

# One Thousand One

THE MAGAZINE OF NEBRASKA MEDICINE

2016



EVERY  
BREATH  
COUNTS

LUNG TRANSPLANT

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# OneThousandOne

OneThousandOne represents the amount of time, verbally, that it takes to count to one second. In this one second of time, a great thing happened at Nebraska Medicine. In fact, several great things probably happened. A patient was cured, a researcher found the missing link, a nurse treated an injury, a doctor comforted a family or maybe a child just smiled.

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## COVER STORY

### Every Breath Counts — Lung Transplant

The only one of its kind in the region, the Nebraska Medicine Lung Transplant Program, which launched in January 2015, provides patients with end-stage lung disease or those who need a lung transplant, with expert care close to home.



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Nebraska Medicine is the most esteemed academic medical center in the region offering exceptional patient care combined with innovative research and education. Our organization includes two hospitals, more than 1,000 physicians and 676 licensed hospital beds in addition to approximately 40 specialty and primary care clinics in Omaha and the surrounding area. Nebraska Medicine has an international reputation for solid organ transplantation and is known nationally and regionally for oncology, neurological sciences and cardiology programs. *U.S. News & World Report* ranked Nebraska Medicine as the top hospital in the state in its 2016-2017 list of Best Hospitals and *Becker's Hospital Review* named Nebraska Medicine to the 2016 edition of "100 Great Hospitals in America."

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EVERY  
breath  
COUNTS

**It started as a nagging cough.** A week turned into a month and a month into two months. And still the cough did not go away. That's when Donna Jacobsen of Winside, Nebraska, decided it was time to see a doctor. Her doctor told her that he thought she might have pulmonary fibrosis. Jacobsen was so thankful to hear that it wasn't cancer, she went home and didn't think much more about it.

Until she got a second opinion.



DONNA JACOBSEN

Her local doctor referred her to a pulmonologist in Sioux City, Iowa, who did a lung biopsy to confirm the diagnosis. “You probably have three years to live,” he told the 63-year-old Jacobsen.

“That’s when it hit me as to how serious this was,” says Jacobsen. He sent her to Nebraska Medicine pulmonologist Austin Thompson, MD, for another opinion. Dr. Thompson confirmed the diagnosis.

He also helped allay her fears. “Statistics don’t mean a lot,” he said. “Everyone is different.” Maybe the disease wouldn’t progress as quickly for her, he said.

Dr. Thompson put her on a drug that slows the progression of the disease. But after two years, Jacobsen’s condition had worsened significantly. Her doctor told her he heard Nebraska Medicine was starting a lung transplant program, but he wanted to do some research about the program first. After he met with Heather Strah, MD, pulmonary and critical care specialist and medical director of the Nebraska Medicine Lung Transplant Program, he was convinced. This is where Jacobsen needed to be.

Jacobsen scheduled an appointment with Dr. Strah in June 2015. Dr. Strah said Jacobsen would definitely be a candidate, but the program was still waiting to be accredited. The nearest lung transplant programs were several hundred miles away. Rather than going to another medical center, Jacobsen opted to wait it out so she could stay in Nebraska and be closer to home.

When the program was accredited in November 2015, Jacobsen was the first person to be put on the lung transplant organ waiting list. Her condition had declined rapidly over the summer. She was now on 24-hour oxygen, was growing weaker, had no appetite and felt tired and exhausted most of the time.

The holidays were rough that year. Depression began to set in. Jacobsen felt like she was just going through the motions. “There were times when I didn’t think I was going to make it,” she says. “I would ask myself, ‘Is this worth it,’ but Randy (husband) kept pushing me. And then I would see my kids and my grandchildren and I knew I had to keep fighting. Randy had to do everything. I could barely take care of myself.”

On Jan. 25, Jacobsen got the call. A donor lung was available. The Jacobsens grabbed their pre-packed bags and within 15 minutes, the couple was in the car making the 2 1/2 hour trek to Omaha.

“IT FELT  
WONDERFUL.  
I FELT LIKE  
I WAS ALIVE  
AGAIN.”

**Donna Jacobsen**

Fast forward three months later.

Donning T-shirts imprinted with the phrase “Make Every Breath Count,” Jacobsen, her husband Randy and 14 members of her family celebrated as Jacobsen completed the most important mile of her life.

As part of the final sign-off to completing the post-lung transplant rehab program, Jacobsen had to walk one mile in less than 30 minutes. She decided to participate in the Donate Life Nebraska 5K Run and Heroes’ Walk on April 16.

“It felt wonderful,” recalls Jacobsen. “I felt like I was alive again. I had actually walked a mile several times already in rehab before this, but this one was for them.”

Just short of three months after her lung transplant on Jan. 26, Jacobsen headed home with Randy to their acreage in Winside. “Now I have a new birthday,” says Jacobsen. “It feels so good to not be pulling oxygen with me everywhere I go and to be sucking for every breath of air.”



HEATHER STRAH, MD



MICHAEL MOULTON, MD



ALEEM SIDDIQUE, MD

## "THE ADDITION OF LUNG TRANSPLANTATION TO NEBRASKA MEDICINE'S ALREADY ELITE SOLID ORGAN TRANSPLANT PROGRAM ELEVATES IT TO THE HIGHEST LEVEL IN THE COUNTRY."

**Heather Strah, MD**

The only one of its kind in the region, doctors with the Nebraska Medicine Lung Transplant Program performed six transplants in the first year and plan for an incremental increase leading up to 30 transplants a year. "There is definitely a need for a lung transplant program in this area," says Dr. Strah. "With the nearest programs being several hundred miles away, this creates a burden on the patient and family who must relocate for three months or more during the transplant process. Some patients are turned down because they are not able to relocate."

The Lung Transplant Program is one of several organ transplant programs available at Nebraska Medicine. The medical center is home to one of the most reputable and well-known organ transplant programs in the country, which features all solid organs. In the decades since the first transplant in 1970, its nationally and internationally renowned specialists have performed thousands of heart, liver, kidney, pancreas and intestinal transplants.

Other members of the lung transplant team include cardiothoracic surgeons Michael Moulton, MD, and Aleem Siddique, MD, surgical director of the Nebraska Medicine Lung Transplant Program.

"We are thrilled to offer this life-saving treatment," says Dr. Strah. "The addition of lung transplantation to Nebraska Medicine's already elite solid organ transplant program elevates it to the highest level in the country."

Dr. Strah joined the staff at Nebraska Medicine in 2015 to help launch the program. She completed medical school at the University of Iowa Carver College of Medicine in Iowa City. An internal medicine residency was completed at the University of Pittsburgh Medical Center and a pulmonary and critical care medicine fellowship at Washington University School of Medicine–Barnes Jewish Hospital. Both of these medical centers are leaders in lung transplantation. She also completed a post-doctoral research fellowship in immunology at Washington University School of Medicine. Washington University has one of the oldest lung transplant programs in the country and performs nearly 60 lung transplants annually. It was while Dr. Strah was training under Elbert Trulock, MD, director of Lung Transplant at Washington University, that she became interested in this specialty area. Dr. Trulock, who was involved in lung transplantation in the 1980s when lung transplant surgery was in its infancy, is considered a leader in lung transplantation.

"There were many leaders in lung transplantation at Washington University," says Dr. Strah. "It was an amazing experience to train under these individuals. I learned so much. It also really colored my perspective on patient care and what it means to be a doctor and how to take care of lung transplant patients. I worked with some very compassionate doctors and I decided then, this was the type of doctor I wanted to be."



HEATHER STRAH, MD

Dr. Strah manages the care of patients with end-stage lung disease and determines if and when they are candidates for a lung transplant. It's not an easy job.

