

43RD ANNUAL ST. ALBERT'S DAY



Saint Albertus Magnus was also known as Albert the Great, Sancti Alberti de Grosse, Albert of Cologne, or Albert of Lindau. Dominican bishop and philosopher best known as a teacher of St. Thomas Aquinas and as a proponent of Aristotelianism at the University of Paris. He established the study of nature as a legitimate science within the Christian tradition. By papal decree in 1941, he was declared the patron saint of all who cultivate the natural sciences. He was the most prolific writer of his century and was the only scholar of his age to be called "the Great"; this title was used even before his death.

He was among the first and greatest of the natural scientists, gaining a reputation for expertise in biology, chemistry, physics, astronomy, geography, metaphysics, and mathematics. His life and writings emphasized the importance of experimentation and investigation.

Loyola's annual St. Albert's Day embodies Saint Albert's spirit by celebrating research and the sharing of scientific knowledge with others.



























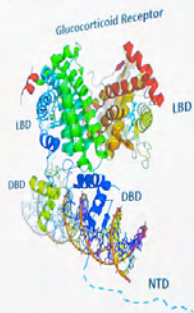


Dr. Peter Vothman (MBA)
Dr. Steven Vothman (MBA)
Dr. Frank Vothman (MBA)
Dr. James Vothman (MBA)

Lenovo

ERα and Other NHRs Share Homologous Architecture

- NTD/Activating Function-1 (AF-1).
- DBD
- Hinge
- LBD/Activating Function-2 (AF-2).
 - 12 helical bundle.



Postel, S., et al., 2023 NSMB







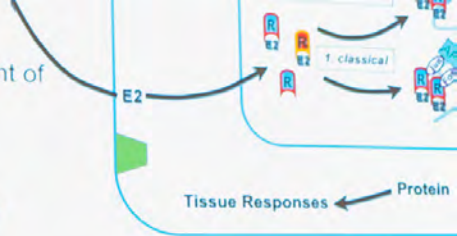


Accessory:

- ▶ Age-dependent recruitment of coregulatory proteins.

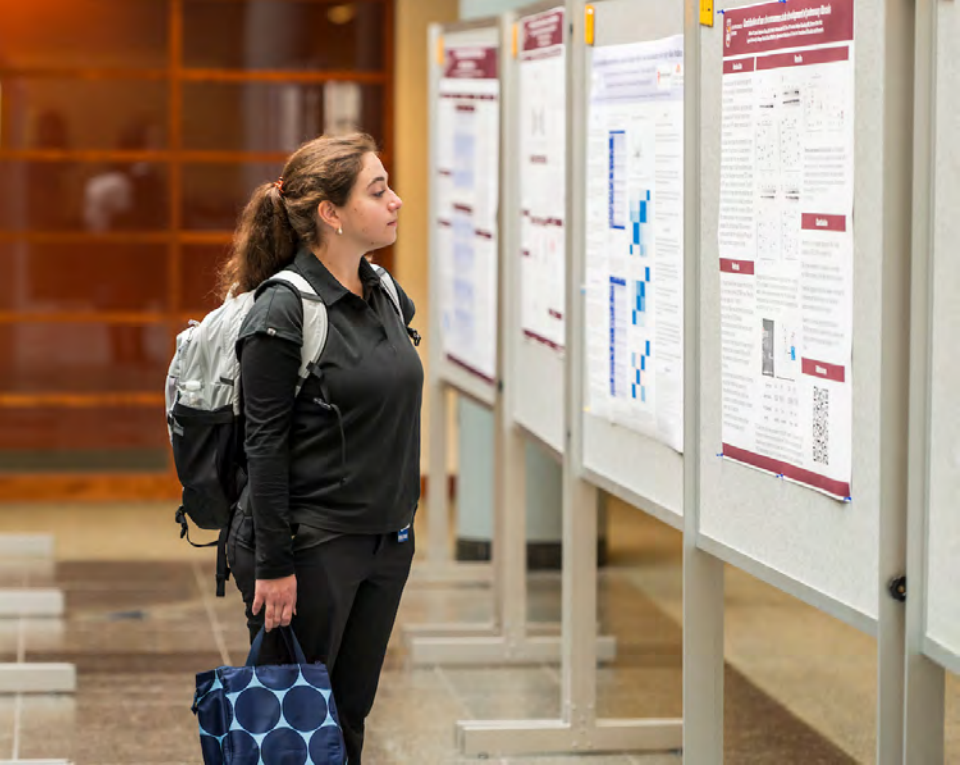
Regulatory:

