Weekly Calendar

7/25: Noon report— Red & Green teams
7/26: Noon report—Purple & Yellow teams
7/27: Grand Rounds: Dr. Steven Kralovic, MD:
“The Zeitgeist of Zika” MSB 5051
7/28: AHD: Resiliency; Senior Prep: Pneumonia
7/29: Wards Orientation—seniors and interns!

Don “Sun’s out Guns out” Quimby and the Yellow team were hard at work on call Wednesday night.

Anonymous Feedback

Our website has a section for anonymous feedback. Think of this like an electronic suggestion box that you can use at any time. The message will be sent directly to Dr. Warm, and is completely anonymous. If you have constructive feedback that you would like to share, please use this tool. The link is: [http://www.med.uc.edu/intmed/residency/internal-medicine/residency-feedback](http://www.med.uc.edu/intmed/residency/internal-medicine/residency-feedback)
VA UPDATES

Thomas and Owen would like to remind everyone who will be rotating in the upcoming months at the VA to ensure that your fingerprinting and badging are completed prior to your scheduled rotation. This includes VA NMT Friday and Saturday night coverage! If you need help or aren’t sure if you are up to date, email Anna Schuweiler at Anna.Schuweiler@va.gov.

What can we do to protect our patients on NSAIDs against gastrointestinal toxicity?

Table 1. Patients at increased risk for NSAID GI toxicity

<table>
<thead>
<tr>
<th>High risk</th>
<th>Moderate risk (1-2 risk factors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History of a previously complicated ulcer, especially recent</td>
<td>1. Age &gt;85 years</td>
</tr>
<tr>
<td>2. Multiple (&gt;2) risk factors</td>
<td>2. High dose NSAID therapy</td>
</tr>
<tr>
<td>Low risk</td>
<td>3. A previous history of uncomplicated ulcer</td>
</tr>
<tr>
<td>1. No risk factors</td>
<td>4. Concurrent use of aspirin (including low dose) corticosteroids or anticoagulants</td>
</tr>
</tbody>
</table>

Table 2. Summary of recommendations for prevention of NSAID-related ulcer complications

<table>
<thead>
<tr>
<th>Gastrointestinal risk</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low CV risk</td>
<td>NSAID alone (the least ulcerogenic NSAID at the lowest effective dose)</td>
<td>NSAID+PPI/misoprostol</td>
<td>Alternative therapy if possible or COX-2 inhibitor+PPI/misoprostol</td>
</tr>
<tr>
<td>High CV risk</td>
<td>Naproxen + PPI/misoprostol</td>
<td>Naproxen + PPI/misoprostol</td>
<td>Avoid NSAIDs or COX-2 inhibitors. Use alternative therapy</td>
</tr>
</tbody>
</table>

Infectious Diseases Mathis review—7/27 at 5pm in the NRR!

Clinic Corner

7NW Interdisciplinary Improvement Team Huddle
Come be part of improving patient care through interdisciplinary teamwork! Great opportunities for QI projects!
EVERY Tuesday at 2pm, Location: UH 7104 (NRR)
Scenes from the WARDS
Noon Report Round-up!

We had our first “real” noon reports this week. Let’s talk about it!

The most common causes of mild aminotransferase elevation in the US are: hereditary hemochromatosis, chronic viral hepatitis, and autoimmune hepatitis.

UCMC’s last CAUTI: 7/6/16

What can you do to decrease the rate of hospital acquired infections at UCMC? Make sure you are ordering the RN Removal Protocol when you order a foley! The biggest risk factor for development of a CAUTI is duration of catheterization. RN driven protocols reduce the duration of catheterization and reduce the number of CAUTIs.
Q: A 47 yo WF with past medical history significant only for genital warts presents with complaint of rectal pain and bright red blood on the tissue paper after defecation. On exam, her vital signs are normal, and her physical exam is unremarkable except for a 4cm painful mass noted on DRE. Inguinal exam does not disclose any lymphadenopathy. She undergoes CT scan of the chest, abdomen, and pelvis, which shows the presence of an anal mass, but NO lymphadenopathy or any other abnormalities. Biopsy of the mass confirms the diagnosis of invasive anal squamous cell carcinoma. What is the appropriate initial treatment?

A. Surgical resection

B. Radiation therapy

C. Chemoradiation followed by surgical resection

D. Chemotherapy and concurrent radiation

A: The answer is D, chemotherapy and concurrent radiation. Standard treatment for Stages I, II, and III anal SCC includes radiation with concurrent chemotherapy, the standard regimen being mitomycin and 5-FU. Radiation therapy alone (option B) is never adequate for treatment of anal cancer. Primary surgical resection (option A) may be used to rectal adenocarcinoma, as well as combination radiation and chemotherapy, but isn’t the primary treatment due to morbidity (usually results in permanent colostomy). Local excision can also be considered for small (<2cm) well differentiated carcinomas, but that is not the case here. Surgery may be pursued as salvage treatment for anal SCC which has failed to respond to chemoradiation.
Weekend to-do!

**Friday:** Festival 513, 6 p.m.-2 a.m. Friday, 10 a.m.-2 a.m. Saturday, Paul Brown Stadium. Merchandise vendors, food booths and entertainment. Free. www.festival513.com.

All the Great Books (Abridged), 7:30 p.m. Friday-Saturday, 2 p.m. Sunday, Cincinnati Shakespeare Company, 719 Race St., Downtown. Uproarious roller-coaster ride through comically compact compilation of world’s greatest literature. $22-$42. www.cincychakes.com.

**Saturday:** Cincy Soul: The Black Taste of Cincinnati, 11 a.m.-6 p.m., Fifth Street, Downtown. Locally-owned African-American restaurants and food trucks. Free/ blacktasteofcincinnati.com.

FC Cincinnati Soccer, 4 p.m., Nippert Stadium. vs. Louisville. $25, $20, $12, $10. wwwfccincinnati.com.

**Sunday:** Mainstrasse Village Bazaar, 9 a.m.-3 p.m., MainStrasse Village, Main Street, Covington. Free. www.mainstrasse.org.

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**TRIVIA**

What is your diagnosis? What is the next step in definitive treatment?

First correct answer wins a $5 Starbucks gift card!

Congrats to Nedhi Patel for diagnosis Marfan Syndrome based on bilateral ectopia lentis, and recommending screening echo for aortic root dilation and aortic insufficiency.

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**SHOUT OUTS!!!**

- To John Muriithi for being flexible with vacation dates in order to prevent needing coverage for the ITE. What an awesome team player!
- To the MICU team Eric Niespodzany, Megan Caroway, Matt Lambert, Nikhil Shukla, Parm Mavi, and WSU rotators David DeLapp and Chris Chan for their flexibility in fixing a chief scheduling blunder. You da best!
- To Aditi Mulgund, Nikki Levin, and Greg Wigger for having abstracts accepted to the ACG conference!
- To all the awesome second year seniors who are consistently coming to Weesner Prep and teaching their teams the AHD material. You rock!
- To Sarma Singam, for “always being a baller.”
- To Jose Gomez-Arroyo for writing some Osmosis questions about hypertension!
- To Ashley Cattran for “being a super efficient and thorough intern on VA nights. Handling admissions and late night Vocera calls like a champ!” From a thankful Senior.
- To Sarah Ehrman who “nailed it” in a Mock Code in MSD this morning. Great job!