"Determining if a patient is a candidate for lung transplantation is probably one of the hardest things I have to do," explains Dr. Strah. "You have to weigh the person's current quality of life with the risk of transplant survival. The hard part is that I can't guarantee a better or long life. But almost everyone is willing to take the risk. My job is to be the voice of reason. I need to tell patients all of the bad things that can happen if they were to receive a transplant. I need to also honor the donors and ensure their gift is well used."

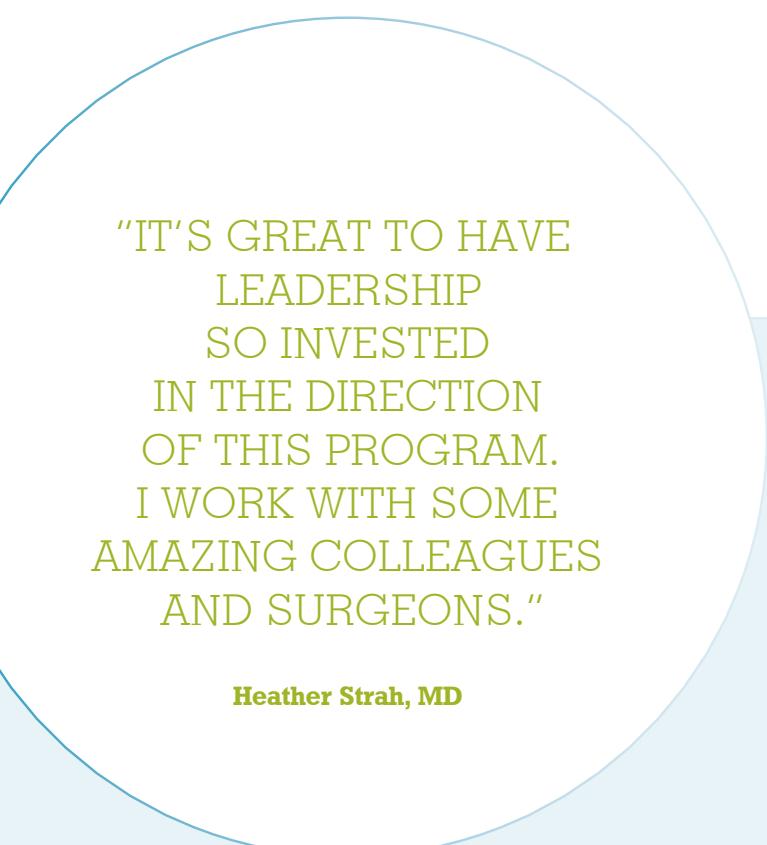
Lung transplants are generally reserved for individuals whose lung disease is in the most advanced stages and they are likely to die from their lung disease within one to two years despite maximal medical therapies, notes Dr. Strah. Some of the most common conditions that lead to the need for a lung transplant include severe chronic obstructive pulmonary disease (COPD), idiopathic pulmonary fibrosis, cystic fibrosis, alpha-1 antitrypsin deficiency and pulmonary hypertension. Good transplant candidates are in generally good health, other than their lung disease, and have a good support system.

While the success of lung transplants has improved slowly but steadily over the years, lung transplantation still poses several significant challenges.

Rejection and infection are the most common complications resulting from a lung transplant. "The lung is an immune organ itself," says Dr. Strah. "The immune system monitors the lungs very closely so it's more likely to realize it's a foreign object and attack it."

Another challenge is the limited availability of donor organs. Even among available donors, the lung is an organ that is particularly susceptible to injury; and therefore, it is more likely to be ruled out as suitable for a transplant, says Dr. Siddique, who performed Jacobsen's transplant. "The lung also needs to be matched in terms of both size and blood type, which adds additional challenges. Increasing awareness about organ donation should enable more people with end-stage disease to benefit from these life-saving organs."

Dr. Siddique was born and raised in Pakistan and completed medical school at the Aga Khan University Medical College in Karachi, Pakistan. He completed a research fellowship at Massachusetts General Hospital/Harvard Medical School in Boston, followed by a general surgery residency at the University of Texas Southwestern Medical Center in Dallas. A cardiothoracic surgery residency was completed at the University of Arizona Health Sciences Center in Tucson, Arizona, and finally a fellowship in cardiopulmonary transplantation and mechanical circulatory support at the Freeman Hospital in the United Kingdom.



**"IT'S GREAT TO HAVE  
LEADERSHIP  
SO INVESTED  
IN THE DIRECTION  
OF THIS PROGRAM.  
I WORK WITH SOME  
AMAZING COLLEAGUES  
AND SURGEONS."**

**Heather Strah, MD**

Dr. Siddique became interested in organ transplantation while doing his cardiothoracic surgery fellowship and training under Dr. Moulton, who was practicing at an Arizona hospital at the time. "I found it very rewarding because the change in the patients' lives is so dramatic and they are always so grateful," says Dr. Siddique.

While training in England, Dr. Siddique was contacted by Dr. Moulton who said he was in the process of starting the Nebraska Medicine Lung Transplant Program and was looking for a surgeon to lead the program. It was an opportunity Dr. Siddique couldn't pass up. "There is good leadership here and a great group of highly specialized physicians who help support the program. I knew it could easily become one of the best."

Approximately 1,800 transplants are done in the United States each year. Lung transplants are usually performed on patients ranging in age from 16 to 65. About 80 percent of lung transplant patients will live past the first year.

"Patients who survive their first year after transplant are typically expected to survive seven or eight years," says Dr. Strah. "But, there are lots of patients I follow who were transplanted 10, 15, 20 years ago and are still enjoying relatively good health. For those who have good outcomes, a lung transplant can be a life-changing experience. That's what we want for everyone. We want, more than anything else, to provide the best treatment possible for those who walk through our doors."

And Dr. Strah believes Nebraska Medicine has the structure and support in place to make that happen. "Nebraska Medicine has been amazing," she says. "It's great to have leadership so invested in the direction of this program. I work with some amazing colleagues and surgeons. The entire leadership and staff is really invested in making sure this program is successful."

It's a profession that comes with many rewards, says Dr. Strah. "To see patients walk a mile when they couldn't even walk 1,000 feet before their transplant — that's rewarding," says Dr. Strah. "I see patients who go from being really sick to getting better — to being able to work, travel and do the things they wanted to do before they got sick. It all makes it easy to get up in the morning."

Jacobsen is one of those patients.

"I have not felt this good in a long time," says Jacobsen, who now speaks with energy and a renewed sense of purpose in her voice. "I really didn't think I would survive the whole thing. I am so thankful to the staff at Nebraska Medicine. Dr. Strah and Dr. Siddique were absolutely awesome. They went above and beyond to help me and support me. I couldn't have had better care. I put my life in their hands. In the end, you have to trust your physicians and I trusted them completely."

Jacobsen says she is busy doing many of the things she missed over the past several years — baking, gardening and attending her grandchildren's many activities and sporting events.

"I'm so excited to get back to normal again," says Jacobsen, as she sat in the bleachers at her grandson's baseball game, proudly breathing in fresh air with no effort at all. "But it's been so long since things have been normal that I don't know what normal is anymore. Who knows what that is going to be, but I am going to enjoy it and be thankful for every moment of it. It was a tough road getting here, but now I'm just focused on looking forward." [NebraskaMed.com](http://NebraskaMed.com)

"I COULDN'T HAVE HAD BETTER CARE. I PUT MY LIFE IN THEIR HANDS. IN THE END, YOU HAVE TO TRUST YOUR PHYSICIANS AND I TRUSTED THEM COMPLETELY."