- ▶ **microRNA** – regulation of estrogen target genes







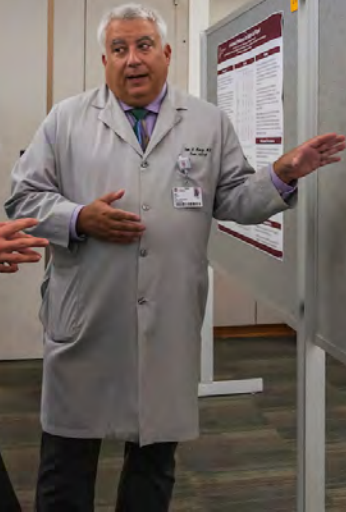








Abstracts of the 2018 American Society of Otolaryngology-Head and Neck Surgery (ASOHN) meeting, San Francisco, CA, September 27-30, 2018.



Interspersed electrical stimulation for treatment of Bell's Palsy: a promising strategy

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OBJECTIVE
 The purpose of this study was to evaluate the efficacy of interspersed electrical stimulation (IES) for the treatment of Bell's Palsy (BP). The study was a prospective, randomized, controlled trial. The study was conducted at the University of Colorado Health Sciences Center, Denver, Colorado. The study was conducted from 2015 to 2017. The study was conducted at the University of Colorado Health Sciences Center, Denver, Colorado. The study was conducted from 2015 to 2017.

DESIGN
 Prospective, randomized, controlled trial.

SETTING
 University of Colorado Health Sciences Center, Denver, Colorado.

MEASUREMENTS AND MAIN RESULTS
 The study included 100 patients with acute-onset BP. The study was divided into two groups: IES (n=50) and control (n=50). The IES group received IES for 10 days. The control group received no treatment. The primary outcome was the rate of complete recovery. The secondary outcome was the time to complete recovery. The IES group had a significantly higher rate of complete recovery (80%) compared to the control group (60%). The time to complete recovery was significantly shorter in the IES group (10 days) compared to the control group (15 days).

CONCLUSION
 Interspersed electrical stimulation is a promising strategy for the treatment of Bell's Palsy. The study was limited by a small sample size and a short follow-up period. Further studies are needed to confirm the findings of this study.

RESULTS
 There were 100 patients that met inclusion criteria, 42 (42.7%) male. Baseline characteristics, including age, BMI, and risk factors, were not significantly different between groups. Mean time from onset to first formal evaluation was 170 days.

TABLE 1

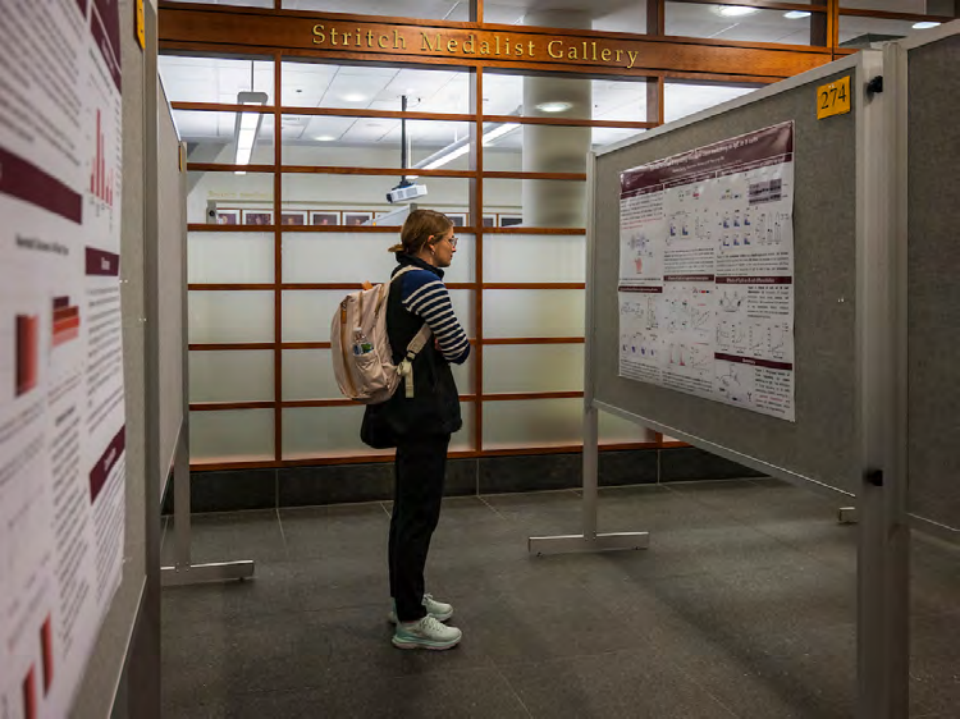
	IES (n=50)	Control (n=50)	p-value
Rate of complete recovery	80%	60%	p < 0.01***
Time to complete recovery (days)	10	15	p < 0.01***
Rate of complete recovery at 10 days	40	20	p < 0.05
Rate of complete recovery at 15 days	50	30	p < 0.05

