate more than doubled for patients who received the oral regimen for six months following traditional chemotherapy and radiation therapy. "Now we are trying to see how well-tolerated it will be in more aggressive doses," he says. "We've already proven functional survival and are pushing the two-year survival rate of 10 percent to 26 percent."

For more information or to contact Dr. Newton, call (800) 293-5066.



Stephen Rose, MD

To contact this physician, please call OSU Care Connection at 1-800-293-5123.

Specialty:
Orthopedics

Clinical interests:
Orthopedics with an emphasis on the upper extremities

Residency:
Brooke Army Medical Center,
San Antonio

Fellowship:
Walter Reed Army Medical Center,
Washington, D.C.

new
FACES

Quick Access, Specialty Services Hallmarks of OSU Lung Center

Our main focus in working with primary care physicians is to provide fast, convenient access for patients who are referred for subspecialty care or a second opinion," says Karen Wood, MD, medical director of the OSU Lung Center.

The Lung Center houses the outpatient offices for Ohio State's Division of Pulmonary, Allergy, Critical Care and Sleep Medicine. "With 30 faculty physicians, 16 fellows and four nurse practitioners, we are able to offer timely appointments - often within one or two days of referral. Of course, we always welcome telephone consultations with primary care physicians," Wood adds.

In addition to providing general pulmonary care, including spirometry, allergy testing and shots, the Lung Center offers subspecialty care in sleep medicine, asthma, chronic obstructive pulmonary disease (COPD)/emphysema, pulmonary rehabilitation, pulmonary hypertension, advanced-stage lung disease, interstitial lung disease, immunosuppression and sardoidosis. When appropriate, patients may be offered participation in clinical trials (see below).

"Our offices at the Martha Morehouse Medical Plaza on Kenny Road are easy for patients to find and offer convenient free parking. The medical plaza has the advantage of on-site pulmonary function testing, laboratory services and radiology, including CT scans and CXR," Wood says.

The OSU Lung Center
2050 Kenny Road, 2nd Floor
Columbus, Ohio 43221

Appointments:

614 293-4925 - voice

614 293-5503 - fax

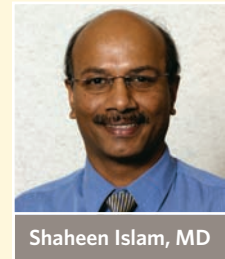
<http://internalmedicine.osu.edu/pulmonary/3801.cfm>



Karen Wood, MD

Innovation in Technology: Better Lung Cancer Diagnosis, Quicker Treatment

Approximately 213,000 people are diagnosed each year with lung cancer, the leading cause of cancer deaths in the United States. Some 85 percent of those diagnosed die within the first five years. Among significant factors for survival is early diagnosis.



Shaheen Islam, MD

An innovative bronchoscope that incorporates ultrasound technology allows specialists at The Ohio State University Medical Center to more effectively - and less invasively - diagnose the disease.

"Patients presenting with mediastinal lymph node enlargements are excellent candidates for this new technology," says Shaheen Islam, MD, an interventional pulmonologist and critical care specialist at Ohio State's Medical Center who began offering the new technique in January 2008.

Attached at the tip of the bronchoscope, an ultrasound probe identifies the location of cancerous masses, allowing for an accurate tissue sample biopsy under ultrasound guidance.

Traditional chest biopsies required a surgical procedure under general anesthesia; more recently, pulmonologists have been obtaining specimens by biopsy needle through a bronchoscope, but with no real-time guidance and only after the site of the tumor had been determined by reviewing a patient's CT or other diagnostic scan.

"Accurate staging, along with diagnosis of lung cancer, now can be done without any surgical procedures in 85 percent to 90 percent of cases," Islam explains. "In addition, because it can be accomplished as an outpatient procedure with minimal, conscious sedation, patients have to undergo less invasive procedures." **For more information or to contact Dr. Islam, call (800) 293-5123.**

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Aspiration of the aorto-pulmonary window (station 4L) lymph node under direct visualization with ultrasound.
Note the pulmonary artery at the lower left corner.

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Lung Volume Reduction Surgery Benefits Emphysema Patients

"LVRS (Lung Volume Reduction Surgery) results in an improved quality of life, as well as an increased survival benefit, for certain groups of patients with severe emphysema," says Patrick Ross, MD, PhD, associate professor of Surgery at Ohio State who specializes in thoracic surgery.

"LVRS has been shown to effectively alleviate symptoms of pulmonary emphysema by removing 25 percent to 30 percent of the most damaged portions of the lung from each side," Ross notes. "We usually are able to perform this with minimally invasive thoracoscopic techniques." The LVRS procedure allows remaining, less-diseased lung tissue to function better and contributes to a decrease in the sensation of breathlessness.

Patients are evaluated for LVRS by a multidisciplinary team. Patients who are candidates complete a pulmonary rehabilitation program prior to surgery. Hospitalized seven to 10 days, patients complete a six-to-eight-week postsurgery rehabilitation program and then receive follow-up care from their primary care or family physician, with annual visits to the Ohio State team.

The Ohio State University Medical Center's LVRS program, which was developed in 1995 by Ross and Philip Diaz, MD, is the first such program in the United States to be awarded a two-year certification of distinction by the Joint Commission.

Efficacy of Home Oxygen Therapy Studied

Researchers at The Ohio State University Medical Center are among scientists at 14 institutions across the country seeking to determine if patients with a moderate chronic obstructive pulmonary disease (COPD) are benefiting from home oxygen therapy.