**Donna Jacobsen**



DONNA JACOBSEN AND HUSBAND RANDY



# TIME IS CRITICAL

It was all so surreal. As Pam Arbuckle stood in her backyard, it was like she was watching a scene from a movie unfold before her. There in front of her was a man, motionless, sprawled in the grass next to a lawn mower. Within minutes, a team of paramedics had arrived on the scene. They immediately sprang into action and began assessing him and asking questions. But it was not a movie — it was real. The man was her husband and the questions were being directed to her.

Her husband, Jim Arbuckle had just suffered a stroke. There was no warning. One minute he was mowing the lawn and the next minute he was on the ground. When Pam heard the mower stop, she thought maybe Jim needed some water. So she filled a glass with ice and water and headed outdoors. That's when she saw Jim laying on the ground next to the mower.

**SHE IMMEDIATELY CALLED 911.**

**J**im not only suffered a stroke, but he had the most severe type, a proximal arterial occlusion ischemic stroke. With this type of stroke, a blood clot moves up the large vessels to the brain. It carries a high risk of mortality or severe disability, if the person survives, that is.

Jim was taken by ambulance to Nebraska Medicine – Bellevue. A CAT scan was taken of the brain, which revealed the clot. Doctors recommended that he be transported by ambulance to Nebraska Medicine – Nebraska Medical Center where he would be a candidate for a new surgery called mechanical thrombectomy. Mechanical thrombectomy was adopted by the American Heart Association and the American Stroke Association in June 2015 as the standard of care for acute stroke treatment guidelines. It is the first new stroke procedure approved by the Food and Drug Administration (FDA) in 20 years.



JIM ARBUCKLE

Mechanical thrombectomy is performed by threading a catheter through the femoral artery to the site of the clot. The stent is used to remove the clot, thus allowing the blood flow to be restored to the brain and preventing large areas from being at risk of dying.

“Study results show that without a doubt, this procedure is beneficial to ischemic stroke patients with a proximal arterial occlusion, meaning the clot is affecting the large vessels to the brain — the most severe form of stroke,” says Marco Gonzalez, MD, neurologist at Nebraska Medicine who has been providing Jim’s post-stroke care. “This is a life-changing procedure. It is significantly improving outcomes for these types of stroke patients by as much as 70 percent. The standard treatment of giving intravenous tissue plasminogen activator (tPA) to break down blood clots is only effective in about one-third of



MARCO GONZALEZ, MD

these patients because the clot is so big. The vast majority of these patients would go to rehab or nursing care with severe disabilities after their hospitalization. Now, many of these patients are going home. They are more independent, have less disability and improved quality of life.”

Nebraska Medicine is the only health system in Nebraska and the surrounding area with three fellowship-trained endovascular neurosurgeons on staff: Daniel Surdell, MD; William Thorell, MD; and Andrew Gard, MD. Endovascular surgeons have specialized training in endovascular surgeries, which are innovative and less invasive procedures used to treat problems affecting the blood vessels. All three have had specialized training in performing the mechanical thrombectomy procedure.



LEFT TO RIGHT; WILLIAM THORELL, MD,  
DANIEL SURDELL, MD, AND ANDREW GARD, MD

# *“EVERYONE HAS THE SAME GOAL IN MIND – TO TREAT THE PATIENT QUICKLY AND APPROPRIATELY TO REDUCE THE AMOUNT OF DAMAGE CAUSED BY THE STROKE.”*

**DANIEL SURDELL, MD**

Dr. Surdell, who performed Jim’s surgery, is a cerebrovascular and endovascular surgeon. After graduating from medical school at the University of Nebraska College of Medicine, Dr. Surdell completed eight additional years of intense training in surgery, neurosurgery, endovascular and cerebrovascular surgery. “Our experience allows us to perform the procedure better technically and to make better decisions,” says Dr. Surdell.

Drs. Surdell, Thorell and Gard are backed by a team of health care providers who have a wealth of experience and stroke expertise. The team includes three vascular neurologists, a neuro hospitalist, stroke nurse and a neurointensivist. They comprise the only stroke team in the region that can provide 24/7 care for stroke patients using a well-defined, systematic approach to care and treatment to achieve optimal results. It has been established that patients who are treated within a few hours of an acute stroke using specialized treatments and medications by a dedicated and coordinated team of physicians and health providers experience the most positive outcomes.

Nebraska Medicine’s Stroke Center has been certified by the Joint Commission since 2005 and was the first nationally certified stroke center in the state.

“We have a system in place that allows us to provide the most comprehensive care possible so that patients can go through the system rapidly, seamlessly and with the best outcomes,” says Dr. Surdell. “It is the dedication, knowledge and expertise of each person on our team that makes this process the best it can be — from the nurses and doctors who assess the patient in the emergency department (ED) to the computerized tomography (CT) technicians and radiologists and our dedicated stroke team.”

When a patient arrives in the ED who is suspected of having a stroke, the stroke team is notified and deployed. Each health care provider who comes in contact with the patient has a critical role to play.

“Our ED staff is attuned to getting people imaged with a CT scan immediately to determine the type of stroke occurring and whether there is a vessel blockage,” says Dr. Surdell. “Our CT technicians and radiologist are standing by to get the scan completed quickly. If a stroke team neurologist is not at the hospital, he or she will remote in via telemedicine to make the decision as to whether the patient should be started on IV tPA or intra-arterial therapy (mechanical thrombectomy). If the patient is a candidate for surgery, the patient will be immediately transferred to surgery where our stroke team will be ready. After surgery, the patient is transferred to our intensive care unit where we work closely with a very experienced critical care team that includes a neurointensivist.”

“Everyone has the same goal in mind — to treat the patient quickly and appropriately to reduce the amount of damage caused by the stroke,” says Dr. Surdell.

“Time is critical when it comes to stroke,” agrees Dr. Gonzalez. “The sooner you get treatment the better.” People who arrive at the emergency room within three hours of their first symptoms tend to have less disability three months after a stroke than those who received delayed care, according to the Centers for Disease Control and Prevention.

Stroke is the third leading cause of death in this country. Nearly 800,000 people suffer a stroke each year and approximately one out of six of these people will die from the stroke.



NEBRASKA MEDICINE'S STROKE CENTER HAS BEEN CERTIFIED BY THE JOINT COMMISSION SINCE 2005 AND WAS THE FIRST NATIONALLY CERTIFIED STROKE CENTER IN THE STATE.

"Our biggest challenge with stroke is that 90 percent or more of stroke victims nationwide do not get treatment within the four and a half hour window to administer tPA, which can help dissolve the occlusion and reduce the severity of the stroke," says Dr. Gonzalez. This was not the case for Jim.

Because of the quick and astute assessment of the Bellevue ED staff, Jim was promptly transported to the Nebraska Medical Center campus for the mechanical thrombectomy surgery.

Dr. Surdell and the stroke team were waiting as the ambulance pulled up. He immediately went into surgery. Several hours later, Dr. Surdell came out. "He said Jim was doing well and I could go up and see him," says Pam. "He looked better but he was still unresponsive."

Because of the quick diagnosis and decisions made by Nebraska Medicine's stroke team, Jim survived his stroke and is recovering remarkably.

"The whole experience was like a well-rehearsed ballet from the paramedics who arrived at the scene to the staff at Nebraska Medicine," recalls Pam. "We feel so fortunate that we got to the right place. There were so many things that had to happen at the right time and in the right order and it all unraveled just like it should. All the tools were definitely in the toolbox for us that day."

Jim remained in the intensive care unit for four days before he was transferred to the stroke floor. This was followed by a week of intense rehabilitation in which he worked on things like speech, balance, walking, dressing and showering. He steadily progressed. He continued speech therapy twice a week for the next year and is now down to once a week. His strength and stamina also have returned.