CONCLUSION
 Interspersed electrical stimulation of the facial nerve is associated with lower HB score at 1 month postoperative → improved early functional recovery.
 Earlier recovery in facial nerve function, is associated with reduced synkinesis in long-term recovery.
 The novel technique is less technically challenging, does not require ICU stay, and does not require a large patient data.
 This study was limited by small uneven sample size and availability of remote patient data.
 This technique should be considered in patients with symptoms refractory to medical management unlikely to regain function.
 Opportunity for future work includes larger sample size with multi-surgeon collaboration.

DISCUSSION
 Interspersed electrical stimulation (IES) is a novel technique for the treatment of Bell's Palsy. The study was limited by a small sample size and a short follow-up period. Further studies are needed to confirm the findings of this study.

Stitch Medalist Gallery

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Factors of Prenatal Care Utilization at a Large Academic Medical Center

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Results

Table 1. Demographic Characteristics of Study Population

Characteristic	n (%)	p-value
Age (Mean ± SD)	31.2 (4.5)	
Parity (Mean ± SD)	1.8 (1.2)	
Race		
White	1,120 (55.2)	
Black	870 (42.8)	
Hispanic	110 (5.4)	
Other	10 (0.5)	
Insurance		
Medicaid	1,050 (51.5)	
Private	970 (47.5)	
Uninsured	10 (0.5)	

... (text describing results) ...

Conclusions

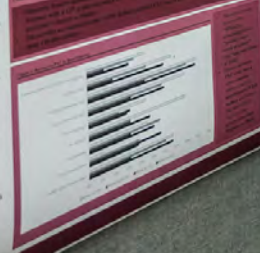
- Most women begin prenatal care before their 12-week PNC visit, and a higher percentage of PNC visits were completed.
- Common barriers to PNC utilization include lack of insurance, lack of transportation, and lack of knowledge about where to go for care.
- Having an obstetrician as a provider was associated with higher PNC utilization. Women who were not offered a prenatal care plan for the first trimester had lower PNC utilization.
- Engaging women, especially those with limited health insurance, in prenatal care planning is an important intervention.
- Improving the quality of care and the patient experience of prenatal care is an important goal for future research.
- Improving the patient experience of prenatal care is an important goal for future research.
- Improving the patient experience of prenatal care is an important goal for future research.

References

1. American College of Obstetricians and Gynecologists. Prenatal care. <http://www.acog.org/clinical/clinical-guidance/patient-education/faq/faq-001>.
2. American College of Obstetricians and Gynecologists. Prenatal care. <http://www.acog.org/clinical/clinical-guidance/patient-education/faq/faq-001>.
3. American College of Obstetricians and Gynecologists. Prenatal care. <http://www.acog.org/clinical/clinical-guidance/patient-education/faq/faq-001>.

Table 2. PNC Utilization by Socioeconomic Status

Characteristic	n (%)	p-value
Age (Mean ± SD)	31.2 (4.5)	
Parity (Mean ± SD)	1.8 (1.2)	
Race		
White	1,120 (55.2)	
Black	870 (42.8)	
Hispanic	110 (5.4)	
Other	10 (0.5)	
Insurance		
Medicaid	1,050 (51.5)	
Private	970 (47.5)	
Uninsured	10 (0.5)	



Objectives

... (text describing objectives) ...

Methods

- This study examined nine specific health system barriers to PNC in a medically underserved area.
- A mixed-methods design was used.
- The study recruited women in the peripartum period over three months to complete a survey regarding their PNC experience.
- A retrospective chart review was completed to collect data regarding PNC utilization, comorbidities, and pregnancy outcomes.
- These data were analyzed using a combination of descriptive statistics, Fisher analyses, chi-squared analyses, and two-way

... (text describing other poster) ...



Results

- Patients undergoing FDG PET for initial staging were more likely to have NCCN very high risk disease or had recurrent disease compared to diagnosis ($p=0.043$)
- Patients who had details for initial staging were more likely to have NCCN high and very high risk disease compared to diagnosis (32% vs 21%)
- Income and median income did not appear to play a significant role in details.