"We are hoping to determine whether supplemental oxygen therapy at home will help patients with moderate COPD live longer, more active lives," says Philip Diaz, MD, a pulmonologist and principal investigator at Ohio State's Center for Critical Care and Respiratory Medicine.

The large, randomized clinical trial will enroll approximately 3,500 people with moderate COPD. Half of the patients will be selected to receive supplemental oxygen for three years. The remaining participants will not receive

oxygen therapy. The National Heart, Lung and Blood Institute of the National Institutes of Health, in conjunction with the Centers for Medicare & Medicaid Services, is supporting the six-year, \$28 million project.

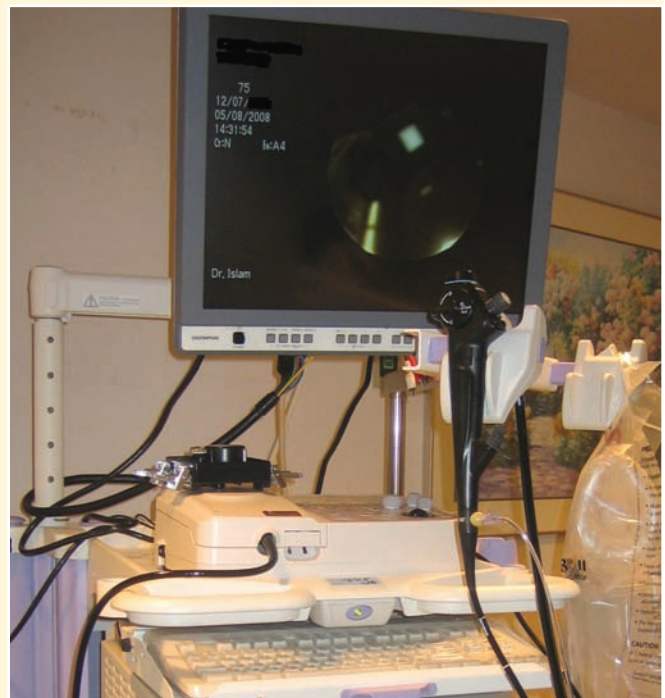
"Long-term oxygen treatment has been shown in other trials to substantially decrease mortality among patients with severe forms of the disease. We are hoping to find a survival benefit from supplemental oxygen in patients with moderate chronic obstructive pulmonary disease as well," says Diaz.

All participants in the clinical trial will be monitored periodically. Those who were not initially selected to receive oxygen will be prescribed oxygen treatment if their blood oxygen levels worsen throughout the trial. "Also, this research should verify oxygen efficacy for outcomes other than survival and clarify which patients are most likely to derive the benefits," adds Diaz.

Although COPD is the fourth-leading cause of death in the United States, affecting 12 million adults, only about 1 million patients receive supplemental oxygen treatment. This study will help determine if Medicare will extend coverage for home oxygen treatment for such patients. Currently, Medicare limits coverage to only those severely affected by the disease.

This study is just one example of the many investigations under way through the OSU Pulmonary Clinical Trials office. **For more information or to contact Dr. Diaz, call (800) 293-5123.**

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Common IP procedures done at OSU

Interventional Pulmonary Procedures

- Rigid bronchoscopy
- Advanced flexible bronchoscopy
- Endobronchial brachytherapy
- Autofluorescence bronchoscopy
- Airway stent placement (all available stents including silicone and metallic stents using rigid bronchoscopy)
- Percutaneous tracheostomy
- Trans-tracheal oxygen therapy
- Pleuroscopy with pleural biopsy and pleurodesis
- Indwelling tunneled pleural catheter (Pleurx) placement
- Endobronchial drainage of lung abscess
- Ultrasound: Endobronchial and transthoracic

Diagnostic procedures

- Transbronchial needle aspiration (TBNA) of lung masses or mediastinal lymph nodes
- Endobronchial ultrasound guided needle aspiration of lung masses or mediastinal lymph nodes
- Autofluorescence bronchoscopy to diagnose premalignant conditions or for surveillance
- Diagnostic bronchoscopy with transbronchial biopsy, brushing, BAL, etc.
- Pleural biopsy with pleuroscopy

Therapeutic modalities

- Cryotherapy
- Argon plasma Coagulation
- Nd-YAG laser
- Electrocautery
- Balloon dilation
- Stent placement
- Pleuroscopy with pleurodesis
- Endobronchial brachytherapy

Therapeutic Applications

- Endobronchial tumor debulking and stent placement
- Management of
 - *Benign and malignant tracheal stenosis*
 - *Tracheomalacia*
 - *Tracheo-esophageal fistula*
 - *Malignant or chronic pleural effusion*
- Trans tracheal oxygen therapy
- Percutaneous Tracheostomy
- Foreign body removal
- Stent removal

Other Procedures

- Management of tracheostomy and chronic respiratory failure



Patrick Ross, MD, PhD



Philip Diaz, MD

new
FACES

To contact this physician, please call OSU Care Connection at 1-800-293-5123.

Specialty:
Urology

Clinical interests:
genitourinary malignancies, including bladder, prostate, kidney and testis cancers, as well as minimally invasive laparoscopic and robotic surgical techniques

Ahmad Shabsigh, MD

Residencies:
Columbia-Presbyterian
Medical Center, New York

Fellowship:
Memorial Sloan-Kettering
Cancer Center