# COMMON SIGNS OF A **STROKE**

- 1** SUDDEN NUMBNESS OR WEAKNESS OF THE FACE, ARMS OR LEGS
- 2** SUDDEN CONFUSION OR TROUBLE SPEAKING OR UNDERSTANDING OTHERS
- 3** SUDDEN TROUBLE SEEING IN ONE OR BOTH EYES
- 4** SUDDEN TROUBLE WALKING; DIZZINESS, OR LOSS OF BALANCE OR COORDINATION
- 5** SUDDEN SEVERE HEADACHE WITH NO KNOWN CAUSE

Stroke is the third leading cause of death in this country. Nearly 800,000 people suffer a stroke each year and approximately one out of six of these people will die from the stroke.

# **“I AM FOREVER THANKFUL TO GOD AND NEBRASKA MEDICINE THAT JIM IS STILL HERE TODAY.”**

**PAM ARBUCKLE**

“They told me to give it a year before I would have my energy back again, and it took 10 months,” says Jim. “I’m feeling good about that.”

He says he still has some difficulty with recalling words, but most would never know it. Over the last year and a half, Jim has slowly added former activities into his schedule. But he is most anxious to get inside a cockpit again.

A retired navigator with the United States Air Force, Jim retired from the 55th Wing at Offutt Air Force Base in 1993 after 28 years of service. Jim has led an active retirement. He helps build houses for Habitat for Humanity and is a search and rescue team member for the Civil Air Patrol. He has also been on the ski patrol for Crescent Ski and a volunteer for the Metro Omaha Motor Assistance. Just before his stroke, Jim had purchased his first single-engine airplane — a Beechcraft BE-35, V35. His friends take him for rides occasionally, but Jim has to wait two years from the day of his stroke before he can be approved to fly again. One year down, less than a year to go, says Jim.

The Arbuckles have more trips planned. World travelers, they have visited more than 83 countries throughout the years.

“Apparently, Jim must still have something left to do in this world,” says Pam, adding that she is forever thankful to God and Nebraska Medicine that Jim is still here today.

Jim’s only regret: “That they didn’t put me in a helicopter when they transported me to Nebraska Medicine – Nebraska Medical Center,” he laughs. “Riding in a helicopter has been on my list for a long time.”

Helicopter rides, flying his new single-engine airplane and traveling with Pam — while they are all on his bucket list, today they seem like small goals in the big picture of life, thanks to the dedicated stroke team at Nebraska Medicine.

**NebraskaMed.com**





# NEBRASKA MEDICINE NAMES NEW CEO

Armed with a diverse resume and more than 25 years of service at the Medical College of Wisconsin (MCW) in Milwaukee, Wisconsin, Nebraska Medicine's newly named CEO Daniel J. DeBehnke, MD, MBA, joined the organization in late summer, ready to begin delivering on our brand promise.



DANIEL J. DEBEHNKE, MD, MBA

# "I AM LOOKING FORWARD TO ROLLING UP MY SLEEVES AND DELIVERING ON THE PROMISE OF SERIOUS MEDICINE, EXTRAORDINARY CARE."

**Daniel J. DeBehnke, MD, MBA**

"I am so excited to join the Nebraska Medicine family," says DeBehnke, who most recently served as chief executive officer of Medical College Physicians, the physician group for MCW, for the past three years. "The organization has an outstanding reputation for patient care, education, innovation and discovery. I am honored and humbled to have been chosen to join the team."

The delivery of health care is facing unprecedented changes and Nebraska Medicine will not be immune to those challenges, notes DeBehnke. "But one thing I know for certain and I believe in my core, if we always put the patient in the center of everything we do, we can't make a bad decision," he says.

"My ability to even be considered for the Nebraska Medicine position, let alone chosen, is a direct result of the opportunities I was afforded during my years at MCW," he says. "For that I am eternally grateful. I left a great group of people who I will always call colleagues and friends."

After training as a radiologic technologist following high school and earning a bachelor's in Zoology from the University of Wisconsin-Oshkosh, Dr. DeBehnke completed medical school at the University of Wisconsin. He went on to complete his residency in emergency medicine at Wright State University Affiliated Residency in Dayton, Ohio, where he also served as chief resident. In 2012, he earned his MBA from University of Massachusetts-Amherst.

He joined MCW in 1991 as an assistant professor in emergency medicine and had a productive career as an animal researcher, focusing on cardiac arrest and resuscitation. In 1996, Dr. DeBehnke began taking on administrative roles, including senior medical director for hospital services, associate chief medical officer and chief clinical integration officer. He was appointed CEO of Medical College Physicians in 2013.

Dr. DeBehnke says working as a radiological technologist after high school cemented his decision to pursue medicine. "I fell in love with medicine and science during that training," he says. "It provided great experience in preparing me to enter the field of medicine."

"I am looking forward to rolling up my sleeves and delivering on the promise of serious medicine, extraordinary care," he says. [NebraskaMed.com](http://NebraskaMed.com)

# FINDING SUPPORT

**RENEE AMBROSE WILL NEVER BE ABLE TO HAVE BIOLOGICAL CHILDREN OF HER OWN. SO SHE FEELS THAT IT'S ONLY FITTING THAT SHE DOES THE NEXT BEST THING TO HAVING CHILDREN — SHE HELPS ADULTS AND CHILDREN WITHOUT FAMILIES FIND EACH OTHER.**

“It’s a calling,” says 37-year-old Ambrose, who has worked in various capacities of foster care, pregnancy counseling, family services and adoption for more than 15 years. In these various roles, she has placed foster children with new families, assisted parents who want to adopt and has helped birth parents find a home for children they choose to place for adoption.

“I’ve accepted that I’m not here to have my own biological children — I’m here to help others,” says Ambrose.

It’s that type of positive attitude that has helped Ambrose make it through some of the toughest times of her life — a diagnosis of ovarian cancer followed by thyroid cancer.

It was March 2012 when Ambrose developed a sharp pain in her side that wouldn’t go away. She made an appointment with her primary care doctor who ordered an ultrasound and CT scan. The tests revealed a mass around her left ovary. Since Ambrose had no history of ovarian cancer in her family, her doctor thought it was probably an ovarian cyst but recommended she see her OB/GYN for a second opinion.

After further evaluation, Jennifer Hill, MD, an OB/GYN at Nebraska Medicine recommended Ambrose have surgery to have the mass removed. Dr. Hill said the left ovary would need to be removed to make a diagnosis. If it was malignant, a full hysterectomy would have to be performed. Dr. Hill wasted no time. Ambrose received the news on Friday. On Monday, she was at Nebraska Medicine preparing for surgery.





JENNIFER HILL, MD

Dr. Hill removed part of the tumor surrounding Ambrose's ovary and sent it to pathology for immediate analysis. When the results revealed cancer, she called Kerry Rodabaugh, MD, a gynecological oncologist at Nebraska Medicine, to assist with the remaining part of the surgery. Ambrose had a stage III high-grade ovarian cancer. It was a very aggressive tumor with a 5 to 20 percent cure rate. Dr. Hill and Dr. Rodabaugh performed a total hysterectomy. Ambrose says she was not surprised when she was told she had cancer. Her mother had lung cancer and died in 2005 at age 59. Her father died about a year later at age 60 from esophageal cancer.

"I was convinced I was going to get cancer too," she says. "I had to prepare myself mentally that weekend that they might find cancer and if they did a hysterectomy, I wouldn't be able to have children. It is something I have come to accept and am certain my role in life is to help bring other families together."

Ovarian cancer is considered the most lethal of gynecological cancers. It ranks seventh in terms of cancer prevalence among women, but ranks fifth in overall cancer mortality, accounting for more deaths than any other cancer of the female reproductive system. It usually develops in older women. About half of the women who are diagnosed with ovarian cancer are 63 years or older. Ambrose was an exception. But progress is being made in improving the odds of surviving this lethal disease.