Discussion

- Limitations
- Retrospective, single-center study
- Comparative selection rates not reported

Conclusions

- FDG PET use appears to be fairly equitable
- Initial staging
- Recurrent disease
- Staging inconsistencies
- Socioeconomic
- Race

	Initial Staging	Recurrent Disease
Age	65.2	65.8
Sex	50.1%	50.3%
Race	78.1%	78.5%
Median Income	\$45,000	\$45,000
Insurance	85.2%	85.5%
Education	75.1%	75.3%
Marital Status	65.1%	65.3%
Employment	75.1%	75.3%
Health Status	75.1%	75.3%
Comorbidities	75.1%	75.3%
Medications	75.1%	75.3%
Quality of Life	75.1%	75.3%

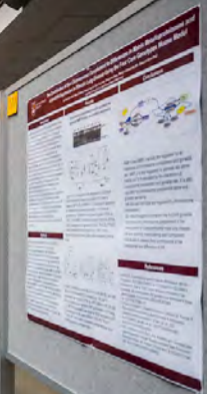
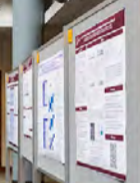




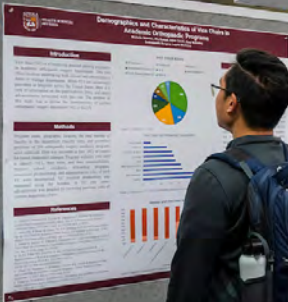








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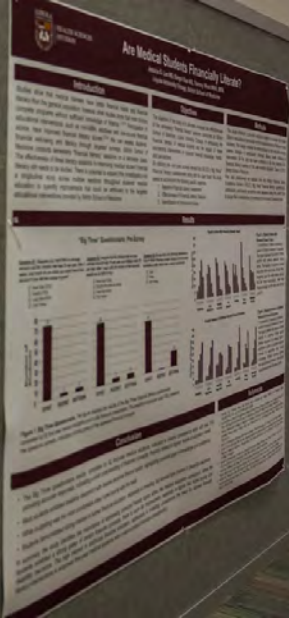


Poster Board
 Participants

Thank you to all
 Tacky and Posters

Presented by
 [Name]

Thank you to all
 Poster Board Participants



Health System Outcomes and Patient-Centered Medical Group Academic Medical Center

1000 University Avenue, Suite 1000, San Francisco, CA 94143
www.ucsf.edu/health-system-outcomes

Initiative	Link
1. Increase patient satisfaction Patient satisfaction is a key driver of patient loyalty and retention. We are focused on improving patient satisfaction across all touchpoints, from the patient's first contact with our organization to their ongoing care journey.	
2. Reduce patient wait times Reducing patient wait times is a top priority for our organization. We are implementing a variety of strategies to streamline our patient flow and reduce wait times across all departments.	
3. Increase patient engagement Patient engagement is essential for improving patient health and outcomes. We are providing patients with the tools and resources they need to take an active role in their care.	
4. Improve patient safety Patient safety is our top priority. We are implementing a variety of strategies to reduce the risk of patient harm and improve the overall quality of our care.	
5. Increase patient access Increasing patient access to our services is a key goal for our organization. We are expanding our hours of operation and providing more convenient options for patients to receive care.	

Options

1. Increase patient satisfaction
2. Reduce patient wait times
3. Increase patient engagement
4. Improve patient safety
5. Increase patient access

Initial

Initiative	Link
1. Increase patient satisfaction	
2. Reduce patient wait times	
3. Increase patient engagement	
4. Improve patient safety	
5. Increase patient access	

Success

Initiative	Link
1. Increase patient satisfaction	
2. Reduce patient wait times	
3. Increase patient engagement	
4. Improve patient safety	
5. Increase patient access	

Health System Outcomes and Patient-Centered Medical Group Academic Medical Center

1000 University Avenue, Suite 1000, San Francisco, CA 94143
www.ucsf.edu/health-system-outcomes

Table 1: Patient Satisfaction

Department	Score
Primary Care	85
Specialty Care	78
Emergency	72
Maternity	80
Pediatrics	82

Figure 1: Patient Wait Times

Year	Wait Time (min)
2018	45
2019	40
2020	35
2021	30
2022	25

Figure 2: Patient Engagement

Department	Score
Primary Care	85
Specialty Care	78
Emergency	72
Maternity	80
Pediatrics	82

