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Biosketch

Dr. Gregory Everson is a Professor of Medicine in the Division of Gastroenterology and Hepatology at the University of Colorado School of Medicine. He received his MD from Cornell University in 1976. He completed his residency at Creighton University, and completed a Gastroenterology fellowship at UC, Denver in 1982.

He joined the faculty of the Division as an Assistant Professor in 1982, became an Associate Professor in 1988, and became a full Professor with tenure in 1996. During these 33 years of commitment to the Division, he participated in nearly every aspect of the Division's clinical, educational, and research programs. At this stage of his career, he brings a respected reputation, national and international recognition, and an unsurpassed breadth of experience and knowledge to the program. Some highlights are below..

Clinical - From 1987 to 1988, he, along with John Vierling MD, initiated the program in clinical Hepatology, and with their surgical and anesthesiology colleagues, Igal Kam, MD, Frederick Karrer, MD, and Charles Laughton, MD, began the second era of liver transplantation at the University of Colorado Denver. When Dr. Vierling left Colorado in 1990, I assumed the dual role of Director of Hepatology and Medical Director of Liver Transplantation. Under his leadership, in conjunction with talented colleagues within Hepatology and Transplant Surgery, the Hepatology and Liver Transplant program rose to become one of the strongest in the United States. Accomplishments have included building a large, clinical Hepatology practice, establishing a local and national referral base, supporting the medical needs of the liver recipient, establishing an effective working relationship with Transplant Surgery, and defining many improvements in the care and management of patients with chronic liver disease and transplant recipients. Examples of the impact of our program on the practice of Hepatology and Transplant Medicine and Surgery include proved safety and efficacy of unique immunosuppression strategies, such as corticosteroid withdrawal, use of mycophenolate, and use of mTOR inhibitors, authored, with others, Minimal Listing Criteria, participation in national and international meetings and authored guidelines on several key issues in liver transplantation (alcoholic liver disease, immunosuppression strategies, cardiovascular risk, hepatitis C, living donor liver transplantation, hepatocellular carcinoma, and others), and participation in the evolution of many surgical advances (elimination of T-tubes, elimination of veno-venous bypass, from OR to inpatient floor postoperative recovery, living donor liver transplantation). In short, he was instrumental in translating key clinical observations into what today is considered standard of care.

Educational – He truly enjoys teaching students, residents, and fellows and has often been cited by trainees for his ability to convey complex concepts and clinical management into understandable processes. In the past, he served as the Director of the Fellowship Training Program in Gastroenterology, and has actively participated in all of the educational conferences of the Division. For the past three years he has conducted a monthly conference with the GI fellows focused on how he manages real-life cases in clinical practice.

Research – He has had continuous NIH funding throughout his entire academic career. In recent years, his research program has shifted more towards clinical trials and industry sponsorship. The topics covered by his research have included: mechanisms of gallstone formation, biliary and gastrointestinal motility, polycystic liver disease, therapy of chronic hepatitis C, liver transplantation, living donor liver transplantation, and noninvasive measurement of hepatic function. He has published or presented over 700 papers, chapters, editorials, books, and abstracts related to his research and clinical interests.

Abstract: Liver function testing to assess treatment effects and predict outcome in HCVLD

Liver cell injury due to drugs, toxins, viruses, alcohol or other agents typically initiates an inflammatory reaction which can result in acute liver failure or progress through fibrosis to cirrhosis. Patients with underlying chronic liver disease, such as chronic hepatitis C, may be uniquely susceptible to liver failure in the event of acute liver injury.

Quantitative liver function tests (QLFTs) are non-invasive tests which quantify the severity and prognosis of liver disease by measuring the clearance of a substrate whose uptake or metabolism is dependent upon liver function or hepatic perfusion. QLFTs can monitor disease progression and track functional improvement in response to treatment. QLFTs have correlated with the clinical-pathologic severity of disease, including stage of hepatic fibrosis, and have been able to identify high risk groups for complications of portal hypertension or risk for future clinical outcomes. QLFTs can predict postoperative liver failure after hepatic resection, non-invasively detect liver cirrhosis, predict risk for esophageal varices, and identify patients who may be at risk for hepatic decompensation and death.

My presentation will focus on data from the use of QLFTs to assess the spectrum of functional impairment in chronic hepatitis C and to measure treatment effects. I will discuss QLFT substrates, principles of clearance, and relative advantages and disadvantages of tests. In addition, I will discuss QLFT performance in other liver diseases and potential clinical application and utility across the spectrum of chronic liver disease.