"Women with ovarian cancer are now living longer than ever before as a result of better chemotherapies, new regimens like targeted therapies and better surgical techniques," says Dr. Rodabaugh. "Fifteen to 20 years ago, women may have only survived for a couple of years. Now many patients are living for five to 10 years or more with the disease in a chronic state."



RENEE AMBROSE

One of the biggest challenges in the treatment of gynecological cancers, says Dr. Rodabaugh, is ensuring women get the right treatment from the right specialist.

"Research shows that getting treatment from a trained specialist in gynecologic oncology can dramatically impact the outcome and survival for these patients, especially for ovarian and uterine cancers," says Dr. Rodabaugh. "Your first chance at surgery is your best chance to have a positive outcome. If you have to come back a second time around because the first treatment regimen wasn't complete or effective, it becomes increasingly more difficult to treat and puts the patient at increased risk for complications and recurrence."

Dr. Rodabaugh is one of two gynecological oncologists at Nebraska Medicine. She attended medical school and residency at Duke University School of Medicine and Duke University Medical Center in Durham, North Carolina. She completed her fellowship in gynecology/oncology at Brigham and Women's Hospital, Harvard Medical School, in Boston. Before coming to Nebraska Medicine, she was on faculty at the University of Missouri's Ellis Fischel Cancer Center in Columbia, Missouri, and the Roswell Park Cancer Institute in Buffalo, New York, where she perfected her skills in robotics.

Gynecologic oncologists are cancer specialists who have training in obstetrics and gynecology. This is followed by two to four years of specialized training in the treatment of gynecologic cancers including surgery, radiation therapy, chemotherapy and experimental treatments, as well as the biology and pathology of gynecologic cancer. This additional training provides these doctors with the knowledge and experience needed to give their patients the most effective mode of therapy or combinations of therapy that will provide the most successful outcomes.

**"WOMEN WITH OVARIAN CANCER ARE NOW LIVING LONGER THAN EVER BEFORE AS A RESULT OF BETTER CHEMOTHERAPIES, NEW REGIMENS LIKE TARGETED THERAPIES AND BETTER SURGICAL TECHNIQUES."**

**KERRY RODABAUGH, MD**

A professional headshot of Dr. Kerry Rodabaugh. She is a woman with short, reddish-brown hair, wearing glasses, a purple turtleneck, and a grey blazer. She is smiling and looking directly at the camera. The background is a bright, slightly blurred indoor setting with a potted plant on the right.

KERRY RODABAUGH, MD

"Gynecological cancers can be very complex to treat," says Dr. Rodabaugh. "We understand the disease process, we know the spread patterns, how to find it, what lymph nodes it's going to spread to and the latest and most advanced therapies to use."

Dr. Rodabaugh says Ambrose's surgery went well. "Renee was absolutely in the most optimal position for beating this cancer," says Dr. Rodabaugh. "The surgery went very well and there was no obvious residual disease at the end of the surgery. This result, combined with intraperitoneal chemotherapy produces the best outcomes."

About a month after surgery, Ambrose began a course of six, 21-day cycles of intravenous and intraperitoneal chemotherapy. In addition to standard intravenous chemotherapy, this involved injecting chemotherapy that had been warmed to room temperature into the abdominal cavity.

During that time, Ambrose took a five-month leave of absence from work. "The biggest side effect was that I felt exhausted all of the time," says Ambrose. "It was hard because my mind was still very active but my body was tired and I couldn't concentrate."

Losing her hair was also emotional. "There's something about losing your hair," says Ambrose. "It's part of your identity. It's like a billboard shouting, 'I have cancer.'" Ambrose bought a wig and learned to deal with it the best she could. By February of the following year, much of her hair had grown back.

Shortly after Ambrose finished chemotherapy, Dr. Rodabaugh asked her to consider participating in a clinical trial in which she would continue monthly chemotherapy regimens for another

year. It would provide another arsenal in helping protect her against recurrence. Ambrose didn't hesitate.

Early access to clinical trials is another important benefit to receiving care at Nebraska Medicine. "We collaborate with basic scientists so we can develop and introduce new therapies sooner, and in some cases, in trials that have never been tested before," says Dr. Rodabaugh.

Ambrose continued to see Dr. Rodabaugh regularly for screenings. In August 2013, Dr. Rodabaugh felt a suspicious lump in Ambrose's neck. It turned out to be thyroid cancer. The good news — it wasn't a fatal cancer and most thyroid cancer is very treatable and has a high cure rate with treatment. Ambrose had part of her thyroid removed during surgery.

It's been four years since Ambrose received her ovarian cancer diagnosis and she has had no signs of recurrence. "We will continue to follow her closely for at least seven years," says Dr. Rodabaugh. "One of the biggest challenges with ovarian cancer is that 70 percent of cancers are not found until stage three or four. That's what makes it so lethal."

Ovarian cancer typically does not have symptoms until the disease has become more advanced, and even then, they are often vague. Symptoms are often gastrointestinal-related such as bloating, constipation, diarrhea, nausea and heartburn.

Carriers of mutations of the BRCA1 and BRCA2 genes have a higher risk of developing ovarian cancer, notes Dr. Rodabaugh. Having a BRCA1 mutation increases a woman's risk as much as 44 percent and a BRCA2 mutation by 20 percent. "There are definite protocols on how to manage these individuals," says Dr. Rodabaugh.

Dr. Rodabaugh says continued research is the key to finding new advancements in diagnosing, preventing and treating ovarian cancer. She and her partner gynecological oncologist Steven Remmenga, MD, are very involved in research that is looking at immunotherapies, vaccines and new chemotherapies.

Ambrose says being diagnosed and treated for cancer twice was a difficult and emotional experience, but the support she received from the staff at Nebraska Medicine was amazing. "I have so much trust and faith in Dr. Rodabaugh," says Ambrose. "She remembers who I am and personal things about me. She's very personable and doesn't sugar coat it. Through the whole experience, the entire staff made me feel like I was their priority."

Ambrose says she now considers herself an ambassador to help others with cancer.

"I believe things happen for a reason," she says. "This happened to me so I could help others."



STEVEN REMMENGA, MD



KERRY RODABAUGH, MD, AND RENEE AMBROSE

**“MY GOAL NOW IS TO HELP  
OTHERS THROUGH THEIR  
STRUGGLES AND GIVE THEM  
SUPPORT — JUST LIKE THE  
STAFF AT NEBRASKA MEDICINE  
HAS BEEN THERE FOR ME.”**

**RENEE AMBROSE**

Ambrose has made herself available to the Nebraska Medicine staff to offer her support and hope to others battling ovarian cancer. She is also a member of the Patient Advisory Committee for the Fred & Pamela Buffett Cancer Center. “It’s a center devoted to curing and helping people get through cancer,” says Ambrose. “Anything that helps you feel more comfortable, supports you and helps you cope, can help in the battle against cancer. So much of it is a battle of the mind.”

Ambrose says this experience has helped her put her life into perspective. “I always try to look at the positives,” says Ambrose. “I’ve seen a lot of children work through struggles and difficult times in their lives. My struggle has been nothing compared to theirs. I’ve lived a good life. I’ve had a good family. My goal now is to help others through their struggles and give them support — just like the staff at Nebraska Medicine has been there for me.” [NebraskaMed.com](http://NebraskaMed.com)

# BUILDING AN EXCEPTIONAL Patient Experience

**Health care is continually changing and evolving. And with those changes, sometimes comes a need to adjust the way we deliver care. Delivering care that provides the most optimal patient experience is a priority at Nebraska Medicine.**

Committed to delivering personalized care in a more convenient environment, Nebraska Medicine recently embarked on two major expansion projects — the Lauritzen Outpatient Center and an expansion of our medical services and clinics at Village Pointe that includes an outpatient surgery center.

