

Drug-Resistant TB Patient Andrew Speaker to have Surgery

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DENVER — Drug-resistant tuberculosis patient Andrew Speaker and his physicians have decided that Mr. Speaker should undergo surgery to remove infected and damaged tissue in his lungs. The surgery is a complement to antibiotic therapy he is currently receiving, and should improve his chances of recovery.

Surgery is expected to occur sometime in July. An exact date has not yet been set and will depend upon various factors, including drug-susceptibility tests and Mr. Speaker's response to his current medical therapy. Due to patient privacy considerations, no additional announcements will be made prior to the surgery. An update will be provided after surgery has occurred.

Mr. Speaker's physicians were unanimous in recommending surgery.

"Andrew Speaker is an excellent candidate for surgery," said Charles Daley, MD, Head of the Infectious Disease Division at National Jewish. "The infected area of his lung is relatively small and well contained. He is also young and otherwise healthy."

The infected area has been described as roughly tennis-ball size.

John D. Mitchell, MD, Chief of General Thoracic Surgery at the University of Colorado Hospital, will perform the surgery at the University of Colorado Hospital at the Anschutz Medical Campus in Aurora, CO. Dr. Mitchell is one of the most experienced surgeons in the nation at resection of lung tissue infected with tuberculosis and other mycobacterial diseases. Hundreds of patients with pulmonary mycobacterial disease have had similar surgical treatment at the University of Colorado Hospital, as part of a joint program established 25 years ago between the university and National Jewish.

Mr. Speaker will pose no risk to the other patients in the hospital at the time of his surgery.

Dr. Mitchell plans to employ a minimally invasive surgical approach, termed video-assisted thoracic surgery (VATS), in which access to the lung is obtained through one two-inch incision in the side, as well as two one-centimeter incisions for surgical instruments and a fiberoptic camera. If Dr. Mitchell finds that the VATS technique is not feasible or does not provide adequate access to the infected portion of the lung, he will enlarge one of the incisions, spread the ribs, and perform a more standard thoracotomy. VATS is a less invasive procedure with a quicker recovery time.

"This type of surgery requires that we take special care to contain any infected tissue I remove, and that we identify and completely resect any spread of the infection to the chest wall," said Dr. Mitchell. "Given the localized nature of the disease, I am optimistic about the chances for a successful surgery."

The surgery improves Mr. Speaker's chances of recovery by removing the vast majority of tuberculosis organisms in his lungs, thus reducing the number that must be killed by medications. It also removes damaged tissue, which provides a beneficial environment for tuberculosis organisms to live, grow and resist attack by antibiotics.

The operation is expected to take about two hours. Mr. Speaker will likely stay in the University of Colorado Hospital for three to six days following surgery before returning to National Jewish.

The timing of the surgery is an important decision. Physicians like to wait for several weeks until they know they are treating Mr. Speaker with the most effective antibiotics available and to give those antibiotics some time to attack the tuberculosis organisms. They do not want to wait indefinitely, however, because drug-resistant tuberculosis often mutates during the course of treatment making it even more difficult to treat.

Many multi-drug resistant tuberculosis patients at National Jewish who have had similar procedures in the past

became culture-negative shortly after surgery and were able to go home a month after surgery. No one can predict the exact course of Mr. Speaker's therapy or when he will be released from the hospital. The final decision will depend on a number of factors, including recovery from surgery, ongoing tolerance to medications and sputum cultures. It is also impossible to predict how his breathing capacity will be affected by the surgery, although many patients with similar surgery and subsequent recovery have returned to active lives.

Mr. Speaker remains in isolation at National Jewish and is continuing antibiotic therapy. So far, he has suffered no significant side effects from the medications. In addition to his therapy, he is working with his law office in Atlanta on a limited number of client cases.

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