The Lauritzen Outpatient Center, which opened this fall on the Nebraska Medicine – Nebraska Medical Center campus near 40th and Leavenworth Streets, houses multi-specialty outpatient surgical services at the Fritch Surgery Center, including designated ophthalmology suites, outpatient clinics, support services, space for education and orthopaedic research as well as an underground patient parking garage.

These clinics and support services include outpatient clinics for ear, nose & throat and audiology, oral & maxillofacial surgery, oral facial prosthetics, orthopaedic surgery and surgery-urology. Other services include physical and occupational therapy, pharmacy, radiology, laboratory and telemedicine services.

The new Outpatient Surgery Center at Village Pointe opened this past spring near 176th and Burke Streets. This state-of-the-art surgery center includes four operating rooms, two procedure rooms, 20 pre-operative and post-operative bays, comfortable waiting areas and reserved parking for patients.



RENDERING OF THE LAURITZEN OUTPATIENT CENTER



THE OUTPATIENT SURGERY CENTER AT VILLAGE POINTE

In addition to the outpatient surgery center, the Village Pointe campus has three buildings that host primary care and over 15 specialty groups, cancer services, an endoscopy center, full-service radiology and lab, with the goal of providing west Omaha residents convenient and comprehensive care that is close to home.

“Patients have told us that they want to access their care in a way that is more convenient, comfortable, personal and less costly,” says Dennis Bierle, chief operating officer of system clinical operations at Nebraska Medicine. “With the increasing trend toward delivering health care in an outpatient setting, these new facilities will allow us to deliver care in a way that meets patients’ needs.”

Bierle says these additions were needed in order to simplify care and make it more accessible to Nebraska Medicine patients. “Nebraska Medicine was built as a tertiary/quaternary care facility,” explains Bierle. “If you are coming here for a diagnostic test, clinic visit or outpatient surgery, our facility can be complex and difficult to navigate. So rather than trying to retrofit our current building structures, we have built new facilities designed to be more effective, more efficient and with an enhanced focus on the patient.”

Patients will notice improvements from the parking lot, to the waiting room, to the quality of time spent with their doctor. “The changes we have made are much more than just building new structures,” says Bierle. “Every process has been evaluated, streamlined and designed with patient needs in mind. We believe this will translate into an improved customer experience and a more efficient utilization of health care resources enhancing the patient’s and provider’s time together.”

According to Chad Brough, chief experience officer at Nebraska Medicine, whose role includes keeping a pulse on patients and ensuring we consistently deliver an exceptional experience, “When you look at our brand promise of serious medicine, extraordinary care, our goal is to create a system that can deliver on that brand promise in a consistent and exceptional manner,” he says. “We are holding a microphone to our patients and listening to what they are saying — what their needs are, their desires and what matters most to them as a patient.”

An important part of the patient experience is the relationships patients and family members develop with our caregivers, notes Brough. “People come to us during a very difficult time in their lives,” he says. “They are entrusting their lives to us. We want our caregivers to connect with patients on a personal level — to understand who they are and what is important to them. We are positioning our providers so they can make these connections more easily. It is being infused into our culture.

“Together, we’re going to build a culture of being the best place to practice medicine and the best place to receive care.”



INTERIOR RENDERINGS OF LAURITZEN OUTPATIENT CENTER



INTERIOR OF THE OUTPATIENT SURGERY CENTER AT VILLAGE POINTE

**"Together, we're going to build a culture of being the best place to practice medicine and the best place to receive care."**

CHAD BROUH

CHIEF EXPERIENCE OFFICER, NEBRASKA MEDICINE

# BUILDING A BRIGHTER FUTURE FOR CANCER

## Fred & Pamela Buffett Cancer Center

Building a brighter future for cancer care. That's the goal of the Fred & Pamela Buffett Cancer Center, a center that is expected to compete with some of the leading cancer centers in the country.

A joint project of Nebraska Medicine and the University of Nebraska Medical Center (UNMC), the new cancer facility, which is scheduled to open Spring 2017, is designed entirely around the patient to ensure the most convenient and comfortable care.

It also features a work environment that encourages collaboration among health care providers and researchers to accelerate new treatment advances and optimize their ability to provide personal and cutting-edge care.

The Fred & Pamela Buffett Cancer Center will include three areas dedicated to cancer: a 10-story, 98-laboratory research tower named the Suzanne and Walter Scott Cancer Research Tower; an eight-story, 108-bed inpatient treatment center named the

C.L. Werner Cancer Hospital; and a multidisciplinary outpatient center. The \$338 million Fred & Pamela Buffett Cancer Center was named in recognition of a gift to the University of Nebraska Foundation from Pamela Buffett, through her foundation, the Rebecca Susan Buffett Foundation. Pamela's husband, Fred "Fritz" Buffett, died in 1997 after fighting kidney cancer.

"Our goal is to be a national leader in cancer research and clinical care and one of the leading cancer centers in the country," says Kenneth Cowan, MD, PhD, director of the Fred & Pamela Buffett Cancer Center. "We're not content with just being a part of these exciting developments in cancer care; we want to be leading these new advances."

The Fred & Pamela Buffett Cancer Center promises to deliver an improved, more comfortable and personal patient experience so patients can focus on healing and recovery.

RENDERING OF THE FRED & PAMELA BUFFETT CANCER CENTER





RENDERING OF THE SUZANNE AND WALTER SCOTT CANCER RESEARCH TOWER



RENDERING OF THE C.L. WERNER CANCER HOSPITAL

The outpatient treatment center is being designed as a single-use facility, which means patients can stay in one place for their diagnosis, care and treatment. The outpatient center will include multidisciplinary clinics where patients will see their entire team of doctors in one visit. This includes surgical, medical and radiation oncologists, as well as supportive services such as social services, physical therapists and nutritionists.

Patients, visitors and staff will also benefit from the Fred & Pamela Buffett Cancer Center's unique commitment to the healing arts. Motivating and meaningful works of art displayed throughout the facility will tap into elements that go beyond curing a disease to healing the human spirit and creating an atmosphere of hope and resilience.

An outdoor healing garden, called Leslie's Healing Garden, also will serve as a place where patients and their families can escape the realities of cancer to help heal the human spirit.

Another cornerstone of the Healing Arts Program is The Chihuly Sanctuary, named after artist Dale Chihuly, a pioneer of the studio glass movement and considered to be one of the world's foremost artists working with glass today. Chihuly is creating a soothing and uplifting area inside the cancer center where patients and visitors can find respite and inspiration.

An 82-foot lighted glass tower, designed by Omaha artist Jun Kaneko, will also be constructed in front of the Fred & Pamela

Buffett Cancer Center. The tower was made possible by an anonymous donor gift.

"This is a very exciting time for cancer patients," says Dr. Cowan. "There is no reason for anyone in Nebraska to think about going anywhere else for complex cancer care. The hope that this facility can provide is almost incalculable. The Fred & Pamela Buffett Cancer Center has all of the components in place to become one of the nation's leading cancer centers — a center where clinicians and scientists will collaborate, develop new cures and advance cancer care to new levels." [NebraskaMed.com](http://NebraskaMed.com)



INTERIOR RENDERINGS OF THE FRED & PAMELA BUFFETT CANCER CENTER



RENDERING OF LESLIE'S HEALING GARDEN

**"The hope that this facility can provide is almost incalculable."**

KENNETH COWAN, MD, PhD,  
DIRECTOR, FRED & PAMELA BUFFETT CANCER CENTER



# Focused on the GOAL

**It's been said that the speed of science is often excruciatingly slow. Medical advancements can take years and years — even a lifetime.**

Mark Mailliard, MD, a gastroenterologist and director of the Hepatitis C Clinic at Nebraska Medicine, knows that all too well. A physician for more than 30 years, he has spent much of his life focused on a goal that for many years seemed insurmountable — treating and finding a cure for the hepatitis C infection.

MARK MAILLIARD, MD

“The road to a cure has been bumpy but we have had steady advances and many patients have been helped,” says Dr. Mailliard. “That has always kept me going. There was always the promise of a breakthrough.”

And now that day is here. In 2013, a breakthrough medication that has been called a cure for this deadly disease was released. It’s an achievement that’s been worth the wait, says Dr. Mailliard, all 30 years of it.

“It’s incredibly amazing to think that we are going to ultimately get rid of all hepatitis C virus infections in our lifetime,” says Dr. Mailliard. Since his early days in medical school in the 1970s, Dr. Mailliard has seen the evolution of a virus for which little was known about until the virus was discovered in the late 1980s. “During that time, everything from its origin, its molecular biology and how it was transmitted, was poorly understood,” he recalls. “And now we think that it may be driven from this planet by 2030.”

**“It’s incredibly amazing to think that we are going to ultimately get rid of all hepatitis C virus infections in our lifetime.”**

MARK MAILLIARD, MD

Hepatitis C is a serious viral infection that over time, can cause liver damage and even liver cancer. While early treatment can prevent this damage, most people with hepatitis C do not know they are infected, so they do not get medical treatment until they are fairly advanced in the disease process. It is estimated that more than 3 million people in the United States have the infection, but 1 million or more of these people don’t realize it. More than 15,000 die each year from hepatitis C-related disease.

Dr. Mailliard is also chief of the Division of Gastroenterology and Hepatology at the University of Nebraska Medical Center (UNMC) and medical director of the Digestive Diseases and Kidney Clinical Program at Nebraska Medicine.

Over the years, he has treated thousands of patients with hepatitis C — most with drugs that caused harsh side effects and offered, at best, about a 40 percent cure rate. Waiting for a cure has required much patience, agrees Dr. Mailliard, but dedication to his job, loving a challenge and being driven to be the very best at his profession, has kept him focused on the goal.

Dr. Mailliard remembers the day when the new drug was approved by the Food and Drug Administration. It was a big day with much reason to celebrate. “It revolutionized the treatment of hepatitis C,” says Dr. Mailliard. “I think that the world’s hepatitis C physicians had been shocked by the early reports of the remarkable safety and effectiveness of this therapy.

“Suddenly, my life professionally in the hepatitis C clinic went from very challenging to much easier and more rewarding. Before this drug, for many, the therapy was not effective or too harsh to tolerate.”

The introduction of new hepatitis C drugs over the last few years are allowing doctors to eradicate the virus in nearly 95 percent of patients, notes Dr. Mailliard. These drugs have a unique mechanism that prevents the hepatitis C virus from replicating. Once it stops replicating, the virus goes away. The additional therapies are combination drugs, which work a little differently and are indicated for different strains of hepatitis C.

One of these medicines allows many patients to take one pill a day for 8 to 12 weeks with virtually no side effects. That’s a huge improvement. Before the hepatitis C remedies, many patients received an injectable antiviral medicine called interferon. Treatment generally lasted a year with extremely harsh side effects — so harsh, some people could not endure the treatment.

When the hepatitis C-curing medicine was released in 2013, hundreds of people were waiting to receive treatment with an effective, more tolerated drug. These were people who had not had success with the previous drugs, could not tolerate the side effects or had made the choice to wait for something better. Now their wait was finally over.

“The early results were spectacular,” says Dr. Mailliard. “Our clinics were filled with tears of joy and hugs. After years of a much more subdued feeling, the experience was awesome for patients and our team.

## NEW Hepatitis C Drugs Provide Nearly

95%  
PATIENT  
CURE RATE



“It’s hard to imagine that one pill could cure this infection. I really doubted whether this day would ever come. To be treating patients for 30 years and now to see the remarkable success we are having after starting treatment and with no side effects — it’s just amazing.”

Hepatitis C is spread through blood-to-blood contact, mainly through a needlestick. The infection peaked in people born between 1945 and 1965. These individuals are five times more likely to have the disease. While there are still occasional outbreaks of hepatitis C today, the number of individuals getting infected is much lower. Patients can have hepatitis C for years before they have symptoms severe enough to seek medical attention. If symptoms do appear, they are often a sign of serious liver damage. After 30 to 40 years of a chronic hepatitis C infection, cirrhosis occurs in 15 to 35 percent of patients, and of these patients, there is a 1 to 4 percent incidence of liver cancer each year.

The Centers for Disease Control and Prevention (CDC) recommends that physicians screen all of their baby boomer patients for hepatitis C. “They are no longer recommending only risk-based screening for individuals in this age group because it just hasn’t been effective,” notes Dr. Mailliard.

“Most people don’t know how or when they were infected and because they don’t have symptoms for many years, they don’t realize that they are carrying the virus.”

Screening involves a simple blood test that can be done in any doctor’s office. If the test result is positive, a follow-up blood test is required to confirm and determine the virus level. The next step is to determine the strain or genotype so the proper medications can be prescribed.

“There are six different genotypes of hepatitis C and each is treated with a specific combination of drugs,” notes Dr. Mailliard. “As a result, there is still quite a bit of complexity to treating this disease.”

Dr. Mailliard also performs a liver scan in his office to assess the degree of scarring. “It just takes one phone call to our clinic and we will see a patient right away,” he says. “We have a team that specializes in hepatitis C, including a specialized pharmacy that can help patients get their medications quickly.”

Nebraska Medicine is the largest prescriber of antivirals for hepatitis C in a four-state area. Getting authorization for hepatitis C drugs can be a lengthy process and the drugs are extremely expensive — as much as \$1,000 a day. More than 80 percent of Dr. Mailliard’s patients get their medications within four weeks, he says.

Dr. Mailliard grew up in Omaha with four siblings and a family of health care professionals: father, the late James Mailliard, MD, an oncologist at Creighton University Medical Center; grandfather, Alfred Mailliard, MD, a general practitioner in Osmond, Nebraska; mother, Rosemarie, and grandmother, Claire, both nurses. Medical discussions around the kitchen table were fairly routine. So were long work days, late night calls and weekends at the hospital.

The young Dr. Mailliard says he remembers listening to his father and grandfather discussing the early days of Medicare. He also has memories of playing at his grandfather's house in Osmond, where his medical office was in the basement. There were three exam rooms, a pharmacy and a waiting area. His grandfather's patients would pat him on his head as they walked by.

On some weekends, he accompanied his father as he made rounds at several local Omaha hospitals — the original St. Joseph's Hospital at 10th and Castelar Streets, then to St. Catherine's Hospital at 8th Street and Forest Ave. When he turned 16, he became an orderly at St. Joseph's working for \$1.90 an hour. He made beds, gave baths and helped shave the male patients. Not the most glorifying work, but he loved it.

The young Dr. Mailliard said his father was his inspiration. "He was incredibly emotionally involved in what he did," he says. "It meant so much to him to help his patients."

He knew at a young age that he wanted to be a doctor just like his father. And apparently, so did everyone else. At age 16, his friends began calling him Doc Mailliard. "I guess it was my destiny," he says. "Seeing how committed my father was to his patients and his practice, it just seemed like a natural fit."

Dr. Mailliard attended medical school and completed his internal medicine residency at the University of Nebraska

College of Medicine in Omaha. It was here that Dr. Mailliard met his wife, Mary, a nurse who now specializes in clinical research for breast cancer and lymphoma. She is the one person in his life who has been his rock — his biggest supporter. He also speaks highly of his two sons, James, an Air Force captain and pilot stationed in Germany; and Andrew, a film and photography digital editor in Brooklyn, New York. "Each of them are very talented and strong people who have provided me an immense sense of support," says Dr. Mailliard.

Dr. Mailliard completed a gastroenterology research fellowship at the Veterans Affairs Medical Center in Omaha, followed by a gastroenterology fellowship at the University of Florida in Gainesville. Dr. Mailliard's interest in hepatitis C developed while training at the University of Florida under Gary Davis, MD, one of the leading experts and researchers on hepatitis C. In 1998, Michael Sorrell, MD, with the Department of Internal Medicine at UNMC, asked Dr. Mailliard to return to assist with the care of hepatitis C and other liver disease patients at Nebraska Medicine.

It was a good move. "Practicing at Nebraska Medicine has allowed me to focus on this disease," says Dr. Mailliard. "Most other places would not have allowed this. That is what makes Nebraska Medicine's gastroenterology program special. Of the 12 faculty in gastroenterology, most have developed a specific niche in which they focus. This allows us each to become experts in our areas of interest."

Dr. Mailliard and his team have been involved in numerous clinical research studies that have helped advance the care of patients with hepatitis C. "We were involved in landmark studies of direct-acting antivirals, which eventually led to the discovery of the hepatitis C therapy and gave us special expertise in their use," he says. "When the breakthrough medicine was finally available, we were well-positioned to use the new treatment."

**“Seeing how committed my father was to his patients and his practice, it just seemed like a natural fit.”**

MARK MAILLIARD, MD

CLAIRE MAILLIARD, IN THE  
FAMILY'S BASEMENT PHARMACY



ALFRED MAILLIARD, MD,  
AT ST. ELY HOSPITAL, 1926



ST. CATHERINE'S HOSPITAL AT  
8TH STREET AND FOREST AVE.  
FROM THE COLLECTIONS OF THE  
OMAHA PUBLIC LIBRARY



THE ORIGINAL ST. JOSEPH'S HOSPITAL  
AT 10TH AND CASTELAR STREETS  
FROM THE COLLECTIONS OF THE  
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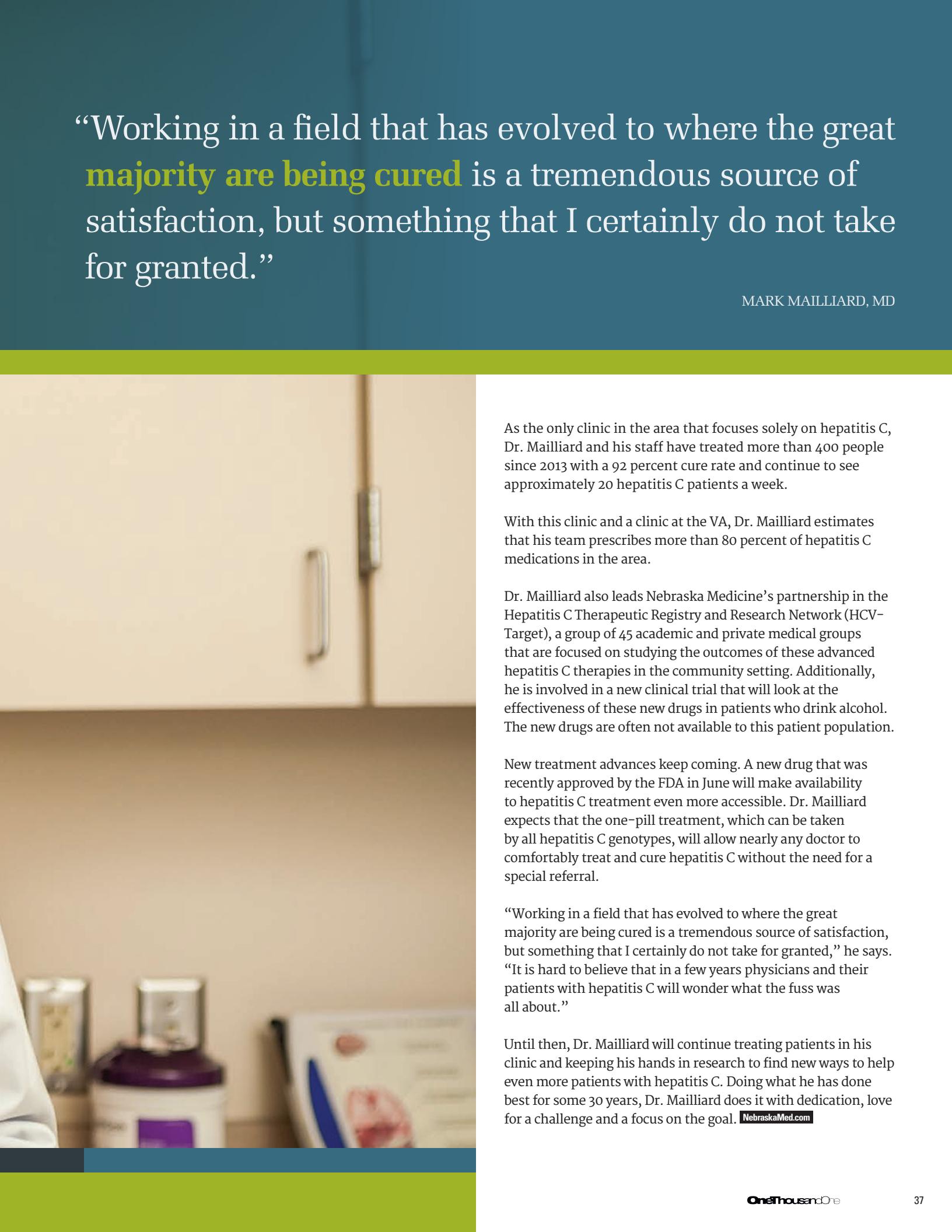
JAMES MAILLIARD, MD



LEFT TO RIGHT; SON, JAMES; WIFE, MARY;  
SON, ANDREW AND MARK MAILLIARD, MD







“Working in a field that has evolved to where the great **majority are being cured** is a tremendous source of satisfaction, but something that I certainly do not take for granted.”

MARK MAILLIARD, MD

As the only clinic in the area that focuses solely on hepatitis C, Dr. Mailliard and his staff have treated more than 400 people since 2013 with a 92 percent cure rate and continue to see approximately 20 hepatitis C patients a week.

With this clinic and a clinic at the VA, Dr. Mailliard estimates that his team prescribes more than 80 percent of hepatitis C medications in the area.

Dr. Mailliard also leads Nebraska Medicine’s partnership in the Hepatitis C Therapeutic Registry and Research Network (HCV-Target), a group of 45 academic and private medical groups that are focused on studying the outcomes of these advanced hepatitis C therapies in the community setting. Additionally, he is involved in a new clinical trial that will look at the effectiveness of these new drugs in patients who drink alcohol. The new drugs are often not available to this patient population.

New treatment advances keep coming. A new drug that was recently approved by the FDA in June will make availability to hepatitis C treatment even more accessible. Dr. Mailliard expects that the one-pill treatment, which can be taken by all hepatitis C genotypes, will allow nearly any doctor to comfortably treat and cure hepatitis C without the need for a special referral.

“Working in a field that has evolved to where the great majority are being cured is a tremendous source of satisfaction, but something that I certainly do not take for granted,” he says. “It is hard to believe that in a few years physicians and their patients with hepatitis C will wonder what the fuss was all about.”

Until then, Dr. Mailliard will continue treating patients in his clinic and keeping his hands in research to find new ways to help even more patients with hepatitis C. Doing what he has done best for some 30 years, Dr. Mailliard does it with dedication, love for a challenge and a focus on the goal. [NebraskaMed.com](http://NebraskaMed.com)

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